**AIDS/ HIV**

**1.1 General Information**

Human immunodeficiency virus (HIV) is a retrovirus that causes HIV disease, a chronic progressive condition in which the immune system is damaged and destroyed. As the immune system progressively weakens, the infected person becomes increasingly susceptible to opportunistic infections and malignancies.

Acquired immune deficiency syndrome (AIDS) is the name given to the advanced and late stages of HIV disease.

HIV is transmitted by bodily fluids containing lymphocyte cells. These include semen, blood, vaginal secretions, and breast milk. The most common modes of transmission include sexual contact, sharing needles, blood transfusions, and perinatal transmission from infected mother to infant. HIV is not transmitted through casual contact.

**1.1.2 Stages of HIV Disease**

There are five recognized stages of HIV disease:

* primary infection,
* early,
* middle,
* advanced, and
* late.

Progression of the disease usually is noted in terms of the CD4 count, the viral load, and the appearance of opportunistic infections.

The CD4 count (also known as CD4+ lymphocyte count or T-4 cell count) measures the number of CD4 cells/mm. CD4 cells are important to the body's immune function. As the number of CD4 cells falls, the immune system's ability to fight infection is compromised. Viral load refers to the quantity of the HIV virus present in the blood.

During the primary infection stage, a person may become ill with various symptoms that often are described as similar to flu or mononucleosis. Early-stage HIV disease begins about 6 months after the initial infection. During early and middle stages of HIV disease, the HIV virus undergoes replication within the lymph system. The timelines between middle and advanced stages of HIV disease vary with each individual. The median time is approximately 10 years. By the time symptoms of advanced stage HIV disease appear, CD4 cell levels typically have dropped to the 200 to 300 cells/mm range.

**1.1.3 Symptoms**

Common symptoms during early- and middle-stage HIV disease often include fatigue, skin infections, bacterial infections, and weight loss.

Two malignant conditions usually associated with advanced-stage HIV disease also may appear during the middle stage of the disease. These are Kaposi's sarcoma and Non-Hodgkin's lymphoma. During the earlier stages of HIV disease, these malignancies are less extensive and more responsive to treatment than in the advanced stages of HIV disease. Peripheral neuropathy and mild HIV dementia are the most common neurological problems encountered.

In advanced HIV disease, CD4 cells/mm usually number below 200. Opportunistic infections become more severe and difficult to treat. Fever, fatigue, weight loss, diarrhea, and anemia are common.

Late stage HIV disease, with CD4 counts below 50 cells/mm, is typified by extensive illness from common opportunistic infections such as

* Kaposi's sarcoma (KS),
* toxoplasmosis,
* cryptococcal meningitis,
* cytomegalovirus (CMV),
* mycobacterium avium complex (MAC),
* candidiasis tuberculosis, and/or
* pneumocystis carinii pneumonia (PCP).

**1.1.4 Treatment**

Treatment for HIV-related illnesses varies from situation to situation. Often, prophylactic treatment can defer the onset or minimize the symptoms of many of these illnesses. Response to treatment also varies with the stage of HIV disease, with conditions becoming less responsive to traditional therapies as the disease progresses.

Treatment of the HIV infection itself consists of various medications that target one or more of the nine stages of the HIV viral replication process. The first drugs introduced for treatment of the HIV virus targeted the virus in the initial stages of viral development. These drugs include AZT, 3TC, ddI, ddC, and d4T. A new class of drugs recently introduced are the protease inhibitors, which work at the last stage of viral reproduction. These include saquinavir, indinavir, ritonavir, and nelfinavir. For a more complete listing of HIV drugs, see the [Antiretroviral Drug Cost Table](http://darsnet.dars.txnet.state.tx.us/bookshelf/drs/cdr/resources/ch1.doc) in CDR Chapter 1 Resources on HIV/AIDS.

Various combinations of these drugs have led to remarkable improvements in HIV disease treatment. People who have progressed even into the advanced stages of HIV disease now are seeing dramatic reductions in their symptoms and in their viral load.

There are some drawbacks, however. Not all people respond well to these drugs, and some experience severe side effects and cannot tolerate the medications. Dosing frequently is complex, and must be followed exactly as prescribed. Finally, the yearly cost of each of these medications can range from $1,500 to $6,500. Still, these medications help growing numbers of people with HIV disease achieve a level of health and medical stability that enables them to seek and/or maintain employment.

**1.1.5 Typical Functional Limitations**

Typical functional limitations of HIV disease are difficult to describe. Limitations vary in nature depending upon

* the presence of opportunistic infections,
* the stage of HIV disease, and
* the degree of responsiveness to medication.

Listed below are some of the more common limitations that may be present:

* decreased endurance and strength that may limit ability to perform manual daily activities or require frequent short rest periods during the day
* sensory loss from peripheral neuropathy
* loss of feeling in the hands can result in loss of fine motor coordination, affecting typing, writing, etc.
* loss of sensation in the trunk or legs that can affect balance and necessitate mobility aids such as a cane or other devices
* chronic diarrhea, which may cause frequent work interruptions
* loss of vision, a complication typically associated with cytomegalovirus
* hearing loss
* decrease in cognitive functioning
* HIV dementia, which can affect memory, initiation, planning, organization, abstraction, insight, and problem solving skills.
* side effects of medications, such as morning nausea.
* susceptibility to infection and the need to avoid exposure to infectious agents
* increase in psychological and psychosocial problems, which may develop in response to coping with a chronic, life-threatening disease

**1.2 Assessment**

**1.2.1 Reviewing and Evaluating Records**

Medical records from a treating physician should be readily available to establish the presence of HIV disease. The diagnosis of HIV infection alone does not necessarily indicate the presence of a disabling condition. Some people in the early stages of HIV disease may not have substantial limitations that impact their ability to work. Determine from the applicant's report or medical records how the condition presents a vocational impediment.

**1.2.2 Asking the Right Questions**

During the diagnostic interview, the counselor may wish to explore the following areas:

* What, if any, symptoms currently are being experienced?
* What is the current medical treatment?
* What are the current medications? Are there side effects? What is the monthly cost of medications?
* Have there been any problems taking medications, as prescribed?
* Is the current treatment and medication effective?
* How often are clinic or medical appointments?
* When was the last hospitalization?
* When was the last time an illness prevented your usual activities?
* How long did it take to recover from that illness?
* Is there a history of chemical dependence? If so, where was treatment obtained? What on-going treatment is being received?

**1.2.3 Confidentiality**

Special care must be taken to safeguard confidentiality of HIV status. The confidentiality of HIV test results is strictly regulated by law. When arranging medical, psychological, or vocational assessments, disclose the consumer's HIV status only when necessary, and then only after obtaining the consumer's specific, written, and signed authorization. Refer to [DARS Business Procedures Manual Chapter 20: Confidentiality and Use of Consumer Records and Information](http://darsnet.dars.txnet.state.tx.us/bookshelf/dars/bpm/ch20.htm), for additional guidance concerning release of HIV status information.

**1.2.4 Medical Assessment**

Review the medical records and consumer report to determine the need for additional information. Information should clearly reflect a current level of physical functioning:

* any current limitations that would impact employment, and
* a prognosis regarding expected improvement or worsening of the current level of functioning.

**1.2.5 Psychological Assessment**

A general psychological battery is recommended if there are any indications of adjustment problems or other circumstances where psychological factors may affect progress toward a vocational goal.

Psychological factors relating to adjustment to a chronic illness include

* dependence,
* feelings of uselessness,
* hostility, and/or
* depression.

A general psychological battery helps identify coping skills and resources. Educational and intellectual assessment may be indicated if academic training is considered. If there are signs of cognitive impairment, a neuropsychological battery may be indicated.

**1.2.6 Vocational Assessment**

In addition to an assessment of the consumer's interests, aptitudes, and abilities, consider the following:

* Consumers who currently are working may need services to remain employed. Evaluate the adequacy of current employment in light of the person's interests, abilities, and limitations. Determine the need for
  + reasonable accommodations, such as a flexible work schedule;
  + rehabilitation technology to assist in performing essential job functions; and
  + for consumers returning to employment, assess transferable skills.
* During extended periods of illness, many people develop new skills, abilities and interests. Explore activities in which the consumer has been involved during any periods of unemployment.
* Often, chronic and life-threatening illnesses lead to changing priorities. Not everyone will want to return to the kind of work previously performed, nor will the previous kind of work be appropriate, particularly in jobs with high stress levels. To the extent possible, explore with the consumer new and different job possibilities that meet his or her employment needs.
* Before selection of an employment goal, carefully review with the consumer, his or her needs related to income and resources to meet living and medication expenses. An understanding of how employment and the subsequent increased income will affect access to health care (i.e., medical insurance, Medicare, and/or Medicaid) is essential to the ultimate successful transition to employment. Review with the consumer Social Security work incentives that may be available. See the Programs page on [Social Security](http://www.trcnet/bfw/programs/CounselorResources/SocialSecurityAdmin/social_security_administration.htm).

**1.3 Planning**

**1.3.1 Typical Services**

The following are typical case services to be considered:

* counseling and guidance,
* assistance in selecting and obtaining a suitable vocational goal,
* short-term psychotherapy to support other services,
* job skills training in a new or related occupational area,
* job restructuring,
* education regarding ADA,
* job placement assistance,
* special accommodations for training or employment,
* assistance in developing a Plan for Achieving Self Support (PASS) or accessing other Social Security work incentives, and/or
* services leading to supported employment.

DARS does not provide routine medical treatment for consumers. Treatment of HIV disease must be paid by another source.

**1.3.2 Counseling and Guidance**

The following are areas in which people with HIV disease frequently benefit from counseling:

* issues relating to disclosure of disability to employee,
* how to deal with employment history gaps with a prospective employer,
* strategies for coping with the increased stress of looking for work,
* accessing and using community support group, and
* understanding Social Security work incentives.

The decision to disclose the presence of HIV must be made by each person, depending on individual circumstances. However, disclosure is necessary in order to request a reasonable accommodation on the job. If advice is needed regarding how and when to disclose HIV disease to an employer, sometimes it is best to recommend the consumer consult an attorney knowledgeable and experienced in HIV and ADA issues.

**1.3.3 Employment Services**

There are few occupational areas in which a person with HIV disease cannot successfully work as long as the job duties and demands are consistent with abilities and limitations. However, because of the consumer's vulnerability to infections, jobs involving contact with young children and people with illness may not be advised.

Some jobs in the medical field that involve invasive techniques and risk of transmission of HIV infection, such as surgery, should be avoided. For specific information regarding employment options in the medical field, consult the licensing board of the respective profession for guidelines concerning HIV-positive workers.

Employment options for people with HIV disease have expanded with recent changes in the way people in Texas buy insurance. The Texas Health Insurance Portability and Accountability Act of 1997, effective July 1, 1997, makes it easier for many people to obtain health insurance coverage, even with preexisting conditions. People now are able to change jobs without insurance coverage gaps.

**Amputation**

**2.1.1 General Information**

Amputation is defined as the removal of a limb, part of a limb, or other projecting parts of the body. Amputations are extraordinarily painful and the severity of the pain does not necessarily correspond with the level of the amputation. There are an estimated 130,000 new amputations each year. Amputations have been used in the treatment of injuries, infections, circulation problems, and tumors. Diabetes mellitus is the most common cause of lower extremity amputation, whereas trauma and birth defects are frequently the cause for upper extremity amputation.

An amputation will most likely affect all aspects of a person's life. Aside from the physical changes that occur, there is also the issue of body image and the effect it has on self-esteem.

Often times a rehabilitation program will use a team approach in the treatment of a new amputee.

It's not uncommon for a new amputee to go through a grieving process similar to the grieving process one may experience when losing a loved one.

Employment is only one aspect of the lifestyle changes that a person may have to face as an amputee. Whether or not an amputation is an impediment to employment depends upon the specific amputation as it relates to a specific job. Modifying the work environment may allow some individuals to return to work following an amputation, whereas others may find it necessary to change jobs.

**2.1.2 Types of Amputations**

With the exception of amputated digits, most amputations are generally categorized as one of the following:

* wrist disarticulation (W),
* below-elbow amputation (B/E),
* above-elbow amputation (A/E),
* shoulder disarticulation (S/D),
* syme amputee (S; a person who has undergone ankle disarticulation),
* below-knee (B/K),
* knee-bearing (K/B; this category includes those with disarticulated knees and those with functional knees where the stump is so short that the joint is rendered useless),
* above-knee (A/K),
* hip disarticulation (H/D), or
* bilateral (both legs or both arms).

**2.1.3 Treatment**

It is imperative that any other medical condition that relates to or may influence proper healing (i.e., diabetes) also be treated accordingly. The following lists typical treatments used in the treatment of amputations:

* desensitization exercise therapy,
* replantation,
* reconstruction therapy,
* medication,
* pain management,
* occupational therapy,
* physical therapy,
* stump preparation (may include a rigid dressing to control edema and elastic bandages for use with temporary prosthesis),
* prosthesis (before fitting a prosthesis, sufficient time must pass following the amputation to allow the stump's shape and size to stabilize), and/or
* gait training.

**2.1.4 Side Effects**

Following an amputation it is common for individuals to experience one or more of the following:

* pain,
* phantom pain,
* phantom sensations,
* stump edema or swelling,
* inadequate wound healing,
* inadequate wound cover,
* ischemic necrosis,
* chronic neuroma,
* infection,
* ulceration,
* contracture,
* stiffness,
* sympathetic dystrophy,
* dysfunctional patterns of extremity use, and/or
* back problems relating to improper fit of prosthesis.

**2.1.5 Types of Functional Limitations**

The amputation of a limb could have significant impact on physical activity. Even if the individual uses a prosthesis to compensate for the loss, there may still be some functional limitations associated with activities of daily living. Some of these may include

* climbing stairs;
* getting off buses with high steps;
* walking;
* standing;
* dressing;
* getting up from bed;
* lifting;
* performing tasks requiring fine motor skills;
* bending;
* stooping;
* squatting;
* balancing; and/or
* hot, humid environments should also be avoided, to help prevent complications to the stump.

**2.2 Assessment**

**2.2.1 Reviewing and Evaluating Records**

Since amputations are observable, medical records are not necessary in determining the presence of a disability.

If the individual is working, carefully evaluate how the amputation impedes the ability to perform required work duties. If the individual is not working, determine if the amputation impedes the ability to prepare for, obtain, and/or maintain employment.

Give consideration to the possibility of using a prosthetic in performing required activities associated with training.

**2.2.2 Asking the Right Questions**

During the interview determine how the side effects of the amputation restricts physical activity. Find out if medications are being used and any side effects. It is imperative to find out if the individual has any other medical conditions such as hypertension, diabetes, etc., and if any medications are being used to treat the condition. Questions might include the following:

* How long ago did the amputation occur?
* What was the reason for the amputation?
* Is the condition stable?
* Are there any pending surgeries? If so, what type (e.g., reconstructive, cosmetic, etc.)?
* Are there any other medical conditions?
* Is medication being used in treatment of another medical condition?
* What, if any, side effects are there?
* What are the limitations in physical activity?
* How has work been affected?
* What are the job duties that can no longer be performed?

**2.2.3 Medical Assessment**

Obtain adequate information to establish the nature of the condition, the functional limitations, and any recommendations for additional treatment. If another medical condition is involved, medical records relating to the condition are necessary to determine how the condition influences the amputation (i.e., chronic infection associated with diabetes preventing proper wound healing) and impact the condition may have on the participation in VR services and employment.

When current records are unavailable, or do not provide adequate information about the physical limitations, an evaluation by a physiatrist may be of benefit.

When the consumer is taking over-the-counter or prescription medication, review any side effects that may be experienced and determine if the side effects are a contributing factor to the vocational impediment.

**2.2.4 Psychological Assessment**

Depending on the type and severity of the amputation, all aspects of a person's life have the potential of being affected. In addition to physical limitations, a person's self-esteem may be negatively affected as a result of how they think others may see them. Consider a psychological assessment if there are indications of adjustment problems, depression, or other psychological factors which might affect progress toward achieving a vocational goal.

**2.2.5 Vocational Assessment**

When helping a consumer select an appropriate employment goal, it is crucial to find out what the specific limitations in physical activity are. The attending physician is often a good resource for determining these limitations. You can formulate questions tailored to the consumer's particular situation regarding functional limitations and capacities to elicit that information. If the functional limitations interfere with returning to a current job, explore with both the consumer and employer those job duties that may be modified before seeking alternative employment. Consumers who have been off work or on alternate work duties for a prolonged time following injury may need a structured approach to resolve their work issues.

**2.3 Planning**

**2.3.1 Typical Services**

The following are examples of services that might be considered to either return the consumer to work or assist in the preparation for new employment:

* assistance in the selection of suitable employment,
* physical or occupational therapy,
* chronic pain clinic,
* prosthetic device
* orthotic device,
* adaptive equipment,
* vocational training,
* academic training, and/or
* Job Quest Training.

**2.3.2 Counseling and Guidance**

Depending upon the specific type of amputation, the following are suggested topics of concern when counseling individuals with amputations:

* acceptance of physical limitations,
* assistance in the selection of suitable employment,
* understanding side effects of medication and how they may influence work,
* whether or not to disclose information about the disability with the employer, and
* importance of maintaining stability of secondary medical condition.

**2.3.3 Employment Services**

Consideration of the following services may be of benefit in helping to ensure successful employment:

* assistance in selecting suitable employment,
* Job Quest Training,
* interviewing skills,
* job search assistance,
* job placement assistance,
* job site modification, and/or
* deterring the need for reasonable accommodations.

**2.3.4 Service Provider Considerations**

When considering the purchase of a prosthetic or orthotic device, the service provider must be licensed by the Texas Board of Orthotics and Prosthetics.

If the amputation is new, it is advisable to include a psychologist to assist in the acceptance of and adjustment to the change in lifestyle and the use of prosthesis. Select a psychologist who has knowledge and an understanding of physical disabilities.

**2.4 Purchasing Prostheses**

The majority of consumers who have limb amputations can substantially enhance their ability to obtain and maintain employment with the use of a prosthetic device. If a person is motivated to use the device and is appropriately fitted and trained, he or she can expect it to last three or more years with daily use.

Prosthetists typically recommend devices that allow a person to maximize mobility and function in every aspect of his or her life. This perspective is broader than ours. The goal is to provide a prosthetic device that allows a person to complete essential job duties.

Prostheses may be built from simple, basic components, or components that are more technologically advanced. Assume that the most basic device is needed, unless you determine that more advanced prosthesis or components are required to address vocational or medical needs.

**2.4.1 Components of a Basic Above-Knee Prosthesis**

**Socket**: The socket fits over the residual limb, or stump, and carries the weight of the body when a person stands or ambulates. The socket is held in place with straps, belts, or suction. A standard suction socket is form-fitted to the person's stump. It is a basic device that may be combined with belts or straps to secure suspension.

**Suspension System**: The suspension system secures the socket to the residual limb. A variety of belts, straps, or standard suction socket may be used individually or in combination to suspend the socket.

**Knee**: The knee is attached to the socket. It permits the lower section (pylon or shank) of the prosthesis to swing forward during ambulation, and also allows a person to sit or kneel. The most basic device is the single-axis knee. It functions like a simple hinge, and uses friction to prevent the pylon from swinging forward too quickly.

There are several, more complex, alternatives to single-axis knees:

* stance control (allows user to stop knee movement with body weight),
* polycentric (facilitates flexion; offers stability),
* hydraulic or pneumatic (allows variable walking speeds), and
* hybrid (combines features of other knees).

**Shank (Shin)**: The shank connects the knee to the terminal device, or foot. It is either a rigid shell, shaped like the other shin (exoskeleton), or a metal tube that may be surrounded by a soft cosmetic covering (endoskeleton). Basic shanks are static; technically advanced shanks may be fabricated to allow rotation and to store and release energy as a person walks.

**Terminal Device (Foot)**: The terminal device is the portion of the prosthetic leg that makes contact with the ground. A basic terminal device that serves most people well is the solid-ankle/cushioned heel (SACH) foot.

Advanced terminal devices include energy-storing feet, which were developed to allow prosthetic users to run.

**Knee Motion Control Units**: Control of knee movement can be achieved with mechanical or computerized units.

Mechanical devices include the basic constant friction unit that applies resistance to regulate knee movement. More advanced systems use air (pneumatic) or liquid (hydraulic) to allow people to walk at variable speeds and achieve a more normal gait pattern.

The most technologically sophisticated systems use sensors to transmit information about the user's walking pattern to a microprocessor. The microprocessor knee analyzes the information to make continuous real time adjustments to alter knee extension level to match walking speed.

**Preparatory, or Temporary, Prosthesis**: A preparatory prosthesis is an unfinished, but functional, device that is fitted while the residual limb is stabilizing. It allows a person to begin rehabilitation activities (walking, transferring, donning and doffing the device) and, at the same time, helps mold the stump into the desired shape. Usually only a permanent prosthesis is needed. For some medical conditions such as a recent amputation, however, the purchase of a preparatory prosthesis may be indicated. The general condition of the consumer and the consumer's residual limb are of primary importance in this decision. Preparatory devices for upper extremity amputations are rarely needed and require explicit justification, as does any non-basic device or component.

**2.4.2 Types of Above-Elbow (AE) Prostheses**

**Cosmetic Restoration**: A cosmetic, or passive, prosthesis is a basic upper extremity device. It slips over the residual limb and is held in place by standard suction. It is covered with a pre-made latex or silicone glove color-matched to the natural arm and hand.

Although it has no moving parts, the passive device can be used to support and carry items. These prostheses are typically light weight and low maintenance.

Although custom-painted gloves that detail freckles, age spots and nails are commercially available, they typically cannot be justified as vocationally necessary.

**Body-Powered Prosthesis**: This prosthesis, also called a conventional prosthesis, is another basic device. It is fitted securely to the upper body with a harnessing suspension system. When the user makes specific chest, shoulder or upper arm movements, the harness pulls on cables that activate the terminal device and elbow. Some users may find the harness system restrictive or uncomfortable. Another complaint is that the cables are not cosmetically appealing.

The body-powered device is rugged and suitable for indoor and outdoor environments. Its simple design requires low maintenance.

**Electrically-Powered Prosthesis**: Electrically-powered prostheses are not basic devices. They use motors powered by small, rechargeable batteries to generate elbow, wrist and hand movements. The motors are commonly controlled by myoelectric, servo, or switch signals. Myoelectric controllers transmit electric impulses produced by muscle contractions near the amputation site to the motor, servos transmit changes in muscle extension and force, and switches are operated by cables or levers to send signals. Microprocessors may be used to regulate speed and precision of movement.

People who use electrically-powered devices report superior pinch force, more natural control, greater range of function, and less energy expenditure.

Electrically-powered prostheses require regular battery maintenance. They are typically heavier than other types of prostheses, and repairs are more expensive because of the complex electronics.

**Hybrid Prosthesis**: A prosthesis using both body power and electrical power is called a “hybrid." These devices are typically used for individuals with above-elbow amputations, and may have a body-powered elbow and a myoelectrically powered hand or hook, or the opposite configuration. Using two types of control allows a user to flex or extend the elbow while simultaneously rotating the wrist.

**Activity-Specific Prosthesis**: Activity-specific prostheses are designed to allow the user to complete specific tasks. A terminal device that accommodates various tools, for example, could be an appropriate purchase for a mechanic.

### Arthritis

### 3.1.1 General Information

Arthritis is a systemic disease, causing inflammation of the synovial joints (fluid in the joints), or non-inflammatory or mildly inflammatory degenerative disease of localized joints.

Arthritis reportedly affects over 37 million Americans (approximately 1 in every 7 people), does not have a clear etiology, and is not necessarily age- or sex-specific.

The Mayo Clinic reports that rheumatoid arthritis occurs three times more frequently among women than men, and mostly affects persons between ages 20 and 50. Many researchers attribute the origin of rheumatoid arthritis to an infection that triggers the disease in genetically susceptible persons. Depending on the type of arthritis and symptoms, employment requiring strenuous physical activity may aggravate symptoms of the disease.

### 3.1.2 Types of Arthritis

There are different types of arthritis and different etiologies, though most arthritic conditions are chronic:

* ankylosing spondylitis—Inflammatory arthritis causing stiffening in spinal joints.
* dermatomyositis—Inflammatory chronic condition of muscles associated with skin changes, and generally affecting the thighs, hips, or shoulders at onset.
* fibromyalgia—Rheumatic disease affecting soft tissue. The wide variety of symptoms include chronic pain, fatigue, and disturbed sleep.
* gout—Condition in which uric acid rises above normal levels and deposits inflammation-causing crystals in joints.
* infectious Arthritis—Joint inflammation caused by bacteria or virus.
* lupus (systemic)—Chronic autoimmune disease causing inflammation of tissue, which may affect the blood vessels, skin, muscles joints, and major organs.
* Lyme disease—Inflammatory disease characterized by a circular-shaped skin rash, and caused by the bite of a bacterium-infected tick that affects the joints, nervous system, heart, and skin.
* osteoarthritis—Inflammatory and/or degenerative disease of the joints; more commonly due to aging.
* Paget's disease—A disease of the bone altering the normal process of bone destruction and regrowth.
* polymyositis—Inflammatory condition of muscles generally affecting the thighs, hips, or shoulders at onset.
* polymyalgia rheumatica—A syndrome causing pain and stiffness, usually in the upper body, though it also may affect hips and thighs.
* Raynaud's phenomenon—A condition, with rarely any permanent tissue damage, resulting from poor circulation in the extremities, usually turning extremities (fingers or toes) blue.
* rheumatoid arthritis—Disease that causes inflammation in the lining of the joints; may involve other organs, and is frequently very severe and disabling.
* scleroderma—A systemic condition of the skin and other connective tissues, which may cause thickening or lesions and involve other major organs.
* Sjögren's syndrome—A chronic immune system disorder related to arthritis, affecting all of the glands that excrete sweat, saliva or oil.

### 3.1.3 Symptoms

Depending on the type of arthritis, the person may experience

* chronic pain;
* swelling;
* muscle weakness or wasting;
* joint stiffness;
* difficulty in swallowing;
* impaired speech;
* general flu-like symptoms (fatigue, aching muscles and joints, fever, loss of appetite);
* skin rashes or lesions;
* sudden and unexplained weight loss or gain;
* increase in the type and severity of headaches;
* increase in hair loss;
* changes in color of the fingers with cold exposure;
* decrease in kidney function, persistent high blood pressure; and/or
* recurring pleurisy.

### 3.1.4 Treatment

Treatment consists of exercise, which helps to

* minimize the effect of some types of arthritis in the post inflammatory period;
* diminish the severity of pain (rest may actually increase the severity of pain);
* lifestyle changes that may help control certain symptoms; and
* medications such as
  + anti-inflammatory medication (steroidal and non-steroidal),
  + mild pain relievers,
  + corticosteroids (hormones that have anti-inflammatory properties),
  + corticosteroid injections,
  + anti-malarials,
  + gold injections,
  + immunosuppressives,
  + antibiotics,
  + splints or braces,
  + heat or ice,
  + transcutaneous electrical nerve stimulation (TENS) or surgery.

#### Medication Side Effects

Some medication often causes side effects, including

* weight gain or loss,
* easy bruising,
* acne,
* osteoporosis,
* high blood pressure,
* onset of diabetes,
* increased risk of infections,
* stomach ulcers,
* decreased blood cell counts,
* risk of developing certain types of cancer,
* permanent tissue damage weakening of cartilage and bone,
* skin rash,
* or kidney damage.

### 3.1.5 Types of Functional Limitations

Persons with arthritis may experience a variety of limitations depending on the specific disease or syndrome. Some of the functional limitations may include

* climbing stairs,
* getting off buses with high steps,
* rising from low surfaces,
* walking,
* standing
* sitting,
* dressing,
* getting up from bed,
* lifting,
* performing tasks requiring fine motor skills,
* bending, stooping, or squatting.

## 3.2 Assessment

### 3.2.1 Reviewing and Evaluating Records

Tasks include

* obtaining existing medical records from treating physician;
* for a person who is employed, evaluating whether the medical condition blocks the ability to perform required work duties;
* for a person who is not employed, determining whether the medical condition blocks the ability to obtain and maintain employment, or engage in activities to prepare for employment;
* reviewing whether side effects from medication affect current work tasks or potential employment; and
* when records are unavailable or inadequate, or when the person has not been medically evaluated during the past 2-3 years, refer the person to a rheumatologist for evaluation.

### 3.2.2 Asking the Right Questions

Interview questions must address

* specific type of arthritis;
* symptoms and the restrictions in physical activity;
* medications and associated side effects;
* stability of the condition or episodes of flare-ups and remissions, if any;
* other medical conditions such as hypertension or diabetes,
* medications used to treat these conditions, and side effects, if any;
* compliance with the prescribed medical regime, if any,
* any exercise regimen followed, when recommended by the physician;
* limitations in physical activity;
* effect on work;
* and job duties that can no longer be performed.

### 3.2.3 Medical Assessment

Arthritis may affect more than one part of the body. Hence, assessment questions should elicit information concerning the impact on general physical activity and the nature of the condition:

* functional limitations,
* treatment recommendations,
* prognosis,
* any side effects of over-the-counter or prescription medication and effect on impact of work duties, and
* influence of any other medical conditions on the person's health.

### 3.2.4 Psychological Assessment

Depending on severity, arthritis can significantly alter lifestyle, preventing a person from engaging in basic activities such as dressing or recreational activities.

A psychological assessment may be necessary in case of adjustment problems, depression, or other psychological factors affecting progress toward a vocational goal.

### 3.2.5 Vocational Assessment

The attending physician is often a good resource for determining specific limitations in functioning, which is an integral step in selecting an appropriate employment goal. You can formulate questions tailored to the consumer's particular situation regarding functional limitations and capacities to elicit that information.

A vocational assessment includes the following:

* exploring with both the consumer and employer the option of modifying some of the job tasks before the person seeks alternative employment;
* determining the length of time the person is able to sit without taking a break when the physician limits the person to sedentary work (some sedentary jobs may require the employee to remain at the workstation until a scheduled break, whereas others allow standing and sitting as necessary);
* exploring the availability of beneficial adaptive equipment depending on the job and the specific type of arthritis; and
* reevaluating
  + the effect of medications such as pain relievers and muscle relaxants that may restrict the person from certain jobs; and/or
  + environments such as working with heavy machinery or in high places.

## 3.3 Planning

### 3.3.1 Typical Services

The following are examples of services that help the consumer to either return to work or prepare for new employment:

* assistance in selecting suitable employment,
* physical or occupational therapy,
* steroid injections,
* chronic pain clinic,
* surgery,
* adaptive equipment,
* assistive technology,
* job skills training, and
* and academic training.

### 3.3.2 Counseling and Guidance

Depending upon the specific type of arthritis and subsequent treatment, the following are suggested issues for counseling:

* acceptance of physical limitations;
* understanding treatment options;
* preparing for surgery;
* importance of following physician's orders;
* understanding side effects of medication and how they may influence employment;
* selecting suitable employment;
* importance of correct posture when sitting, standing, sleeping, sitting or standing at the work station; and
* whether or not to disclose to the employer, information about the disability.

### 3.3.3 Employment Services

The following services may help with successful employment:

* assistance in selecting suitable employment,
* job readiness training,
* interviewing skills,
* job search assistance,
* job placement assistance,
* job site modification, and
* determining the need for reasonable accommodations.

### 3.3.4 Service Provider Considerations

Although rheumatologists specialize in the treatment of arthritis, some physicians use a team approach that may include surgeons (orthopedists), physical therapists, and occupational therapists.

A second opinion may be necessary in cases where an intrusive procedure, such as surgery, is recommended.

Depending on the mental and emotional impact of the disability, a person may need the help of a psychologist to begin accepting and adjusting to the disability.

**Back Disorders**

**4.1.1 General Information**

The spine or vertebral column is divided into five sections starting at the top of the neck and ending at the bottom of the tailbone. These sections include cervical, thoracic, lumbar, sacrum and coccyx. The lower back, or lumbosacral area, bears the major part of a person's body weight and is the most common part of the back affected by pain. Even a minor problem with the bones, muscles, joints, ligaments, or tendons in this area can cause pain with minimal physical activity. Back pain may also be the result of a disc pinching or irritating a nerve from the spinal cord. This may result in pain that radiates down the leg, below the knee known as sciatica. Back pain is one of the most common physical complaints as well as one of the most difficult to diagnose. Often times physical examinations do not yield objective findings. Diagnostics used depend on the type of individual's discomfort and history. The type of pain varies depending on the etiology. The cause may be mechanical or psychosomatic and may or may not include radiation into the lower extremities. Back problems may come on suddenly or gradually and are not gender- or age-specific. It is estimated that 80% of the population will experience back problems at some point during their life. Most people will experience more than one episode of acute lower back pain, but will be able to maintain their normal activities including work between episodes with little or no discomfort. A small percentage of individuals encountering back problems may not be able to return to former employment or be able to work at all. (See [back disorder terms in Resources](http://darsnet.dars.txnet.state.tx.us/bookshelf/drs/cdr/resources/ch4.doc).)

**4.1.2 Types of Back Disorders**

The following list is a brief description of several back conditions and problems; however, not all back problems can be so easily categorized. Note that spinal disorders could also occur at the neck, resulting in upper limb problems as opposed to lower limb involvement.

* facet joint syndrome—dislocated or damaged facet joint may press on the tiny nerves running from it to the spinal cord causing severe pain.
* gout—a metabolic disease characterized by excessive uric acid in the blood. This may result is deposits in joints which can affect the intervertebral joints of the spine.
* herniated nucleus pulposus—protrusion of the pulp like material in the central portion of the intervertebral disc through its fibrocartilage covering. The protrusion may press upon the spinal nerves or spinal cord resulting in pain.
* degenerative disc—physiological changes as a person ages to the nucleus pulposus, its fibrocartilage and/or ring that surrounds it. This causes the disc to lose elasticity eventually resulting in herniation.
* osteoarthritis—a degenerative disease sometimes resulting from abnormal stress or trauma to the joints. Erosion and spurring develop and the joint space narrows.
* Paget's disease—a chronic disorder of the bone causing resorption and abnormal formation of the bone.
* Pott's disease—tuberculosis of the spine resulting in joint deformation, ankylosis, and bone destruction.
* scoliosis—curvature of the spine which may be either congenital or acquired. Abnormal stress on the back may lead to disc herniation. Frequently associated with leg length discrepancy.
* spina bifida—a congenital defect characterized by lack formation of part or all of a segment of spinal bone. This may result in protrusion of the spinal cord or it may be "silent" resulting in neurological defects. In silent, there may still be mechanical or structural malformation of the spine.
* spondylitis—a chronic form of arthritis resulting in an inflammation between two or more vertebrae. This may also be known as rheumatoid spondylitis and ankylosing spondylitis.
* spondylosis—s form of degenerative arthritis resulting from narrowing of the intervertebral disc space caused by disc degeneration. Pain is generally located in the back, however, spur formation may press on an emerging nerve route causing pain in the area served by the nerve such as the hip or thigh.
* spondylolisthesis—the slipping forward of one vertebrae on another resulting from separation between the body and arch of the vertebrae.
* spondylolysis—a defect of the facet joint base or parts with separation between the vertebral arch and body. Associated with spondylolisthesis.
* tension myositis—a group of syndromes characterized by muscle spasm or tightness resulting from a psychosomatic process.

**4.1.3 Symptoms**

Depending on the particular back problem symptoms can vary greatly. Some common symptoms include

* chronic or acute pain;
* localized pain;
* pain radiating into the lower extremities (sciatica);
* muscle involvement resulting in weakness, spasms, wasting and/or flaccidity;
* spastic or flaccid paraparesis;
* arthritis in the back or peripheral joints;
* peripheral neuropathy;
* loss of flexibility or range of motion in the spine or limbs;
* numbness in the back or limbs;
* gait or balance problems;
* bladder problems;
* bowel problems; and/or
* loss of limb reflexes.

**4.1.4 Treatment**

Chronic low back pain treatment is directed toward alleviating the cause (e.g., weight reduction in the obese, improving muscle tone and strength, improving posture and improving range of motion). The following are examples of some common treatments; however, patient education is a key factor in any successful treatment:

* Avoidance of reinjury (see typical functional limitations)
* Analgesics may relieve pain.
* Aspirin is the drug of choice for both anti-inflammatory and analgesic reasons.
* Nonsteroidal anti-inflammatory drugs (NSAIDs)
* Narcotics should be avoided.
* Physical therapy, stretching exercises, back stabilization, work hardening, etc.
* Tricyclic antidepressants
* Tranquilizers
* Muscle relaxers
* Intervertebral joint arthritis may respond to proper bracing (such as wearing a corset) and abdominal muscle-strengthening exercises. In some cases rest and flexion of the back may relieve pain while lumbosacral flexion exercises may increase symptoms in others. Some people may do better with extension exercises.
* Cortisone injections
* Surgical procedures including laminectomy, the removal of herniated material, and occasionally spinal fusion, if there is instability or severe well-localized arthritic changes.
* Chymopapain injections to dissolve bulging disc material
* Chronic pain clinic by a multidisciplinary team including a psychologist

**4.1.5 Side Effects**

Consumer taking prescribed medications should be closely monitored by their physician. Certain analgesics may produce gastric symptoms and GI bleeding. They should be avoided during active ulcer disease. Some may lead to renal toxicity. As with aspirin, liver enzymes can be mildly elevated. Creatinine levels can rise because of inhibition of renal prostaglandins; less frequently, interstitial nephritis can occur. Patients with urticaria, rhinitis, or asthma from aspirin can have the same problems with the other NSAIDs.

Other possible side effects include

* headache,
* confusion,
* worsening of hypertension,
* edema, and
* decreased platelet adhesiveness.

**4.1.6 Types of Functional Limitations**

Individuals with back problems frequently experience restricted physical activity, including

* sitting for prolonged periods,
* standing for prolonged periods,
* walking long distances,
* bending,
* stooping,
* kneeling,
* balancing,
* climbing,
* twisting,
* crawling, and/or
* lifting.

Certain pain relievers, muscle relaxers, and tranquilizers may cause drowsiness or confusion affecting the ability to concentrate. Severe pain may also interfere with concentration. This may limit the type of work an individual can do safely depending on the environmental conditions. It should also be noted that combining many of these medications with alcohol might be very dangerous and potentially harmful.

**4.2 Assessment**

**4.2.1 Reviewing and Evaluating Records**

Obtain existing medical records from treating physician. If consumer is not being treated by a specialist, arrange for an orthopedic evaluation. Depending upon the orthopedic specialist's findings, a second specialty evaluation in the area of physical medicine, neurology or rheumatology may be appropriate. It is important to involve your local medical consultant (LMC) in determining when it is appropriate to obtain a specialist evaluation and the type of specialist needed. Determine what side effects, if any, prescription medication has on functional ability. Determine from consumer's report if compliance with physician's recommendations is being maintained. Determine from consumer's perspective the specific functional limitations and restrictions in physical activity. If surgery is planned LMC review must be obtained.

**4.2.2 Asking the Right Questions**

During the interview determine the specific symptoms the individual is experiencing and the restrictions in physical activity that are the result (also see [Back Disorders Checklist](http://darsnet.dars.txnet.state.tx.us/bookshelf/drs/cdr/resources/back_checklist.doc)). It is important to find out if over the counter or prescription medications are being used and any side effects that may be experienced. It is also important to find out if the individual indulges in tobacco use or heavy drinking as this will influence the healing process if surgery is required. This information helps determine presence of a vocational impediment, and helps determine what additional information may be needed during the comprehensive assessment. It is important to obtain the consumer's perspective on how the back condition is a vocational impediment. Questions that may help in deterring the severity and stability might include the following (also see [Back Disorders Checklist](http://darsnet.dars.txnet.state.tx.us/bookshelf/drs/cdr/resources/back_checklist.doc)):

* What are the symptoms of the individual's particular back problem?
* What type of pain is the individual experiencing? Where is the pain located?
* Are over-the-counter or prescription medications being used?
* What, if any, side effects are there?
* What are the limitations in physical activity?
* How has work been affected?
* What are the job duties that can no longer be performed?
* What, if any, are the psychological effects resulting from the pain?
* Is there any secondary gain from being unable to work?

**4.2.3 Medical Assessment**

Obtain adequate information to establish the nature of the condition, the functional limitations, treatment recommendations, and prognosis. When current records are unavailable or do not provide adequate information, obtain an orthopedic evaluation. Depending on the findings of the orthopedic evaluation, second specialty evaluation in the area of physical medicine, neurology, or rheumatology may be appropriate. Consult with your LMC in making this determination. If the consumer is taking over the counter or prescription medication, review any side effects that may be experienced and determine if the side effects are a contributing factor to the vocational impediment.

**4.2.4 Psychological Assessment**

Often times situations where there is conflict result in psychosocial stress which can produce adaptive responses disguised in somatic form appearing to be symptoms of organic disease. Some psychologically disturbed persons may have a history of minor trauma followed by prolonged severe pain with no evidence of tissue injury or underlying disease.

Additionally, predisposing anxiety or depression may be present. Persistence of these effects is not fully explained on the basis of the low back pain. The emotional disturbance may be overlooked by both the individual and the physician.

Since any organic disorder may be mimicked, it is important to obtain descriptions of the pain and symptoms from consumer and physician. It is also important to note any inconsistencies or discrepancies in consumers description and medical records. In many cases, an organic disorder might reasonably account for symptoms. Psychogenic pain becomes evident when symptoms and disability persist or worsen after the signs of injury or disease have cleared. In some cases employed individuals will demonstrate a tendency to malinger to prevent them from returning to work. Consider a psychological assessment if there are indications of adjustment problems, depression, or other psychological factors which might affect progress toward a vocational goal. A psychological evaluation may be especially beneficial in cases where malingering is suspected.

**4.2.5 Vocational Assessment**

(Revised [03/08](http://darsnet.dars.txnet.state.tx.us/bookshelf/rev/drs/cdr/revlog2008.htm#rev0308))

When helping a consumer select an appropriate employment goal, it is crucial to find out what the specific limitations in physical activity are, especially if malingering is possible. The attending physician is often a good resource for determining these limitations. You can formulate questions tailored to the consumer's particular situation regarding functional limitations and capacities, or you can use the [DARS3106, Work Capacity Report](http://darsnetmossx.dars.txnet.state.tx.us/documentcenter/forms/DARS3106.doc), to elicit that information. If the functional limitations interfere with returning to a current job, explore with both the consumer and employer those job duties that may be modified. Exploring possible modifications should be done before seeking alternative employment. For consumers wishing to return to jobs requiring physical activity, a work-hardening program or back school may be appropriate.

In some cases the physician may limit the person to sedentary work. It helps to find out how long the person can sit without taking a break before job placement. Some sedentary jobs may require the employee to stay at the workstation until a scheduled break, whereas others allow standing and sitting as necessary. Adaptive equipment, such as ergonomic chairs and desks that raise and lower to accommodate standing or sitting as needed, may also be beneficial.

**4.3 Planning**

**4.3.1 Typical Services**

The following are examples of services that might be considered to either return the consumer to work or assist in the preparation for new employment:

* assistance in the selection of suitable employment;
* work hardening;
* back school;
* physical therapy;
* steroid injections (on a short-term basis);
* chronic pain clinic;
* surgery such as discectomy, fusion, rod implants, etc.;
* adaptive equipment, such as ergonomic chairs and desks which raise and lower;
* orthopedic or custom prescribed shoes;
* job skills training; and/or
* academic training.

**4.3.2 Counseling and Guidance**

Depending upon the specific diagnosis and subsequent treatment, the following are suggested topics of concern in counseling individuals experiencing back problems:

* assisting the consumer in understanding treatment recommendations preparing for surgery;
* preparing for convalescence following surgery;
* the importance of following physician's orders;
* assistance in returning to work following recovery;
* importance of correct posture while sitting, standing, sleeping, lifting and the use of work station augmentation;
* acceptance of physical limitations;
* assistance in the selection of suitable employment; and
* determining whether or not to disclose information about the disability with the employer.

**4.3.3 Employment Services**

An area of concern for individuals with back disorders is whether or not to disclose this information to the employer. Historically employers have held certain prejudices against hiring workers who have sustained a back injury. This results partially from fear of re-injury on the job and subsequent injury related expenses. According to the National Safety Council, the total cost of back injury disabilities is between $30 billion and $60 billion annually. If, however, an employee needs reasonable accommodations in order to perform job duties, it is necessary to reveal pertinent information. The consumer may benefit from counseling regarding how to approach this issue.

Other employment services might include

* assistance in selecting suitable employment,
* Job Quest Training,
* interviewing skills,
* job search assistance,
* job placement assistance, and/or
* job-site modification.

**4.3.4 Service Provider Considerations**

For cases in which surgery is being considered, local medical consultant (LMC) approval must be obtained. It is recommended that a second opinion be obtained and that the LMC review the recommendations. The most commonly used specialists are neurosurgeons, orthopedic specialists, physical medicine and rehabilitation specialists, and rheumatologists. Some cases may require a neurologist. Consider using physicians who are conservative in their approach to surgery as their treatment of choice. In the early 1980's, Heithoff (et. al. Orthopedic Clinics of North America) reported that 25,000-50,000 failed back surgery syndrome cases occur each year. Second surgeries have an extremely low success rate.

### Brain Injury and Stroke

### 5.1.1 The Challenge of Brain Injury to Vocational Rehabilitation

For the vocational counselor the challenge of assisting someone with a brain injury to become employed can seem daunting, and yet many of the same principles of vocational rehabilitation will apply as are used with other kinds of disability. What is challenging is that the array of needs and the array of services will be so different in each consumer that it might well seem that there are no standards upon which to rely to bring about a successful employment outcome.

A person with a brain injury will usually approach a vocational counselor after months of acute care and many months of rehabilitation treatment. Feeling they are done with "rehabilitation," they are now ready to go back to the world of work only to find that the vocational counselor may be offering more of what they thought they were done with – rehabilitation.

It is often that the consumer and the family are feeling that the "rehabilitation process" has gone on forever and they are ready to get back to life as it had been before the injury. As such, the vocational counselor has the double duty of assisting someone who may well be rehabilitation weary, and once again focusing the consumer's attention, not so much on the old array of skills that they once had, but on the array of work skills as they are now presenting.

### 5.1.2 The Team Approach

The timing of vocational rehabilitation is such that the interdisciplinary team that worked with the consumer and family during other phases of rehabilitation may no longer be readily available. This leads to the temptation for the vocational counselor to go forward alone when the best approach may be to put together a new team. That is, the consumer may have an array of symptoms, may need an array of assessments, an array of services, and may need an array of supports. Just as in earlier phases of rehabilitation, this team will function best if they share information and work together focusing on the consumer's needs. This team approach is interdisciplinary. The lead for this interdisciplinary team may fall to the vocational counselor, who will coordinate the team to achieve an employment outcome.

It is important to note that, for most consumers and families, there is no system of long-term supports available. Rather the family will put together an ad hoc system of supports that may well be less than their needs.

### 5.1.3 General Information

Brain injuries are extremely varied, but may be classified into three types:

* those that occur before, at, or shortly after birth, which are classified with developmental disorders;
* those that are caused by any type of injury to the brain after birth, which are called acquired brain injuries and include aging and disease processes, strokes, near-suffocation, near-drowning, and anoxia from other causes; and
* only the acquired brain injury that occurs as an insult to the brain caused by an external physical force is classified as a traumatic brain injury (TBI).

The Center for Disease Control (CDC) states, "TBI effects people of all ages and is the leading cause of long-term disability among children and young adults…. Each year 70,000 to 90,000 individuals incur a TBI resulting in a long-term, substantial loss of functioning." (See [National Institutes of Health Consensus Development Program, Rehabilitation of Persons with Traumatic Brain Injury](http://consensus.nih.gov/1998/1998TraumaticBrainInjury109html.htm).)

Stroke is an acquired brain injury form of cardiovascular disease that affects the arteries of the central nervous system. A stroke occurs when a blood vessel to the brain either bursts or is clogged. When this occurs part of the brain doesn't get the flow of blood it needs. Deprived of oxygen, nerve cells in the affected area of the brain die. As a result, the part of the body controlled by these cells won't function as it previously did. The effects of stroke are often permanent since brain cells do not regenerate.

The average age of onset of stroke is 60 years or older, but strokes can occur to anyone at any age. More than 600,000 individuals in the United States suffer a stroke each year. Approximately one-third of these results in death.

The brain is composed of three main divisions:

* the cortex,
* the cerebellum, and
* the brain stem.

The cortex is the largest of the three, and controls particular functions and skills. Additionally, the cortex consists of the right and left hemispheres. The left hemisphere controls functions such as speaking, writing, reading, and calculating. The right hemisphere controls visual-spatial functions such as visual memory, copying, drawing, and rhythm. The cerebellum controls coordination, balance, and posture.

The brain stem acts as a relay station between incoming sensations and outgoing responses. When the cortex receives incoming stimuli traveling through the brain stem, a response is generated and then relayed through the brain stem to the body.

Injury to any area of the brain can result in a substantial impairment and a change in functional ability. The severity of the injury depends on a number of factors, such as whether the injury is localized or has resulted in diffuse damage to the brain. Symptoms and functional deficits fall into the following major groups: physical, cognitive, and psychosocial. Because of the uniqueness of each injury, persons with brain injury may exhibit some or all of the symptoms. Each injury is different and unique. Individuals have varying capacities for recognizing and compensating for the deficits caused by the injury.

## 5.2 Functional Limitations

The functional limitations that result from brain injury are divided into three categories: physical, cognitive, and psychosocial. Depending on the area(s) of the brain affected, persons with brain injury may experience any of the following, and in any combination, with differing degrees of severity.

These are typical functional limitations. Be sure to assess specific limitations with your consumer. Each consumer’s limitations will differ.

The functional limitations that result from brain injury and stroke are divided into three categories: physical, cognitive, and psychosocial. Depending on the area(s) of the brain affected, persons with brain injury may experience any of the following, and in any combination, with differing degrees of severity.

### 5.2.1 Physical Needs

**Physical Needs** which might include

* sensory-motor deficits (loss of smell and taste, loss of or decreased hearing or tactile sensation, visual disturbances, and difficulties with balance),
* motor control and coordination (ataxia),
* speech (dysarthria; weakness and slowing of the muscles related to speech),
* fatigue,
* seizure disorder,
* decreased tolerance for drugs and alcohol,
* persistent headaches, and/or
* visual and spatial difficulties
* neglect of one side of the body.

### 5.2.2 Cognitive Needs

**Cognitive Needs** which might include problems with

* arousal (ability to maintain a steady and optimal state of alertness in order to interact with the environment);
* attention and concentration;
* ability to process new information;
* learning and memory;
* abstraction, conceptualization, and problem-solving;
* executive functioning (the ability to plan, put into action, and carry through with an appropriate course of action;
* speech (the ability to recall words; expressive and receptive skills may be quite varied); and/or
* lack of awareness of the changes caused by the injury.

### 5.2.3 Psychosocial Needs

**Psychosocial Needs** which might include problems with

* social inappropriateness,
* impulsiveness,
* explosiveness (poor emotional control),
* low frustration tolerance,
* disinhibition (including the tendency to make impulsive and inappropriate sexual comments or gestures),
* personality change (a person with a brain injury is sometimes described by family and friends as "not the same person as before"), and/or
* lack of initiative (person has the desire, but lacks the capacity, to initiate an activity).

#### Left brain strokes might include the following functional limitations

* numbness or weakness on the right side of the body
* partial or complete loss of speaking or understanding language
* impaired thought processing, including decreased problem-solving ability, poor judgment, and an inability to recognize errors
* confusion between right and left
* lack of insight
* visual field loss on the right
* decreased memory
* slowness
* depression

#### Right brain strokes might include the following functional limitations

* numbness or weakness on the left side of the body
* difficulty in performing daily tasks
* visual perception difficulties
* neglect of the left side
* visual memory impairment measured on a neuropsychological evaluation
* excessive talking
* short attention span
* poor judgment
* time disorientation
* visual field loss on the left
* impaired abstract thinking (again, refer to neuropsychological results)
* extreme emotional highs and lows
* lethargy
* impulsiveness

## 5.3 Assessment

### 5.3.1 Reviewing and Evaluating Records

Medical records establishing the presence of a brain injury are usually readily available from the individual's physician and the hospital that provided acute care. Ask the applicant about functional limitations resulting from the injury, but keep in mind that some individuals with a mild brain injury do not always have insight and awareness of what may be significant deficits. Persons with more severe injuries may have difficulty explaining the deficits. Family members, if available, are usually a good source of additional information.

### 5.3.2 Asking the Right Questions

The purpose of the assessment process is to help the consumer, the family, the counselor, and the rest of the support team understand the functional impediments and the consumer's current knowledge, skills, abilities, needs, strengths, interests, and choices. This process can be very affirming and should emphasize the positive results and not simply focus on needs.

Some specific areas of information that may be helpful are

* What types of physicians do you see? And, what are the names of your treating physicians?
* When was the last time you had a complete physical?
* What medications are you currently taking?
* What side effects, if any, do you experience from your medication?
* How and when did you sustain your brain injury?
* How long were you unconscious?
* What are your physical limitations?
* Do you experience any of the following; depression, low self-esteem, anger, crying, poor concentration, anxiety, or lack of motivation?
* What assistive devices do you use?
* Are your assistive devices adequate?
* Do you drive? If so, do you have your own transportation that has been modified for your needs?
* Do you require personal attendant services? If so, how many hours a day do you need attendant care?
* How long does it take to dress and complete your hygiene routine in the morning?
* Do you have any vision problems?
* Do you have any difficulty solving problems or have memory problems?
* Do you have any behavioral problems?
* Do you have any history of drug and alcohol use?
* Do you have any problems with fatigue?
* Do you display sudden changes in behavior or emotion?
* Do you experience seizures?
* How many hours per day do you think you can work?
* What are your transferrable work skills (elaborate)?
* Tell me about your family (support system).

Exploration of these areas needs to include positive and supportive information, which should be noted along with information about consumer needs.

### 5.3.3 Medical Assessment

Obtain adequate information to determine whether there are physical and/or cognitive limitations.

The medical assessment should include information about any continuing medical issues, medications and their side effects. Persons with brain injury have the same array of other medical issues as the rest of the population and these issues need to be included, as well. When medical records do not provide adequate information, consider obtaining an evaluation by a specialist, including a speech therapist, a physical therapist, an occupational therapist, a physiatrist, and/or a neuropsychologist.

### 5.3.4 Neuropsychological Assessment

The neuropsychological helps consumers, their families, and counselors understand which cognitive deficits, if any, constitute an impediment to work or independent functioning, and how to address those deficits.

A neuropsychological evaluation is recommended if a recent one is not available. A neuropsychological evaluation will address issues such as

* attention and concentration;
* learning and memory;
* speech and language;
* visual-spatial abilities;
* fine motor abilities;
* behavioral issues;
* higher-order and executive cognitive abilities (executive cognitive abilities include initiation, planning, the ability to generate options, cognitive flexibility, self-regulation, decision-making, judgment, feedback utilization, and self-perception); and
* emotional adjustment.

The neuropsychological may also provide recommendations for treatment and recommendations relating to selection of the employment goal, as appropriate.

### 5.3.5 Vocational Assessment

If the individual has an established work history, a complete assessment of transferable skills is usually beneficial. An analysis of the functional demands of past employment is suggested to determine the possibility of returning to previous employment or to a similar job.

Some consumers with brain injury will be able to enter competitive employment with little assistance, while others require extensive vocational services. An in-depth assessment of the consumer's actual physical and cognitive abilities and limitations are a good place to start. Situational assessments can be helpful in this regard.

### 5.3.6 Situational Assessments

It can be very helpful for a consumer to use situational assessments to try out a variety of jobs and then make choices about jobs and a career before going through the hiring process. Consumers who have pre-injury work experience may need direct real-work feedback to learn where their current strengths and limitations are. Situational assessments are a potential source of rich information that will assist the consumer and counselor in maximizing the possibility of a successful job placement.

### 5.3.7 Assistive Technology Assessments

Consider assistive technology assessments early in the rehabilitation process. Sometimes individuals with brain injuries have difficulty keeping track of appointments and tasks. Organizers, both electronic and paper types, or more remedial types of calendaring can help track time and tasks. Some folks may need to have augmentative communication devices in order to better communicate what they want and what they can do. These may improve the consumer's progress in becoming ready for employment. Assistive technology might also address mobility needs and needs related to activities of daily living.

Many licensed professionals, such as physical therapists, occupational therapists, speech pathologists, and engineers in assistive technology, have expertise in assessing someone for assistive technology, some of whom may already have worked with the consumer.

## 5.4 Planning

Once the needs are understood the planning phase begins where services are considered relative to the consumer's needs. This results in a plan of services IPE or IWRP. The plan of services is a communication device that assists the counselor, the consumer, and the consumer's support system in understanding what is needed to become employed and to maintain employment. It should be written in measurable terms, with clear indications as to who is responsible for each identified activity. A reasonable span of time needs to be identified, as well as the criteria that will be used to measure whether the objective is met.

For a person with a brain injury, the vocational plan will need to include five considerations. The National Institutes of Health ([Consensus Development Program, Rehabilitation of Persons with Traumatic Brain Injury](http://consensus.nih.gov/1998/1998TraumaticBrainInjury109html.htm), pages 14 and 15) states:

* "Rehabilitation services should be matched to the needs, strengths, and capacities of each person with TBI and modified as those needs change over time.
* Rehabilitation programs for persons with moderate or severe TBI should be interdisciplinary and comprehensive.
* Rehabilitation of persons with TBI should include cognitive and behavioral assessment and intervention.
* Rehabilitation efforts should include modification of the…work environment…
* Persons with TBI and their families should have the opportunity to play an integral role in the planning and design of their individualized programs…."

Modification of the work environment includes physical, cognitive, and psychosocial areas, and extends to addressing attitudes of employers and employees. As important as accessibility is, it is no more important than having a positive working environment appropriate to the individual.

A person with a brain injury is likely to benefit from an array of services and a support structure that will be long-term in nature to provide ongoing support once an initial period of stabilization has occurred. It is important to include in the plan the process of development of the long-term employment supports that are appropriate for the consumer. For some, that might mean having a family member check in with the supervisor on a weekly basis. For others, it might be that a "natural support" will exist in the workplace, someone who can take on the role of mentor. And for others, a formal, ongoing, supported employment system will be the best option. It happens far too often that the consumer becomes employed, completes an initial period of employment stabilization, only to have the job fall apart as changes occur in the workplace. Adjusting to change is often a difficult hurdle to overcome.

### 5.4.1 Counseling and Guidance

Consumers with brain injury and their families may need more assistance with planning for services than do persons with other disabilities to insure that they can make good choices among treatment providers and can access treatment in a timely manner. During treatment, the vocational counselor will review progress and help the consumer and family make adjustments, as circumstances require. These counseling and guidance services are essential to successful outcomes. The following are often concerns among individuals with brain injury:

* adjusting to the functional limitations resulting from the injury;
* working through the psychosocial stages of a trauma;
* disability-related frustrations;
* interpersonal relationships;
* accessing and using support;
* understanding physical restoration procedures;
* making informed choices from among alternative goals, objectives, services, and service providers;
* using transferable skills and developing residual capacities;
* using rehabilitation technology;
* referring for comparable benefits and using community resources;
* resolving family issues impacting functional independence; and
* modifying attitude and behavior.

There are many misconceptions about brain injury and the rehabilitation process. Working with each consumer using the usual process of counseling and guidance is especially helpful for someone struggling with any cognitive impairment. Each person with brain injury will have discreet needs that apply only to that person.

Taking time to communicate what the vocational counselor's role is on the team will help the consumer to begin the process of developing trust not just with the counselor, but with the vocational process as a whole. Using reflective listening can be very helpful to reassuring the consumer that a partnership is being established to help the consumer meet his or her goals.

Counseling and guidance with a consumer with a brain injury may not need to be qualitatively different from working with a consumer with any other disability. Taking a moment to focus on what the counseling objectives are before the first face-to-face meeting may be helpful. For instance, the counselor will want to accomplish at least three things in the first meeting:

* Let the consumer know that your goal is to assist them in becoming employed. Sometimes a simple statement to this effect is enough. On occasion, more time might need to be spent reassuring the consumer that the counselor is there to serve them and not simply to process information.
* Explain to the consumer what you will be discussing and what you hope to accomplish. Often consumers do not understand what the process is, or why you are asking the same questions that have been asked often during the consumer's rehabilitation process. "By getting to know lots of information about you, I will better be able to assist you in becoming employed."
* Assure the consumer that you will listen to their concerns and answer their questions to the best of your ability. Listening is one of the most important activities in counseling and guidance. Using reflective listening can be very helpful to reassuring the consumer that a team effort is being developed.

### 5.4.2 Employment Services

When selecting a vocational goal for a consumer with a brain injury, consider the following factors based on the individual's abilities and limitations:

* Cognitive deficits will vary widely from individual to individual. Often the cognitive process is slower in persons with brain injury. Trying to speed up activity may cause confusion. Pace is critical to work success.
* An important consideration is the consumer's employment interests.
* The consumer's stamina may be impaired. Fatigue may be more pronounced when performing complex tasks. Part-time and flexible work hours should be explored, as well as full-time employment.
* Transportation is a major factor for people with brain injury, as often the ability to drive safely is impaired. If there are any issues around safe driving, a driving evaluation should be given.
* Consumers with brain injury may need personal attendant services.
* Consumers with brain injury may have special safety needs due to sensory problems with touch, pain, temperature, pressure, balance, hearing, and vision.
* Consider rehabilitation technology to assist a consumer with communication, organization, mobility, and performing particular physical tasks.

If the consumer has a seizure disorder, all of the limitations associated with seizure disorders and working with machinery, driving, etc., must be taken into account. At the work site, attention must be directed toward architectural barriers, if the individual has physical limitations. Considerable attention should be directed to assuring that appropriate supportive services are provided to achieve the vocational objective. Services that are often needed include job coaching, modification of the job site or modification of job tasks, and peer support.

### 5.4.3 Service Provider Considerations

Consumers and/or families may need information about available service providers for post-acute brain injury services. The counselor can identify those providers that their organization uses and can assist the family by helping them develop questions to ask service providers, so they will better be able to make choices. Many treatment facilities have waiting lists for beds and day-treatment services. It can be very important to help the family deal with these issues early in the rehabilitation process so that they will get the consumer on a waiting list for the particular service. A best practice is to assist the consumer and family in making informed choices, but should not direct the consumer and/or family to a particular provider. If post-acute brain injury services are utilized, the goals of the rehabilitation program should be very specific to the tasks required by the employment goal that the consumer has selected. Communication between the counselor, the consumer, and the treatment provider is critical to ensuring that the team of support is working together.

### 5.4.4 Accommodations to Consider

(as listed by the [Job Accommodation Network](http://www.jan.wvu.edu/media/BrainInjury.html))

#### Physical Limitations

* install ramps, handrails, and provide handicap parking spaces
* install lever style door handles
* clear pathways of travel of any unnecessary equipment and furniture

#### Visual Problems

* provide written information in large print
* change fluorescent lights to high-intensity white lights
* increase natural lighting
* provide a glare guard for computer monitors
* consult a vision specialist particularly with someone who has lost part or all of their vision

#### Maintaining Stamina During the Workday

* flexible scheduling
* allow longer or more frequent work breaks
* provide additional time to learn new responsibilities
* provide self-paced workload
* provide backup coverage for when the employee needs to take break
* allow for time off for counseling
* allow for use of supportive employment and job coaches
* allow employee to work from home during part of the day
* provide for job-sharing opportunities
* part-time work schedules

#### Maintaining Concentration

* reduce distractions in the work area
* provide space enclosures or a private office
* allow for use of white noise or environmental sound machine
* allow the employee to play soothing music using a cassette player and headset
* increase natural lighting or provide full-spectrum lighting
* reduce clutter in the employee's work environment
* plan for uninterrupted work time
* divide large assignments into smaller tasks and steps
* restructure job to include only essential functions

#### Difficulty Staying Organized and Meeting Deadlines

* make daily "to do" lists and check items off as they are completed
* use several calendars to mark meetings and deadlines
* remind employee of important deadlines via memos or e-mail or weekly supervision
* use a watch or pager with timer capability
* use electronic organizers
* divide large assignments into smaller tasks and steps
* assign a mentor to assist employee determining goals and provide daily guidance
* schedule weekly meetings with supervisor, manager, or mentor to determine if goals are being met

#### Memory Deficits

* allow the employee to tape record meetings
* provide type written minutes of each meeting
* use notebooks, calendars, or sticky notes to record information for easy retrieval
* provide written as well as verbal instructions
* allow additional training time
* provide written checklists
* provide environmental cues to assist in memory for locations of items, such as labels, color-coding, or bulletin boards
* post instructions over all frequently used equipment

#### Problem-Solving Deficits

* provide picture diagrams of problem-solving techniques (e.g., flow charts)
* restructure the job to include only essential functions
* assign a supervisor, manager, or mentor to be available when the employee has questions

#### Working Effectively with Supervisors

* provide positive praise and reinforcement
* provide written job instructions
* write clear expectations of responsibilities and the consequences of not meeting them
* allow for open communication to managers and supervisors
* establish written long-term and short-term goals
* develop strategies to deal with problems before they arise
* provide written work agreements
* develop a procedure to evaluate the effectiveness of the accommodation

#### Difficulty Handling Stress and Emotions

* provide praise and positive reinforcement
* refer to counseling and employee assistance programs
* allow telephone calls during work hours to doctors and others for needed support
* provide sensitivity training to coworkers
* allow the employee to take a break to use stress management techniques to deal with frustration

#### Attendance Issues

* provide flexible leave for health problems
* provide a self-paced work load and flexible hours
* allow employee to work from home
* provide part-time work schedule

#### Issues of Change

* recognize that a change in the office environment or of supervisors may be difficult for a person with a brain injury
* maintain open channels of communication between the employee and the new and old supervisor in order to ensure an effective transition
* provide weekly or monthly meetings with the employee to discuss workplace issues and production levels

### 5.4.5 Job Coaching and Services Leading to Supported Employment

It can be critical to the success of a job placement that accommodations are tried and then reviewed for effectiveness. In many cases, minor adjustments to the manner in which accommodations are utilized can make the difference between employment success and failure. Job coaching and/or services leading to supported employment may be key to giving the consumer/employee and the employer feedback in a timely manner on what is working, and what may need to change. When this is a dynamic proactive process, there is a much greater chance for employment success than when the process is reactive to problems that have occurred.

Whenever possible, consider using natural supports in the workplace. These may need to be enhanced with some help from someone to teach job coaching skills to the mentor. Other times, a professional job coach may be needed over a limited period of time. The support of a professional who understands the consumer, and the best methods to teach the consumer to adjust to new demands and a new environment, may be what will make the difference between success and failure.

Since brain injury may require life-long services and since long-term services are often hard to find, an important option to consider is services leading to supported employment. Typically a vocational counselor will expect a case to close after a short period of success. When it can be reasonably expected that the consumer may need period assistance throughout his career, supported employment is one way of providing for long-term support.

### Cancer

### 6.1.1 General Information

Cancer is a proliferation of abnormal cells that accumulate to form malignant tumors. The cancer cells of malignant tumors multiply quickly and may compress, invade or destroy adjacent healthy tissue. They can stay in one place or break away from the tumor and enter the bloodstream or lymphatic system, spreading to other parts of the body. In their new location, these cells can form "colony" tumors where the cells continue to grow. This process is called metastasis. If not completely removed or controlled, malignant tumors will grow and spread throughout the body eventually resulting in death.

Cancer is neither age- nor gender-specific; however, the American Cancer Society estimates that half of all men and one third of all women will develop cancer. One third of all Americans will develop cancer. One fifth of all Americans will die from cancer, but cancer is not always fatal. The three most common types of cancer are lung cancer, breast cancer, and colon cancer. Fifty percent of all cancers are one of these three types. Though heredity increases the risk of developing cancer, the risks can be reduced through lifestyle choices, such as not smoking and eating a lean diet.

The diagnosis of cancer does not automatically preclude an individual from receiving services. If the cancer is metastatic, VR services may not be appropriate, however, if the cancer is slowly progressive or in remission, vocational rehabilitation services may be appropriate. See [RPM Chapter 3: Eligibility](http://darsnet.dars.txnet.state.tx.us/bookshelf/drs/rpm/ch3.htm).

### 6.1.2 Types of Cancer

Cancer is generally classified into one of several types of tissue, depending on the place of origin:

* carcinoma - develops from epithelial or endothelial tissue including skin and the linings of body tissue or organs
* melanoma - usually develops in the pigment cells located among the epithelial cells of the skin
* sarcoma - usually arises in supportive/connective tissues such as bone, muscle and other organs of mesothelial origin
* lymphoma - develops in lymph nodes and lymphatic tissue and other organs such as spleen and liver
* leukemia - develops in the marrow
* other - this includes cancers of premature and mixed cell types

The spread of cancer cells is classified into one of several stages, depending on how they are spread:

* in situ - cells remain at the point of origin
* mildly invasive - cells remain in the organ but invade the organ tissue widely
* moderately invasive - cells invade tissue around the organ
* regional - cells spread to lymph nodes that drain the original site and other nearby structures
* advanced - cells spread to other parts of the body

Cancer has the potential to affect every part of the body. The following alphabetical list contains some of the more commonly affected areas:

* blood cells,
* bone,
* brain
* breast
* cervical
* colon-rectal
* esophagus
* gallbladder
* kidney
* larynx
* liver
* lung
* lymph system
* mouth
* ovary
* pancreas
* prostate
* skin
* stomach
* testicle
* thyroid
* uterus

### 6.1.3 Symptoms

Depending on the type of cancer, the individual may experience

* chronic pain;
* unexplained weight loss;
* weakness;
* nausea and vomiting;
* fatigue;
* increased hair loss;
* achiness;
* shortness of breath;
* fever;
* irregular breathing;
* chills;
* lumps;
* sweats;
* coughing;
* skin rash, easy bruising, change in mole;
* bleeding or discharge; and/or
* diarrhea or constipation.

The seven warning signs of cancer are

1. change in bowel or bladder habits,
2. a sore that doesn't heal,
3. unusual bleeding or discharge,
4. thickening lump in breast or elsewhere,
5. indigestion or difficulty swallowing,
6. obvious change in wart or mole, or
7. nagging cough or hoarseness.

### 6.1.4 Treatment

There are three basic treatment modalities for cancer. The method used depends not only on the type of cancer, but also on the state of progression or spreading of the disease and/or the grade (or cell type) of the tumor:

* surgery - removal of the cancer in an operation. This may require the removal of part of an organ or the entire organ and some of the surrounding tissue.
* radiation therapy – the use of high-energy rays, such as high-dose X-rays, to kill cancer cells
* chemotherapy – the use of drugs to kill cancer cells

Some cancers have specialized treatment, including the following:

* hormone therapy – the use of drugs that change the way hormones work, the use of hormones to kill cancer cells (used with prostate cancer), or the removal of organs that make hormones, such as the ovaries
* bone marrow transplant
* biological therapy – the use of the immune system to fight the cancer
* photocoagulation or orembolism – the destroying of blood vessels or blood flow that feeds the tumor

Antidepressants may also be prescribed for individuals experiencing emotional distress.

### 6.1.5 Side Effects

Individuals treated for cancer may experience a variety of side effects depending on the treatment used. If one of the three basic treatments is used, the individual will most likely have a difficult time at some point during the treatment. The following side effects are grouped by treatment modality.

#### Chemotherapy

* nausea and vomiting
* hair loss
* fatigue
* anemia
* risk of infection
* blood-clotting problems
* diarrhea or constipation
* peripheral neuropathy

#### Radiation

* fatigue
* skin changes
* loss of appetite
* mouth or gastrointestinal ulcers
* surgery
* anatomical defects and deformity
* infection

### 6.1.6 Types of Functional Limitations

Individuals with cancer may experience a variety of limitations depending on the specific cancer and treatment modality used. Some common functional limitations may include

* climbing stairs,
* walking long distances,
* standing for prolonged periods,
* getting up from bed,
* lifting,
* bending,
* stooping,
* strenuous physical activity,
* disfigurement impeding ability to work with general public,
* diminished activity tolerance or fatigue, and/or
* light headedness.

## 6.2 Assessment

### 6.2.1 Reviewing and Evaluating Records

Obtain existing medical records from treating physician, preferably an oncologist. If the individual is working, carefully evaluate how the current condition impedes the ability to perform required work duties. If the individual is not working, determine if the medical condition impedes the ability to obtain and maintain employment or engage in activities in preparation for employment. Consideration should be given to how side effects from treatment may also affect and impede employment. Consideration must be given to the progressive nature of the disability and the physician’s respective prognosis. The prognosis must indicate that the condition is slowly progressive and there is a reasonable expectation that the consumer will be able to successfully complete an employment outcome.

### 6.2.2 Asking the Right Questions

During the interview determine the specific symptoms the individual is experiencing and the restrictions in physical activity. Find out what medications and treatments are being used and the side effects that may result. It is important to find out if there is a medical regimen, such as a therapy schedule, which may affect employment. Questions that may help in deterring the severity might include the following:

* What specific type of cancer does the individual have?
* Is the disease currently active or is it in remission?
* What are the symptoms experienced by the individual?
* Is the individual currently receiving treatment? If so, what type?
* What are the side effects?
* What are the limitations in physical activity?
* How has work been affected?
* What are the job duties that can no longer be performed?

### 6.2.3 Medical Assessment

Obtain adequate information to establish the nature of the condition, the functional limitations, treatment recommendations, and prognosis. The specific symptoms that an individual experiences will determine the type of limitations imposed by the disease. It is important to find out how the cancer affects physical activity and the resulting functional restrictions. When current records are unavailable or do not provide adequate information, arrange for an evaluation by an oncologist. If the consumer is currently receiving treatment, review any side effects that may be experienced and determine if the side effects are a contributing factor to the vocational impediment. It is also important to take into consideration any other medical conditions the individual may have. Find out if the medical conditions influence each other.

### 6.2.4 Psychological Assessment

Individuals with a diagnosis of cancer will experience varying levels of stress and emotional upset. Fear of death, disruption of life plans, changes in body image, self-esteem, changes in social role or lifestyle, financial concerns, and legal concerns are significant issues that most individuals with cancer must face. Consider a psychological assessment if there are indications of adjustment problems, depression, or other psychological factors that might affect progress toward a vocational goal.

### 6.2.5 Vocational Assessment

When assisting in the selection of an appropriate vocational objective, it is crucial to carefully consider the prognosis regarding life expectancy and the length of time that may be needed in preparation for employment. If the individual is currently working find out what the specific limitations in physical activity are and how they are interfering with work. Before seeking alternative employment, it may be appropriate to explore with both the consumer and employer those job duties that may be modified. If the individual is not employed, training may be appropriate but the length of training needed for employment must be taken into account.

If the individual is currently receiving treatment, it is crucial to consider the side effects and treatment schedule in determining appropriate and realistic vocational goals.

## 6.3 Planning

### 6.3.1 Typical Services

The following are examples of services that might be considered to either return the consumer to work or assist in the preparation for new employment:

* assistance in the selection of suitable employment,
* adaptive equipment,
* assistive technology,
* Job Quest Training,
* vocational training,
* academic training, and/or
* job placement.

### 6.3.2 Counseling and Guidance

Depending upon the specific type of cancer and subsequent treatment, the following are suggested topics of concern when counseling individuals with cancer:

* the importance of following physician's orders,
* understanding treatment options,
* preparing for surgery,
* understanding side effects of treatment and how they may influence work,
* acceptance of physical limitations or disfigurement,
* assistance in the selection of suitable employment, and
* whether or not to disclose information about the disability with the employer.

### 6.3.3 Employment Services

Consideration of the following services may be of benefit helping to ensure successful employment:

* assistance in selecting suitable employment,
* job readiness training,
* interviewing skills,
* job search assistance,
* job placement assistance, and/or
* determining the need for reasonable accommodations.

### 6.3.4 Service Provider Considerations

Because of the effect that a diagnosis of cancer may have on an individual’s emotions, it is advisable that a service provider having knowledge of the disease be chosen to work with the individual. This may help to minimize the stress experienced by the consumer helping to ensure the successful completion of services as well as successful employment. It may also be advisable to include a psychologist to assist in the acceptance of and adjustment to the disability.

## Cardiac Disorders

### 7.1.1 General Information

According to the American Heart Association, heart disease is the leading cause of death in America, accounting for 41.5% of all deaths. It is estimated that just under 60 million Americans have some type of cardiovascular disease. Cardiac disorders are not age or gender specific.

About one-sixth of those who die from cardiovascular disease are under the age of 65. The number of males who die from cardiovascular disease is higher than women, and it is more prevalent in African-Americans. The numbers also reflect that individuals with higher education die less frequently from cardiovascular disorders than the lesser educated.

Lifestyle, heredity, and other medical conditions can play an important role in the development of cardiovascular disease. High cholesterol, smoking, physical inactivity, hypertension, and being overweight can be contributing factors, placing an individual at higher risk for cardiovascular disease.

### 7.1.2 Types of Cardiac Disorders

* atherosclerosis - the progressive narrowing and hardening of arteries over time resulting from the build up of plaque
* aneurysm - a ballooning-out of the wall of a vein, artery or the heart due to weakening of the wall by disease, injury or an abnormality present at birth
* atrial fibrillation - a condition in which the two upper chambers of the heart do not completely pump the blood out when the heart beats, allowing the blood to pool and clot
* cardiomyopathy - a serious disease in which the heart muscle becomes inflamed
* hypertrophic - a condition in which the muscle cardiomyopathy mass of the left ventricle is larger than normal which interferes with proper blood flow
* dilated (congestive) - the cavity of the heart is enlarged cardiomyopathy and stretched making the heart weak and unable to pump normally; generally results in congestive heart failure
* restrictive cardiomyopathy - the myocardium of the ventricles becomes excessively "rigid," and the filling of the ventricles with blood between heart beats is impaired
* congenital defects - the heart muscle or blood vessels near the heart do not develop normally prior to birth, which obstructs or disrupts normal blood flow
* obstruction defect - a narrowing that partly or completely blocks the flow of blood in heart valves, arteries or veins; includes pulmonary stenosis, aortic stenosis, subaortic stenosis, coarctation of the aorta and bicuspid aortic valve
* septal defect - a hole in the wall of the heart separating the right and left sides allowing blood to flow between the right and left chambers; includes atrial septal defect, Epstein's anomaly, ventricular septal defect, and Eisenmenger's complex
* cyanotic defects - a condition in which blood pumped into the body has less than the normal amount of oxygen resulting in a bluish color of the skin; includes tetralogy of Fallot, transposition of the great arteries, and tricuspid atresia
* heart failure- the condition when the heart fails to maintain adequate circulation of blood
* congestive heart failure - the heart fails to pump adequately resulting in fluid in the lungs or body
* right side failure - pumping action failure of the right ventricular resulting in body swelling especially the legs and abdomen
* left side failure - pumping action of the left ventricular resulting in congestion of the lungs
* forward heart failure - inability of the heart to move enough blood forward at a sufficient rate to supply oxygen to the body
* backward heart failure - the ability of the heart to supply oxygen only if the pressure filling the heart is abnormally high
* low output - failure to maintain adequate blood output
* high output - cardiac symptoms although output levels are high
* hypertension - abnormally high blood pressure (above 140 systolic or 90 diastolic) that increases the risk of coronary heart disease (a heart attack) or stroke (a brain attack)
* mitral valve prolapse - a condition when one or both flaps of the valve between the left atrium and left ventricle collapses allowing blood backward through the valve; may result in a heart murmur
* rheumatic heart disease - cardiac involvement associated with rheumatic fever
* chronic scarring - chronic scarring of the heart resulting in the narrowing of the valve opening or insufficient closure; generally occurs in young adulthood
* endocarditis - a relatively uncommon but potentially dangerous inflammation, usually caused by infection in vulnerable areas of the innermost layer of the heart's chambers and valve; see also [photos and additional information about endocarditis](http://www.heartpoint.com/endocarditis.html)

### 7.1.3 Symptoms

Symptoms of cardiac disorders vary depending on the specific type. Individuals with a cardiac disorder may experience one or more of the following depending on the disorder:

* angina;
* shortness of breath on exertion;
* dizziness or light headedness;
* fainting;
* chest pain;
* pain radiating from the chest to the arms, shoulders or jaws;
* abnormal heart rhythm;
* heart mummer;
* formation of blood clots;
* swelling of lower extremities or abdomen;
* fatigue;
* weakness;
* loss of appetite;
* weight loss or gain;
* bluish discoloration of skin;
* nausea or vomiting;
* infection; and/or
* palpitations.

### 7.1.4 Treatment

In addition to the following treatment modalities, a healthy lifestyle including a low-fat diet and exercise is an important part of treating cardiovascular disease. If the individual follows a regimented exercise program, it should be closely monitored by the treating physician.

### 7.1.5 Medications

* antiarrhythmics - control irregular heart rhythms
* antibiotics - fight infection
* anticoagulants - decrease the rate at which blood clots form
* antihypertensives - reduce blood pressure
* aspirin and warfarin - thin blood in the prevention of blood clotting
* beta blockers - block increased heart rate and blood pressure reducing the work load placed on the heart
* digitalis - slows heart rate and allows heart to beat stronger
* fat-reducing drugs - decreases cholesterol
* isotopes - increases the force of the heart beat
* nitroglycerin - controls angina by reducing the amount of oxygen needed by the heart
* vasodilators - opens blood vessels

### 7.1.6 Surgery

* angioplasty - repair of a blood vessel
* atherectomy - opens coronary arteries blocked by plaque
* bypass - rerouting blood around clogged arteries to improve the supply of blood and oxygen to the heart
* cardiomyoplasty - skeletal muscles taken from a patient's back or abdomen to wrap around the heart; a device similar to a pacemaker aids the muscle by emitting ongoing stimulation that may boost the heart's pumping motion
* stent procedure - a wire mesh tube (a stent) to prop open an artery after an angioplasty has been performed; stent is collapsed, placed over an angioplasty catheter, and moved into the area of the blockage; when the catheter is removed, stent remains forming a rigid support to hold the artery open
* balloon angioplasty - non-invasive procedure in which a balloon shaped catheter is inserted into the blood vessel and then inflated, opening the vessel
* defibrillator implant - small device placed beneath the skin of the chest with an electrode routed into the heart; tiny computer in the device monitors the heartbeat and activates a conventional pacemaker if an arrhythmia is detected
* heart transplant - replacement of the heart
* pacemaker - small device can either be permanent (internal) or temporary (external); batteries send an electrical impulse through an electrode placed next to the heart to help it pump properly
* radio frequency - corrects a rapid heartbeat; catheter with an electrode at its tip is guided to the area of heart muscle where there's an accessory pathway and a mild, painless radio frequency energy is transmitted to a small area killing heart muscle cells, reducing the extra impulses that caused the rapid heartbeats
* thrombolytic therapy - blood-dissolving agents to help dissolve blood clots in the coronary arteries
* ultrasonic therapy - non-intrusive procedure to remove or reduce the buildup of cholesterol plaque in the artery allowing the cholesterol to be reabsorbed into the bloodstream

#### Side Effects of Medication and Surgery

Medication side effects include

* dizziness,
* headache,
* stomach ulcer,
* bloating,
* constipation,
* nausea,
* inflammation of joints or muscles,
* joint pain,
* gall stones,
* elevated liver function findings,
* diarrhea, and/or
* toxicity.

Surgery side effects include

* risk of infection;
* for pacemaker, sensitivity to electric current associated with electrical appliances (especially microwave ovens) which may result in malfunction of the pacemaker; and
* for heart transplant, risk of rejection.

### 7.1.7 Types of Functional Limitations

The following are some typical functional limitations often experienced by individuals having a cardiac disorder:

* climbing stairs or ladders,
* walking long distances,
* lifting,
* reaching,
* strenuous physical activity,
* inability to endure extreme temperature changes,
* diminished tolerance or fatigue resulting from physical deconditioning,
* difficulty with motor coordination, and/or
* working within a physically or psychologically stressful environment.

## 7.2 Assessment

### 7.2.1 Reviewing and Evaluating Records

Obtain existing medical records from treating physician, preferably a cardiologist. If the individual is working, carefully evaluate how the current condition impedes the ability to perform required work duties. Some cardiac disorders do not have overt symptoms and may not impede the individual's ability to perform required duties. If the individual is not working, determine if the cardiac disorder impedes the ability to obtain and maintain employment or engage in activities in preparation for employment. Consideration should be given to how side effects from treatment, especially medication, may also affect and impede employment.

### 7.2.2 Asking the Right Questions

During the interview determine the specific symptoms the individual is experiencing and the restrictions in physical activity. Find out if medications are being used and the side effects that may result. It is crucial to find out if there are any other medical conditions that may be a contributing factor to the cardiac disorder or the symptoms experienced. Questions that may help in determining the severity might include the following:

* What specific type of cardiac disorder does the individual have?
* Are there any other medical conditions?
* What are the symptoms experienced by the individual?
* Is the individual currently receiving treatment? If so, what type?
* What are the side effects?
* What are the limitations in physical activity?
* How has work been affected?
* What are the job duties that can no longer be performed?

### 7.2.3 Medical Assessment

Obtain adequate information to establish the nature of the disorder, the functional limitations, and treatment. The specific symptoms that an individual experiences will determine the type of limitations imposed by the disorder. It is important to find out how the cardiac disorder affects physical activity and the functional restrictions resulting from the disorder. When current records are unavailable or do not provide adequate information, arrange for an evaluation by a cardiologist. If the consumer is currently receiving treatment, review any side effects that may be experienced and determine if the side effects are a contributing factor to the vocational impediment. It is also important to take into consideration any other medical conditions the individual may have and if the medical conditions have an impact on each other.

### 7.2.4 Psychological Assessment

According to the Heart Surgery Book, one in every four individuals who have had heart surgery is at increased risk for depression. A number of studies have found that depression often complicates recovery from heart surgery. It has also been reported that there is a correlation between depression and an increased morbidity and mortality rate for people experiencing heart attacks. Research suggests that people who are depressed show altered autonomic nervous system activity such as elevated heart rates, variability, and longer episodes and more frequent occurrences of arrhythmia.

Consider a psychological assessment if there are indications of adjustment problems or other psychological factors that might affect progress toward a vocational goal.

### 7.2.5 Vocational Assessment

Medical prognosis varies greatly depending on the type of disorder the individual has as well as the success of treatment and the ability to reduce risk factors. All of these factors must be considered when exploring vocational options. If the individual is currently working find out what the specific limitations in physical activity are and how they are interfering with work. Prior to seeking alternative employment, it may be appropriate to explore with both the consumer and employer those job duties that may be modified. If the individual is currently receiving treatment, it is crucial to consider the existence of any side effects in determining appropriate and realistic vocational goals. Be sure to consider the work environment including physical and psychological stress when selecting an appropriate vocational goal.

## 7.3 Planning

### 7.3.1 Typical Services

In addition to counseling and guidance, the following are examples of services that might be considered to either return the consumers to work or assist with the preparation for new employment:

* assistance in the selection of suitable employment,
* cardiac rehabilitation program,
* restoration services (excluding organ transplantation),
* job task restructuring,
* work station modification,
* Job Quest Training,
* vocational training,
* academic training,
* job placement , and/or
* short-term psychotherapy.

### 7.3.2 Counseling and Guidance

Depending on the specific cardiac disorder and associated symptoms experienced by the individual, the following are suggested topics of concern when providing counseling and guidance to individuals with cardiac disorders:

* the importance of following physician's orders,
* understanding treatment options,
* preparing for surgery,
* understanding treatment side effects and how they may influence work,
* acceptance of and understanding physical limitations, and
* assistance in the selection of suitable employment.

### 7.3.3 Employment Services

Consideration of the following services may be helpful to ensure successful employment:

* assistance in selecting suitable employment,
* job readiness training,
* interviewing skills,
* job search assistance,
* job placement assistance,
* determining the need for reasonable accommodations,
* task restructuring, and/or
* work site modification.

### 7.3.4 Service Provider Considerations

Because of the intrusive nature of heart surgery, it is recommended that the consumer obtain a second opinion regarding the necessity of surgery. The consumer may want to request the names of two or three cardiovascular surgeons when meeting with the cardiologist. Depending on the impact the disability is having on the individual, it may be advisable to include a psychologist familiar with cardiovascular disorders to assist in the acceptance of and adjustment to the disability. This may help to minimize the stress experienced by the consumer, helping to ensure the successful completion of services, as well as successful employment.

# Carpal Tunnel Syndrome

### 8.1.1 General Information

The carpal tunnel is a passageway in the wrist that protects the median nerve and tendons as they pass between arm and hand. The median nerve controls sensations on the palm side of the thumbs and fingers (except the little fingers), and impulses to muscles that move fingers and thumb. The tendons bend the fingers.

Three walls of the tunnel are bone, and the fourth is a non-stretching ligament. The walls create a rigid passageway that is about thumb-sized in diameter. When the wrist is straight, pressure on the median nerve is minimal. It increases dramatically, however, when the wrist is flexed. The median nerve can also be compressed if there is swelling within the tunnel. Continuing compression of the median nerve for either reason may produce classic symptoms of carpal tunnel syndrome (CTS): numbness, pain, and weakness.

CTS is the most common and widely known of the "entrapment neuropathies," in which the body's peripheral nerves are compressed or traumatized.

#### Causes

CTS results from traumatic or medical conditions that increase pressure on the median nerve, such as

* injury to the wrist from sprain or fracture,
* mechanical problems in the wrist joint,
* repetitive tasks that flex the fingers,
* completing tasks with wrist in flexed or extended position for long periods,
* repeated use of vibrating hand tools,
* development of a cyst or tumor in the canal, or
* fluid retention during pregnancy.

Chronic medical conditions that may cause swelling and pressure on median include

* rheumatoid arthritis,
* diabetes,
* hypothyroidism, or
* overactivity of the pituitary gland.

#### Risk Factors

Being female is a risk factor for CTS, perhaps because women generally have smaller carpal tunnels than men. Women develop the condition three times more frequently than men.

Many people believe that heavy computer use is a risk factor for CTS. However, a 2001 study by the Mayo Clinic found that even computer use of up to seven hours a day did not increase a person's chances of developing CTS. In fact, CTS is three times more common among assembly line workers than among data-entry personnel.

#### Symptoms

Symptoms of CTS may include the following:

* often first appear at night, since many people sleep with flexed wrists;
* daytime tingling in hands as symptoms worsen;
* burning, tingling, or itching numbness in the palm of the hand and the fingers;
* fingers may feel useless and swollen, without appearance of swelling;
* urge to "shake out" the hand or wrist to relieve symptoms;
* weakness in hands; tendency to drop things;
* difficulty forming a fist or grasping small objects;
* numbness in fingers;
* in chronic and/or untreated cases, muscle wasting at base of thumb;
* difficulty distinguishing between hot and cold by touch; and/or
* pain radiating into arm.

### 8.1.2 Treatment

#### Non-Surgical Treatments

* **Drugs** – Non-steroidal anti-inflammatory drugs such as aspirin and ibuprofen may relieve CTS caused by strenuous activity or symptoms of recent onset. Diuretics may decrease swelling cased by water retention. Corticosteroids, such as prednisone, or the drug lidocaine can be injected directly into the wrist for temporary relief. (If your consumer has diabetes, be aware that prolonged use of corticosteroids may interfere with the body's ability to regulate insulin levels.) Some studies have shown that Vitamin B6 supplements may also ease the symptoms of CTS.
* **Exercise** – After symptoms have improved, stretching and strengthening exercises may help prevent reoccurrence of symptoms. A physical or occupational therapist can teach skills to improve and sustain hand and wrist health.
* **Alternative therapies** - Acupuncture and chiropractic care have benefited some patients but their effectiveness remains unproven. An exception is yoga, which has been shown to reduce pain and improve grip strength among patients with CTS.

#### Surgical Treatments

* **Carpal tunnel release** is one of the most common surgical procedures in the United States and is often recommended if symptoms have persisted for six months. This surgery involves cutting the ligament connecting the boney walls of the tunnel to enlarge the tunnel and reduce pressure on the median nerve. Surgery is done under local anesthesia and does not require an overnight hospital stay unless there are other medical considerations.
* **Open release surgery**, the traditional procedure used to correct CTS, involves making an incision of about two inches in the wrist to allow cutting the ligament.
* **Endoscopic surgery** is offered in some cases. In this procedure the surgeon makes two incisions (about one-half inch each) in the wrist and palm, inserts a camera attached to a tube, observes the tissue on a screen, and cuts the ligament. This two-portal endoscopic surgery, generally performed under local anesthesia, is effective and minimizes scarring and scar tenderness, if any. One-portal endoscopic surgery for carpal tunnel syndrome is also available.

### 8.1.3 Typical Functional Limitations

Range of hand and wrist motion limited by pain, and reduced ability to

* grip and hold items securely;
* manipulate small objects and tools;
* type;
* lift and carry objects;
* complete dressing activities such as buttoning or zipping clothing, tying shoes;
* complete hygiene activities such as brushing teeth, washing hair;
* sleep normally because of pain;
* drive;
* distinguish between heat and cold; and/or
* perceive touch on palms and fingers.

## 8.2 Assessment

### 8.2.1 Reviewing and Evaluating Records

Obtain existing medical records from applicant or physician.

Keep in mind that CTS symptoms may be caused or exacerbated by conditions such as diabetes and rheumatoid arthritis. When reviewing records, note all conditions identified.

If no medical records are available, arrange for medical examination to establish diagnosis.

If carpal tunnel syndrome is diagnosed, arrange evaluation by a neurologist or an orthopedist.

### 8.2.2 Asking the Right Questions

During the initial interview, consider the following:

* Ask the applicant to describe how the condition is interfering with completion of daily activities, including job duties and ADLs.
* If the applicant is not working, discuss whether the condition has hindered applying for, obtaining, or retaining employment.
* Document any current or previous treatment of condition.

### 8.2.3 Medical Assessment

Gather information including

* functional limitations,
* treatment recommendations,
* prognosis,
* current or previous treatments, and
* medical management of conditions that may have impact on CTS (e.g., diabetes, arthritis).

### 8.2.4 Psychological Assessment

Chronic pain and physical limitations related to CTS may trigger depression in some consumers. Additionally, fears about job loss because of inability to complete essential duties may result in significant stress and anxiety. Note how the consumer is coping with the condition and provide appropriate services if needed.

### 8.2.5 Vocational Assessment

(Revised [03/08](http://darsnet.dars.txnet.state.tx.us/bookshelf/rev/drs/cdr/revlog2008.htm#rev0308))

Employed consumers may be able to return to their jobs after treatment for CTS. They may need some job accommodations during their recovery from surgery. Work with the consumer to complement physician restrictions with appropriate job accommodations.

If the consumer has never worked, or has reduced residual functional capabilities following treatment, the attending physician is often a good resource for determining specific limitations in functioning. You can formulate questions tailored to the consumer's particular situation regarding functional limitations and capacities, or you can use the [DARS3106, Work Capacity Report](http://darsnetmossx.dars.txnet.state.tx.us/documentcenter/forms/DARS3106.doc), to elicit that information before selecting an employment goal. Pre-employment services might include

* vocational adjustment training,
* interviewing skills,
* job-seeking skills, and
* job accommodations.

## 8.3 Planning

### 8.3.1 Counseling and Guidance

Diabetes and other metabolic disorders that can cause swelling may make individuals more susceptible to nerve compression. If the consumer's CTS is related to one of these conditions, talk with the consumer about the physician's recommendations for appropriate medical management of those conditions.

Before purchasing physical restoration services, ensure that the consumer has been informed by the consumer's physician about the benefits and risks of each treatment option. If surgery is considered, the consumer should know that although most people recover completely, there is a possibility that the consumer may experience residual wrist weakness or other limitation.

### 8.3.2 Physical Restoration

Evaluate physician recommendations for treatment of the condition. Initial treatment may be conservative, often involving

* resting the affected hand and wrist for at least two weeks;
* avoiding activities that may worsen symptoms;
* immobilizing the wrist in a splint to avoid further injury; and/or
* cool packs, if there is inflammation.

If condition is not relieved by conservative treatment, surgery may be recommended. Although the consumer may experience relief from symptoms immediately following surgery, full recovery can take months. Some patients may also have problems such as infection, nerve damage, stiffness, and pain at the scar. Physical therapy is recommended following surgery to restore wrist function. Recurrence of CTS following surgical treatment, while uncommon, can occur.

Job accommodations may be required during recovery from surgery and/or to prevent re-injury.

### 8.3.3 Jobsite Accommodations

Jobsite accommodations may include

* frequent breaks to rest hands and perform stretching exercises;
* splints to keep wrists straight;
* training in correct posture and wrist position when typing or doing other tasks;
* rearrangement of work station (e.g., raising or lowering height of work space to keep appropriate hand and wrist alignment);
* regular rotation among jobs that require different hand movements;
* wrist rest for computer keyboard;
* keyboard and mouse set-up to ensure correct wrist position;
* ergonomically designed keyboards like the "SafeType" that reduce strain on wrists (see "[Safe Type](http://www.safetype.com/)"), also available for loan through the Resource Center (contact [Michael Ritter](mailto:Michael.Ritter@dars.state.tx.us)); and/or
* tools that can be manipulated without significant wrist flexion.

### 8.3.4 Job Training and Placement

Although most people have complete relief from symptoms following surgery, others may experience reduced hand and wrist strength and flexibility. Some consumers may need to modify job duties or even change jobs after recovery from surgery. If residual hand and wrist functions compromise completion of essential job duties, consider use of adaptive technology, job training or placement in different position.

# Cerebral Palsy

### 9.1.1 General Information

Cerebral palsy (CP) is caused by damage to one or more parts of the brain which control body movement, muscle coordination, and posture. Individuals with CP have difficulty with changing muscle tone in a smooth and even way. As a result, their movements may be jerky or wobbly. Think about moving your arm so that your hand touches your nose. To do this, you must shorten (or increase the tone in) the muscle in the front of your upper arm (biceps muscle) while you lengthen (or decrease the tone in) the back of the upper arm (triceps muscle). To move your arm smoothly, without jerks or to avoid hitting yourself in the nose, the change in muscle tone must be just right--an even change to tighten the biceps muscle while loosening the triceps muscle. Persons with CP are unable to appropriately control the muscle tone, resulting in shaky or involuntary movements.

CP can occur either before, during, or shortly after birth. Injuries prior to birth occur in a number of ways. The injury can be caused by an infection or as the result of an accident which causes physical injury to the fetus. Brain injury to the fetus can also occur when the mother has high blood pressure or diabetes, or uses drugs. Injuries can occur during birth. The baby may not get enough oxygen or, in a difficult delivery, the use of forceps might result in injury to the brain. Brain injury after birth can be caused by an infection such as meningitis. There is a high correlation between premature birth and CP. Typically, however, the cause of the injury is unknown. The condition often goes undiagnosed for a period of time until the infant falls significantly behind in achieving developmental milestones.

There are four types of cerebral palsy:

* **Spastic cerebral palsy**: "Spastic" is the term used to define the type of CP when muscle tone is too high or too tight. Persons with spastic CP have a difficult time letting go of something in their hand, or moving from one position to another. About half of all people with CP have spastic CP.
* **Ataxic cerebral palsy**: "Ataxic" is the term used to describe the type of CP when muscle tone is too low. Persons with ataxic CP appear very unsteady and shaky. They may have poor balance and appear very unsteady when walking. They probably have difficulty with activities such as writing, turning a page, or holding a glass of water. About 5% to 10% of all people with CP have ataxic CP.
* **Athetoid cerebral palsy**: "Athetoid" is the term used to describe the type of CP when muscle tone is mixed-sometimes too high and sometimes too low. Persons with athetoid CP have difficulty with body control, either when sitting or walking. Their movements are often random and involuntary. Approximately one-fourth of all people with CP have athetoid CP.
* **Mixed types of cerebral palsy**: "Mixed" is the term used to describe the type of CP when muscle tone is too high in some muscles and too low in other muscles. About one-fourth of all people with CP have mixed CP.

Medical records often categorize the level of severity by using the terms "mild," "moderate," and "severe." In its mild form, there may be only imprecision in fine motor movements and an awkward but effective gait. At the moderate level, there is difficulty with both gross motor and fine motor movements, and clarity of speech is also affected. A person with moderate CP is capable of independently managing activities of daily living. At the severe level of involvement, there is an inability to walk, hands are not functional, and speech is partially or completely incomprehensible. Medical records might also categorize the individual as: "quadriplegic", meaning that all four limbs are involved; "hemiplegic," meaning that one side of the body is affected; or "diplegic," meaning that only the arms or only the legs (almost always the legs) are affected.

CP manifests itself in a wide range of functional limitations ranging from severe limitations affecting virtually all aspects of the individual's life to very mild limitations causing minor inconvenience. Both the type and severity of CP significantly impact the functional limitations involved.

Depending on which parts of the brain are affected, the individual might also have other limitations such as with speech or vision, a seizure disorder, or a learning disability. Since CP is not a disease, it is not contagious and the brain disorder does not get worse as the individual gets older. While CP itself is not progressive, secondary conditions can develop resulting in additional functional limitations.

### 9.1.2 Typical Functional Limitations

* **Mobility**—Since CP is characterized by reduced control of muscle coordination and body movement, mobility is usually affected. Some individuals are ambulatory without assistive devices, while others use assistive devices such as braces, crutches or a wheelchair. Many persons with CP are unable to drive, usually due to spasticity or problems with spatial perception. As a result, transportation is often an issue in terms of employment.
* **Intellectual ability**—Although many persons with CP have average or above average intelligence, a higher percentage of persons with CP are intellectually impaired when compared to the general population. Learning disabilities are common among persons with CP. IQ tests often do not accurately measure the intellectual capabilities of an individual with CP, since the subtests are timed and responses may be slowed because of physical impairments. In addition, subtests which measure visual-motor abilities also unfairly penalize the person with CP. Tests should be administered by professionals experienced in working with this population to ensure that results are properly interpreted.
* **Language and communication**—Speech output may range from normal or nearly normal to complete lack of speech. Approximately 75% of individuals with CP have some type of oral communication disorder. This might result from a visual or auditory comprehension disorder, or from difficulty coordinating the muscle movements needed for speech (Dysarthria). While some individuals with CP may be difficult to understand at first, most are effective at communicating verbally. Others use nonverbal communication or augmentative communication devices.
* **Psychosocial**—Some persons with CP have inadequately developed social skills by the time they reach adulthood. Social isolation and diminished mobility may have resulted in reduced opportunities for experiences and fewer interpersonal contacts. Contact with non disabled peers may have been restricted when compared to the general population. Some parents, out of necessity, may have fostered dependence.
* **Activities of daily living**—Depending on the severity of the disability, some persons with CP need assistance with activities of daily living (dressing, grooming, bathing, using the restroom, transferring, personal hygiene, etc.). Some persons are capable of managing their own needs, but require extra time.
* **Fatigue**—Even routine activities require conscious effort on the part of the person with CP. When combined with involuntary movement or excessive tension, the person with CP expends an enormous amount of physical and mental energy to perform relatively routine tasks. Persons with CP are likely to fatigue more quickly than a nondisabled individual performing the same task.
* **Complications**—Individuals with CP are susceptible to medical complications such as contractures, bowel and bladder incontinence, dental problems, osteoporosis, degenerative joint disorders due to poorly aligned joints, respiratory infections due to inefficient swallowing and compromised cough reflex, and scoliosis.

## 9.2 Assessment

### 9.2.1 Reviewing and Evaluating Records

Medical records will usually be dated and commonly only relate to the physical aspects of the disability. Since CP is an observable condition, medical records usually are not necessary to determine the presence of a disability.

### 9.2.2 Asking the Right Questions

Here are some questions relating to this medical condition that one should consider when exploring the nature and extent of impairment. Follow-up questions will depend on the responses given. Start with questions regarding aptitudes, interests, adjustment to the disability. Note any speech disorder.

* What is the name of your treating physician?
* What types of physicians do you see?
* When was the last time you had a complete physical?
* What medications are you presently taking?
* What type of CP do you have (spastic, ataxic, athetoid, or mixed)?
* What form of extremity involvement do you have?
* How severe are your symptoms?
  + mild
  + moderate
  + severe
* Do you have a seizure disorder?
* What are your mobility limitations?
  + stamina
  + standing
  + climbing
  + strength
  + balance
  + stooping
  + coordination
  + pushing
  + bending
  + muscle control
  + pulling
  + ambulation
  + speed
  + pressing
  + writing
* Do you experience any of the following?
  + depression
  + poor self esteem
  + anger
  + poor concentration
  + anxiety
  + lack of motivation
* What assistive devices do you use?
* Are your assistive devices adequate? (If in use, is the wheelchair properly fitted?
* Do you drive? If so, do you have your own transportation that has been modified for your needs?
* What type of daily activities do you need assistance with?
* Do you require attendant services?
* If so, how many hours a day do you need attendant services?
* How many hours a day is your self-care management routine?
* How many hours per day do you think you can work? How does your family feel about this?
* What do you feel are your strongest assets?
* Are there any additional concerns that we should be made aware of?

### 9.2.3 Medical Assessment

Obtain adequate information to determine the functional limitations. This information can usually be obtained directly from the consumer. If there are conditions such as a seizure disorder, contractures, etc., consider purchasing a specialist exam. Consult with the consumer before scheduling appointments to ensure that transportation, attendant services, etc., can be appropriately coordinated.

### 9.2.4 Psychological Assessment

A psychological assessment may assist with identifying depression, dependence, and psychosocial issues. If cognitive or intellectual deficits are suspected, consider a neuropsychological assessment. The major cognitive and psychosocial issues relate to memory, attention, ability to acquire vocational skills, communication and language, family support and realistic vocational choices. In many cases, the individual with CP has had restricted social opportunities and may appear to be dependent and egocentric.

Although the physical problems are usually the most obvious, cognitive and psychosocial issues must also be assessed and addressed to ensure a successful vocational outcome.

### 9.2.5 Vocational Assessment

Some consumers with CP will be able to enter competitive employment with only minimal assistance. Others may require extensive vocational considerations, which should begin with an in-depth assessment of the consumer's actual physical, intellectual and social abilities. Most persons with CP will be referred for vocational rehabilitation services prior to their having any work-related experience.

## 9.3 Planning

### 9.3.1 Typical Services

The following are typical case services to consider:

* skills training (vocational-technical, academic, OJT);
* adaptive equipment (speech, mobility, computers, electronic aids);
* redesigning the work station, which might include rehabilitation engineering;
* restructuring job duties;
* job readiness training;
* job placement;
* services leading to supported employment;
* identifying peer support groups (perhaps through an independent living center) that will assist with issues related to living more independently;
* identifying resources for relocation assistance to an independent living setting or to a location closer to the work site; and/or
* identifying resources for personal attendant services.

### 9.3.2 Counseling and Guidance

The following are most common issues associated with counseling:

* vocational counseling to ensure that potential employment goals are compatible with consumer limitations;
* assuming responsibility;
* appropriate work-related behavior; and
* expectations of the family, and their willingness to allow the individual to experience increasing levels of independence and separation from the family.

# Diabetes Mellitus

### 11.1.1 General Information

Diabetes Mellitus is a disorder of [metabolism](http://darsnet.dars.txnet.state.tx.us/bookshelf/drs/cdr/resources/DM_defs.doc), relating to [glucose](http://darsnet.dars.txnet.state.tx.us/bookshelf/drs/cdr/resources/DM_defs.doc) in the body. Understanding diabetes starts with understanding the role of glucose and [insulin](http://darsnet.dars.txnet.state.tx.us/bookshelf/drs/cdr/resources/DM_defs.doc) in the body. During the process of digestion, the body breaks down food into glucose, a simple sugar. Glucose enters the bloodstream and supplies the body cells with the basic fuel needed for cell growth and survival. Insulin, a hormone produced by the [pancreas](http://darsnet.dars.txnet.state.tx.us/bookshelf/drs/cdr/resources/DM_defs.doc), has four major roles:

* it enables cells to use glucose,
* it enables the body to utilize protein in various ways,
* it lets the body move excess glucose from the blood to storage as fat, and
* it interacts with other endocrine glands that regulate metabolism.

### 11.1.2 Types of Diabetes

For most people, the [endocrine system](http://darsnet.dars.txnet.state.tx.us/bookshelf/drs/cdr/resources/DM_defs.doc) maintains just the right supply of glucose in the blood by producing insulin to either utilize the glucose as energy or to store it. Each time a person eats, the body responds to the increased glucose by increasing the supply of insulin. For people with diabetes, however, there is a disturbance in this process which results in an inability to properly regulate the level of glucose in the blood. Diabetes is classified in several ways, depending upon what part of the process is disrupted.

#### Type I

Type I, (also known as insulin-dependent diabetes mellitus, IDDM, or juvenile onset diabetes) is the result of a failure of the pancreas to produce adequate insulin. Without adequate insulin, the levels of glucose in the blood becomes dangerously high. This type of diabetes represents about 5 to 11 percent of diabetes in the United States.

Type I most often develops in children or young adults. While the cause of Type I is not clearly understood, the body's immune system may destroy the cells which produce insulin. Both genetic and viral factors are thought to play a role in the development of Type I.

#### Type II

Type II, (also known as non insulin-dependent diabetes mellitus, NIDDM, or adult onset diabetes) results when the body becomes resistant to insulin. In Type II, the pancreas produces insulin but the body cannot efficiently use the insulin to transport glucose to the individual cells. The result is the same as in Type I, a buildup of glucose in the blood and a decreased ability of the cells to use glucose as a fuel source.

Type II is the most common form of diabetes, accounting for approximately 90% of those diagnosed with diabetes mellitus. Type II can occur at any age, but most often is diagnosed in people over 40. The cause of Type II is unclear, but both heredity and obesity appear to be a major risk factors for the disease.

### 11.1.3 Symptoms of Diabetes

The symptoms of both Type I and Type II are the same. In the case of Type I, symptoms arise abruptly, require immediate medical attention, and can be life threatening. Symptoms of Type II tend to develop more slowly, and as a result, nearly half of the people in the United States with Type II are not yet aware they have diabetes.

If the body cannot use or store glucose, the kidneys must work to filter it from the bloodstream. Glucose causes excessive urination followed by increased thirst. Since the cells are not receiving adequate nourishment, hunger increases. Despite increased hunger and consumption, however, the body is still unable to utilize the glucose, leading to weight loss and fatigue. Other symptoms of diabetes include blurred vision, frequent infections, and slow healing of sores.

### 11.1.4 Treatment

[Endocrinologists](http://darsnet.dars.txnet.state.tx.us/bookshelf/drs/cdr/resources/DM_defs.doc) or [diabetologists](http://darsnet.dars.txnet.state.tx.us/bookshelf/drs/cdr/resources/DM_defs.doc) specialize in the treatment of diabetes. The goal of treatment is to keep blood glucose levels as close to normal as possible. For people with Type I, this means insulin injections which are carefully balanced with meals and daily activities. Pancreas transplants have been a relatively recent development in the treatment of Type I. For people with Type II, the condition often can be managed with diet and exercise alone. Treatment may also include oral medications or insulin to lower levels of blood glucose.

Monitoring blood glucose is done by placing a drop of blood on special strips that are either read or placed in a glucose monitoring machine, which provides a blood glucose level. The frequency of blood glucose monitoring varies, depending upon the type of diabetes and the level of control. Another important test is the [glycosylated hemoglobin](http://darsnet.dars.txnet.state.tx.us/bookshelf/drs/cdr/resources/DM_defs.doc) (HbA1c). This test, performed by a laboratory, gives an indication of the degree of glucose control over the three preceding months. Normal values are about 6%, with values for poorly controlled glucose ranging from 9% to 12%. Urine glucose tests are less accurate than blood tests, but are still used by some people with diabetes because of decreased costs or fear of blood tests.

### 11.1.5 Complications

People with diabetes are at increased risk for the following conditions, generally due to changes or damage to the large and small blood vessels and the nerves:

* heart disease;
* stroke;
* high blood pressure;
* kidney disease;
* end-stage renal failure;
* eye problems, including blurred vision and increased incidence of cataracts and glaucoma;
* [diabetic retinopathy](http://darsnet.dars.txnet.state.tx.us/bookshelf/drs/cdr/resources/DM_defs.doc), which may result in loss of vision or blindness;
* [peripheral vascular disease](http://darsnet.dars.txnet.state.tx.us/bookshelf/drs/cdr/resources/DM_defs.doc), which may lead to gangrene, infection, or amputation;
* [neuropathy](http://darsnet.dars.txnet.state.tx.us/bookshelf/drs/cdr/resources/DM_defs.doc), particularly peripheral neuropathy in the feet and legs;
* muscle wasting and localized weakness;
* impotence;
* skin, mouth, and a multitude of other infections; and/or
* [hypoglycemia](http://darsnet.dars.txnet.state.tx.us/bookshelf/drs/cdr/resources/DM_defs.doc).

### 11.1.6 Typical Functional Limitations

The functional limitations associated with diabetes vary considerably, depending upon the type of diabetes, the level of control achieved, and the development of secondary complications. With each individual, assess the degree to which the following limitations are present:

* susceptibility to blood glucose imbalance. A number of factors, including stress, medications (especially steroids) exercise, too much alcohol, weight, and diet, influence glucose levels. The two extremes of blood glucose imbalance are hypoglycemia (low glucose level) and hyperglycemia (high glucose level):
  + [Hypoglycemia](http://darsnet.dars.txnet.state.tx.us/bookshelf/drs/cdr/resources/DM_defs.doc), sometimes referred to as an [insulin reaction](http://darsnet.dars.txnet.state.tx.us/bookshelf/drs/cdr/resources/DM_defs.doc), can occur in both Type I and Type II, but it is most commonly associated with Type I. When blood glucose levels fall too low, generally due to too much insulin or too little food, the brain cells do not get adequate nourishment. Someone experiencing hypoglycemia may become weak, drowsy, mentally confused, hungry, and/or dizzy. If not treated, loss of consciousness, brain damage, or death could result.
  + [Hyperglycemia](http://darsnet.dars.txnet.state.tx.us/bookshelf/drs/cdr/resources/DM_defs.doc) can lead to extreme thirst, frequent urination, fatigue, blurred vision, vomiting, sodium and potassium imbalances or acidosis coma and death.
* slow healing and susceptibility to infection or ulceration. [Peripheral neuropathy](http://darsnet.dars.txnet.state.tx.us/bookshelf/drs/cdr/resources/DM_defs.doc) can lead to a loss of sensation in the lower extremities. As a result, injuries go unnoticed. The loss of sensation coupled with reduced blood flow due to damaged blood vessels can result in injuries which are not responsive to medical treatment. Even minor injuries can develop [gangrene](http://darsnet.dars.txnet.state.tx.us/bookshelf/drs/cdr/resources/DM_defs.doc), which may lead to amputation.
* limited work environment to accommodate special needs. Examples include consistent work schedules, insulin and food storage options, avoiding materials or situations that could cause burns or frostbite.
* tendency to develop medical complications. Limitations due to medical complications vary greatly with the nature of the condition. Some of the frequently encountered limitations due to medical complications include limited ability to stand and or walk, and decreased strength and endurance.

## 11.2 Assessment

### 11.2.1 Reviewing and Evaluating Records

Medical records to establish the presence of diabetes should be readily available from a treating physician. Determine from the applicant's report how the condition presents a vocational impediment. Someone with readily controlled diabetes may have few direct functional limitations that impact employability. To determine whether or not an individual requires VR services, consider the adequacy of current or past employment in light of the limitations of the condition. Often, people newly diagnosed with Type II work in jobs which are not compatible with the disabling condition. They may require vocational counseling and guidance to explore options for more suitable employment. People with Type I who have limited or no work experience are likely to be substantially limited in their vocational options and would benefit from vocational counseling and guidance to assist them in selecting or preparing for a suitable vocational goal. Finally, whether or not an individual requires services depends upon the stability of the condition. Stability in the case of diabetes means emergency medical intervention is not required, and any medical complications are currently stable to the degree that residual functional limitations and assets may be predicted.

### 11.2.2 Asking the Right Questions

During the initial interview, clearly establish the type of diabetes and date of onset:

* If other conditions exist ([neuropathy](http://darsnet.dars.txnet.state.tx.us/bookshelf/drs/cdr/resources/DM_defs.doc), [retinopathy](http://darsnet.dars.txnet.state.tx.us/bookshelf/drs/cdr/resources/DM_defs.doc), kidney disease, vascular disease, cardiac disease, sores on the extremities), are they medically stable?
* What limitations are associated with the complications?

If diabetic retinopathy is present, evaluate the level of vision loss to determine if referral to the Division for Blind Services is warranted.

Finally, determine how the applicant's ability to work is affected. If the applicant is working, determine the presence of any factors which affect his or her ability to work in the current job by using the [Interview Checklist](http://darsnet.dars.txnet.state.tx.us/bookshelf/drs/cdr/resources/DM_checklist.doc) in [Resources](http://darsnet.dars.txnet.state.tx.us/bookshelf/drs/cdr/resources/ch11.doc).

### 11.2.3 Medical Assessment

Information obtained during the comprehensive assessment is used to determine what services a person may require. The need for additional medical assessment depends on the degree of information obtained in the preliminary assessment. The goal should be to determine the following:

* Has the consumer received adequate medical management of the condition?
* Has the consumer received adequate education regarding control of diabetes and avoidance of medical complications?
* Is the condition currently stable?
* Is the consumer compliant with any diet and exercise programs prescribed by the treating physician?
* If medical complications are present, are they adequately treated and controlled?
* Has the consumer been hospitalized for diabetes? If so, how often?
* How has the diabetes impacted the family?
* Is there good support for medical and dietary compliance?

To determine the current degree of glucose control, review medical records for the presence of a glycosylated hemoglobin (HbA1c) test. People with Type II should have an HbA1c performed at least once every six months, and for those with Type I, the test is sometimes recommended as often as every three months. If the records do not reflect a glycosylated hemoglobin, consider obtaining one for planning purposes.

### 11.2.4 Psychological Assessment

Diabetes is a chronic, life-altering condition that can be life-threatening. Consider a psychological assessment if there are indications of adjustment problems, depression, or other psychological factors that might affect progress toward a vocational goal.

### 11.2.5 Vocational Assessment

In addition to considering the consumer's vocational assets, interests, and abilities, evaluate the degree to which the following job implications might apply to the consumer:

* Need to minimize the potential of or danger from blood glucose imbalance
* Routine work schedules may be preferable to shift work
* A consistent level of activity on the job is preferable to periodic, intense levels of effort or activity, as exercise affects glucose levels.
* Access to regularly scheduled meals which meet specific dietary needs is important.
* Access to refrigerated storage is needed for people on insulin therapy.
* Work assignments may need to be evaluated for areas which may be dangerous, such as working on ladders, in high places, in isolation, around open pits and water, and with moving machinery.
* Wide fluctuations of physical and mental stress, such as firefighters and policemen must endure, may be harmful because stress affects glucose levels.
* Need to minimize risk of tissue injury
* Work involving dirt or grime should be avoided.
* Work that could cause minor injuries to the extremities (i.e., construction occupations, machinery repair, etc.) may not be appropriate.
* Appropriate clothing and shoes for protection may be needed for some jobs.
* Work with very hot materials or in very cold conditions should be avoided.
* Presence of complications
* [Peripheral neuropathy](http://darsnet.dars.txnet.state.tx.us/bookshelf/drs/cdr/resources/DM_defs.doc) with concurrent loss of feeling in affected areas may cause problems with walking, climbing stairs, grip strength, and manual dexterity. Also, numb feet can cause burns or blisters.
* People with peripheral neuropathy should avoid job situations that could lead to accidental injury of the extremities.
* Other complications of diabetes can result in disabling conditions such as amputations, cardiac disease, kidney disease, and strokes. Thoroughly evaluate these conditions, if present.

Some people with diabetes will not have physical or mental limitations if the diabetes is under control and there are no secondary disabilities. Current employment should be evaluated anyway, to determine if the occupation is compatible with the special needs of the consumer (e.g., consistent work schedule, availability of food storage for insulin, etc.).

## 11.3 Planning

### 11.3.1 Typical Services

The following are typical case services to be considered:

* ophthalmological assessment for early detection of asymptomatic diabetic complications, such as retinopathy or [glaucoma](http://darsnet.dars.txnet.state.tx.us/bookshelf/drs/cdr/resources/DM_defs.doc);
* medical evaluation of existing complications, such as neuropathy or kidney disease;
* diabetes education to instruct the consumer in proper diet, general hygiene and foot care, and glucose monitoring;
* purchase of [glucometer](http://darsnet.dars.txnet.state.tx.us/bookshelf/drs/cdr/resources/DM_defs.doc) to assist in glucose monitoring;
* purchase of orthopedic or custom prescribed shoes or orthotics to minimize complications to the feet due to vascular insufficiency;
* assistance in selecting and obtaining a suitable vocational goal; and
* retraining for a more suitable occupation.

### 11.3.2 Counseling and Guidance

The following are areas in which people with diabetes frequently benefit from counseling:

* the importance of compliance with medical management of the condition, including diet and exercise;
* family dynamics and family education about diabetes, including how dietary restrictions may affect family relationships;
* adjusting to the disability;
* avoiding complications through proper glucose monitoring; and
* issues relating to disclosure of disability to employer.

### 11.3.3 Employment Services

Employment needs will differ depending upon the age of the consumer at the time the diabetes was diagnosed. Most people diagnosed with Type II fall into an age range where an established work history is common. Once the special needs of the consumer in relation to the disability are well defined (during the assessment process), the adequacy of past or current work can be assessed. If it is inadvisable for the consumer to return to the former job, even with accommodations, placement in a more suitable field may be needed. Consumers with Type I, which typically develops earlier in life, may need extensive assistance to determine a vocation which will accommodate their current limitations as well as not increase the risk for medical complications.

### 11.3.4 Service Provider Considerations

Common service providers for people with diabetes include endocrinologists or diabetologists for medical management. Other service providers may include

* ophthalmologists or optometrists for annual eye exams;
* nephrologists to monitor kidney function;
* podiatrists for feet exams;
* registered diabetes educators for training in dietary management, glucose control, and minimizing the potential for medical complications; and
* social workers for adjustment issues.

# Epilepsy and Seizure Disorders

### 12.1.1 General Information

Epilepsy (or seizure disorder) is a central nervous system disorder, characterized by seizures due to abnormal electrical discharges in the brain. Epilepsy may be the result of a disease process, head trauma, birth defect, or, in many cases, the cause may be unknown. Perhaps because of perceived stigma that all too frequently accompanies the diagnosis of epilepsy, many physicians are now using the diagnosis of "seizure disorder." In this chapter, the terms "epilepsy" and "seizure disorder" are used synonymously.

Seizures may range from only minor twitching movements to lapses of consciousness, dependent upon the severity of the electrical discharge, the region where the disturbance originates, and the nature of the stimulation to the brain. Throughout the years, a variety of ways to classify seizures have been developed. Terms such as "[grand mal](http://www.mayoclinic.com/health/grand-mal-seizure/DS00222)" and "[petit mal](http://www.mayoclinic.com/health/petit-mal-seizure/DS00216)" have given way to terms such as "complex," "partial," and "complex partial," based upon where the electrical discharge originates in the brain and the symptom produced.

Diagnostic examinations usually include the use of an [electroencephalogram (EEG)](http://darsnet.dars.txnet.state.tx.us/bookshelf/drs/cdr/resources/ch12.doc), X-rays, chemical blood tests, and other laboratory procedures. In some cases, [CAT scans](http://darsnet.dars.txnet.state.tx.us/bookshelf/drs/cdr/resources/ch12.doc) and [MRIs](http://darsnet.dars.txnet.state.tx.us/bookshelf/drs/cdr/resources/ch12.doc) may be recommended. It is important to realize that an abnormal EEG does not, in itself, confirm a diagnosis of epilepsy, nor does a normal EEG rule out such a diagnosis.

### 12.1.2 Types of Seizure Disorders

Epileptic seizures can be classified according to several different criteria. The following are current internationally agreed-upon classification. [Auras](http://darsnet.dars.txnet.state.tx.us/bookshelf/drs/cdr/resources/ch12.doc) (focal manifestations that immediately precede complex or generalized seizures) reflect where the seizure begins.

Partial seizures can be one of two types; simple, where no loss of consciousness occurs or complex with loss of consciousness. Partial seizures begin focally with a specific sensory, motor, or psychic aberration. This reflects the affected part of the cerebral hemisphere where the seizure originates.

[Generalized or grand mal](http://darsnet.dars.txnet.state.tx.us/bookshelf/drs/cdr/resources/ch12.doc) seizures occur when a focal lesion of one part of the brain’s hemisphere happens so quickly it activates the entire cerebellum bilaterally prior to the appearance of any focal signs. Seizures of this type usually affects both consciousness and motor function and frequently has a genetic or metabolic cause. Included in this category are absence, myoclonic, clonic, tonic, tonic-clonic, and atonic seizures

Detailed medical information regarding classification, diagnosis, and treatment is available in the [Merck Manual](http://www.merck.com/mrkshared/mmanual/section14/chapter172/172a.jsp).

### 12.1.3 Symptoms of Seizure Disorders

Symptoms of partial seizures may include localized twitching of muscles, localized numbness or tingling, chewing or lip smacking, olfactory hallucinations, visual hallucinations or complex automatic behaviorism. Loss of consciousness is exhibited when a generalized seizure occurs.

### 12.1.4 Treatment

In idiopathic seizure disorders where the etiology is unknown, treatment is primarily to control the seizures. In symptomatic seizure disorders the associated disease must also be treated. When there has been surgical removal of a cerebral lesion continued anticonvulsant treatment is usually needed.

There is no single drug to control all types of seizures. Different drugs are prescribed for different patients. Some individuals may require several drugs. Blood levels are obtained to determine the patient's [pharmacokinetic](http://darsnet.dars.txnet.state.tx.us/bookshelf/drs/cdr/resources/ch12.doc) response and to determine whether the effective therapeutic level has been reached. Blood levels should be monitored regularly to help ensure that the medication continues to be appropriate and to help prevent toxicity.

Commonly used medications for generalized motor ([grand mal](http://darsnet.dars.txnet.state.tx.us/bookshelf/drs/cdr/resources/ch12.doc)) or [partial motor (focal)](http://darsnet.dars.txnet.state.tx.us/bookshelf/drs/cdr/resources/ch12.doc) seizures include

* [phenytoin](http://darsnet.dars.txnet.state.tx.us/bookshelf/drs/cdr/resources/ch12.doc),
* [carbamazepine](http://darsnet.dars.txnet.state.tx.us/bookshelf/drs/cdr/resources/ch12.doc), and
* [valproate](http://darsnet.dars.txnet.state.tx.us/bookshelf/drs/cdr/resources/ch12.doc).

For partial complex (psychomotor) seizures, treatment begins with carbamazepine, the first drug of choice; however, phenytoin, [primidone](http://darsnet.dars.txnet.state.tx.us/bookshelf/drs/cdr/resources/ch12.doc), or [valproate](http://darsnet.dars.txnet.state.tx.us/bookshelf/drs/cdr/resources/ch12.doc) may be prescribed.

A detailed list of medications used to treat seizure disorders is located in the Merck Manual, chapter 121 - Seizure Disorders.

### 12.1.5 Side Effects

Depending on the medication and blood levels. Even at therapeutic blood levels, some undesirable side effects may occur. It is critical that blood levels be monitored and adjustments in medication be made as appropriate and prescribed by the physician. Undesirable side effects may include

* drowsiness,
* irritability,
* nausea,
* vomiting,
* unsteady gait, and/or
* confusion.

### 12.1.6 Typical Functional Limitations

These are typical functional limitations. Be sure to assess specific limitations with your consumer. Each consumer’s limitations will differ.

**Seizure activity within the last 6 months** – consider this condition to be not yet medically stable. Consumers who have had a seizure within the last six months should not drive. Consider the consumer to have a functional limitation relative to driving and using heavy equipment. Consider risks of falling or other risks associated with loss of consciousness at work.

**No seizure activity for longer than six months but less than two years** – consider the seizures to be medically stable. There are no specific functional limitations. The functional limitations have more to do with avoiding the most risky kinds of employment involving working in high places, around high voltage, heavy equipment or fire. Since this consumer will be considered safe to drive, consider whether the risk factors in the work place may be accommodated rather than ruling out the employment completely.

**No seizure activity for more than two years** – generally the consumer is considered not to have functional impediments that affect employment. This must be tempered with consideration for side effects of medication which may indeed pose an impediment to employment. Also, if the consumer experienced many seizures before medical stability occurred then cognitive issues may have resulted. For those consumers who have experienced a lot of seizures a neuropsychological evaluation should help to identify any residual cognitive effect.

The functional limitations of seizure disorders vary considerably with the nature and type of seizure activity. They can range from brief, almost unnoticeable moments of disorientation, to complete loss of bodily control. In addition to limitations during seizure activity, consider the nature and duration of limitations immediately following seizure activity. Side effects of medication can also be functionally limiting and should be carefully considered when selecting a vocational goal and subsequent employment.

## 12.2 Assessment

### 12.2.1 Reviewing and Evaluating Records

Obtain from the individual's treating physician existing medical records documenting the disability, and the degree to which the applicant's seizures are controlled by anticonvulsant medication. Determine from the applicant's report how the condition presents a vocational impediment.

### 12.2.2 Asking the Right Questions

During the initial interview, you may want to obtain detailed information from the consumer regarding seizure type, frequency, patterns (nocturnal, etc.), precipitants (stress, fatigue, etc.), consequences (headaches, dizziness, etc.), medications taken, and medication side effects. This information helps determine presence of a vocational impediment, and helps determine what additional information may be needed during the comprehensive assessment. It is important to obtain the consumer's perspective on how the consumer's epilepsy is a vocational impediment. Questions that may help in determining the severity and stability might include the following:

Here are some questions relating to this medical condition that one should consider when exploring the nature and extent of impairment. Follow-up questions will depend on the responses given. Start with questions regarding aptitudes, interests and adjustment to the disability.

* What are the names and types of your treating physicians?
* When was the last time you had a complete physical?
* What medications are you presently taking?
* What side effects do you experience?
* What type of seizures do you experience?
* Do you feel your seizures are well, controlled, partially controlled or not controlled?
* How frequently do seizures occur?
* Do your seizures cause bowel or bladder problems?
* What factors contribute to the occurrence of seizures?
* What are your mobility limitations?
  + reaching
  + climbing
  + motor coordination
  + carrying
  + kneeling
  + strength
  + balancing
  + walking
  + stamina
  + lifting
  + eye-hand-foot coordination
* Do you experience any of the following?
  + depression
  + poor self-esteem
  + anger
  + poor concentration
  + anxiety
  + lack of motivation
* What assistive devices do you use, and are they adequate?
* Do you drive?
* Do you ever require attendant services? If so, how often?
* How many hours a day is your self-care management routine?
* Do you have difficulty with confusion or problem solving?
* What, is any, special education supports have you received in school?
* Do you have sleep problems?
* How many hours per day do you think you can work?
* When was the last time you were employed?
* Why did you leave that job?
* Are there any additional concerns that we should be made aware of?

### 12.2.3 Medical Assessment

Optimum seizure control is an initial priority. Obtain adequate medical information to determine the degree of seizure control and compliance with the prescribed medication regimen.

General terms that describe degree of seizure control, such as "well controlled" and "partially controlled," may have little meaning in a vocational context. It is more important to determine if current control is optimal, or if it can be improved. If the applicant still experiences seizures despite taking medication as prescribed by the treating physician, review the progression of physicians who have treated the consumer. The progression of treatment should go from family physician or internist to neurologist who specializes in the treatment of seizure disorders.

If the applicant has seen all of the above, takes medication as prescribed, and still experiences seizures, that maximum benefit from medication has been achieved. Obtain information from the consumer regarding medication side effects. If the side effects are contributing to the vocational impediment, medical consultation should be offered to the consumer.

Vocational planning should take into account the nature and timing of seizures to assist in the selection of a suitable employment objective.

A small number of individuals who experience certain seizure types, such as temporal lobe seizures, may be candidates for surgical treatment. Extensive medical evaluations, including inpatient hospitalization, are required to determine an individual's potential to benefit from surgery to achieve an employment outcome.

### 12.2.4 Psychological Assessment

One potential side effect of seizure disorder is social isolation, leading to limited opportunities to develop social skills necessary to relate on the job. Also, uncontrolled seizures can often lead to sporadic school attendance, with associated deficits in academic development. A general psychological battery assessing these areas should be obtained.

Epilepsy is sometimes the result of traumatic injury to the brain, but TBI may not have been recognized or diagnosed. Even a mild head injury can result in behaviors that interfere with consumer progress or functioning on the job. If it appears there are cognitive deficits not associated with medication side effects, you may wish to obtain a neuropsychological evaluation to assess the possibility of concurrent undiagnosed brain injury.

### 12.2.5 Vocational Assessment

According to the Epilepsy Foundation of America, almost two-thirds of the diagnoses of epilepsy occur in individuals in the age range of birth to high school. Therefore, many of the individuals referred for vocational rehabilitation services may have limited or no vocational history. Assessment of vocational interests and aptitudes may assist the consumer in developing vocational options. If the consumer has no work history, job readiness should be assessed either formally or informally.

The degree to which uncontrolled or partially controlled seizures affect employment options depends upon a number of factors, including the frequency of seizures, the seizure type, seizure duration, the pattern of occurrence, and the job goal.

Be careful not to stereotype jobs that individuals with epilepsy can or cannot do. The final decision regarding the suitability of a position should be based upon the potential of harm to the consumer or to others should a seizure occur. Some activities pose special dangers when seizures are not controlled. This may include jobs that involve working

* at unprotected heights;
* near open water;
* with high voltage or open circuit electricity;
* with babies or young children;
* with unguarded apparatus or machines;
* with heavy machinery or operating vehicles;
* with chemicals, unguarded fires, ovens, and hot plates; or
* in isolation.

## 12.3 Planning

### 12.3.1 Typical Services

The following are typical services to be considered:

* Physical restoration services to maximize seizure control
* In about 80% - 85% of cases, adequate seizure control can be achieved through prescription and adjustment of anticonvulsant medications. Treatment is generally provided on an outpatient basis, but inpatient hospitalization may occasionally be required for particularly difficult cases. Surgery may also be recommended.
* Physician monitoring of therapeutic blood levels in order to maximize therapeutic effectiveness of medication, while minimizing toxicity. Physicians measure the level of anticonvulsant medication in the blood. It is important to obtain these measures according to the frequency prescribed by the treating physician.
* Developing skill in utilizing public transportation, if unable to drive
* Vocational adjustment training, for individuals having no work history
* Job Quest Training
* Job skills training
* Academic training

Be very cautious in arranging medical evaluation and treatment with a new physician if the consumer has a pre-existing relationship with another physician. Emphasize informed consumer choice. When appropriate, services delivered in a group setting may be preferred to one-on-one services to increase socialization opportunities.

### 12.3.2 Counseling and Guidance

The following are frequent counseling concerns among individuals with epilepsy:

* poor self concept and poor psychosocial adjustment,
* adjustment to medication side effects,
* education regarding pros and cons of disclosure of condition to employers, and
* taking medication as prescribed.

Compliance with the prescribed medication regimen is important. Failure to follow medical advice may be symptomatic of underlying personality disorder or undiagnosed brain injury, which may need exploring. It may also be the result of inability to afford the cost of medications. However, most is due to the individual wanting to avoid the side effects of medication. Counseling and guidance or physician instruction on consequences of poor seizure control should be considered.

### 12.3.3 Employment Services

Historically, one of the major problems affecting job development and placement centers services is negative attitudes and lack of understanding of epilepsy on the part of employers. Consumers often have difficulty making a decision regarding whether or not to disclose the presence of epilepsy to an employer. Factors to be considered include the following:

* The need for reasonable accommodations. In order to request reasonable accommodations, the condition must be revealed.
* Should a seizure occur at work, it is beneficial for co-workers to have an understanding of what should be done.
* If revealed, attitudes and misconceptions may interfere with relationships on the job.
* Many employers have historically held misconceptions about the effect of hiring individuals with epilepsy on Workers' Compensation rates. Specific information to help dispel these misconceptions is available in written form through the Epilepsy Foundation of America local chapters.

### 12.3.4 Service Provider Considerations

When placing consumers in training, the counselor may want to insure that the staff in the facility are aware of the specific characteristics of the consumer's epilepsy and are knowledgeable regarding what should be done should a seizure occur. For consumers with limited socialization skills, services provided in a group setting may be preferred.

**Hearing Impairments**

### 15.1.1 General Information

"Hearing impairments" is a generic term used to describe all types of hearing loss, ranging from mild to profound. Hearing loss may be the result of a disease or infection, head trauma, birth defect, hereditary, or the cause may be unknown. The onset of hearing loss may occur at any time before birth to old age and may be accompanied by one or more disabilities.

Hearing impairments are classified in three ways:

* "Deaf" is a term used to describe any person with a hearing loss so significant that communication is primarily dependent upon visual clues such as sign language.
* "Hard-of-hearing" is a term used to describe people who have some degree of hearing loss, ranging from mild to significant and can benefit from the use of hearing aids or other assistive devices.
* "Late deafened" is a term used to describe people who become deaf after language has developed. There is no specified age of onset to be classified as late deafened. Consumers who are late deafened experience more communication barriers in general than consumers who are deaf or hard-of-hearing because they tend to be dependent on oral communication, and usually will not be skilled in sign communication or speech reading. Therefore, the use of sign language interpreters or oral interpreters will usually not benefit this population. Utilizing computer assisted real-time transcription (CART) is a possible solution, and the most appropriate solution in the counseling setting. Another alternative is using a computer and taking turns typing back and forth, providing a similar text message. When alternatives are not available a person may resort to writing back and forth. Consumers should be asked which communication mode is preferred.

### 15.1.2 Typical Functional Limitations

The functional limitations of hearing impairments vary considerably with the nature and type of hearing loss. They can range from communication barriers on the job to complete lack of language acquisition. The [Hearing Loss Questionnaire](http://darsnet.dars.txnet.state.tx.us/bookshelf/drs/cdr/resources/Hearing_question.doc) can help you identify functional limitations.

It is important to use specific outcome oriented language regarding functional limitations. For example, the consumer cannot participate in or benefit from group sessions and meetings at work. This statement is clear to the consumer and would establish the need for some type of assistive listening device or appropriate communication assistance (i.e., sign language or oral interpreters) in that setting.

## 15.2 Assessment

### 15.2.1 Reviewing and Evaluating Records

Obtain any existing records from schools, doctors, audiologists, or consumer. If the audiogram is more than 6 months old, it may be necessary to obtain a new one to determine if the hearing loss is stable. This is important for those who request assistive listening devices (i.e., hearing aids).

### 15.2.2 Audiogram Terminology

See [audiogram terminology](http://darsnet.dars.txnet.state.tx.us/bookshelf/drs/cdr/resources/Audio_Term.doc).

### 15.2.3 Reading the Audiogram

A pure tone audiogram tests the reception of sound by using air or bone conduction. This test attempts to determine the least amount of sound at a given frequency that can be heard. Symbols used to plot pure tone responses are as follows: Right ear - O (red) and Left ear - X (blue). A pure tone average (PTA) is determined by computing the average of the 3 responses at 500 HZ, 1000 HZ, and 2000 HZ for each ear. A tympanogram is a part of the Audiogram which measures elasticity of the eardrum. Speech reception thresholds (SRT) are the softest level at which speech can be heard 50% of the time. Speech discrimination scores (SDS) are the measurement of the ability to understand normal conversation. Less than 70% SDS is considered poor. See more information on [how to read an audiogram](http://www.earinfo.com/howread1.html).

### 15.2.4 Asking the Right Questions

During the initial interview, you will want to obtain detailed information from the consumer regarding the hearing loss type, age of onset, whether the loss is progressive or fluctuating, any indications of physiological problems such as tinnitus or vertigo, and the consumer's perspective on hearing loss as a vocational impediment. This information helps determine the presence of a vocational impediment, and helps determine what additional information may be needed during the comprehensive assessment. An easy-to-use [Hearing Loss Questionnaire](http://darsnet.dars.txnet.state.tx.us/bookshelf/drs/cdr/resources/Hearing_question.doc) is available. If the consumer states that he or she has a progressive hearing loss, the consumer will need to provide a copy of the previous audiogram to determine the status of the hearing loss.

### 15.2.5 Medical and/or Psychological Assessment

Medical assessments for the hearing impaired may include general medical examinations, which often have no reference to hearing loss or effects of hearing loss. The otological or other specialist examination (usually an otolaryngologist) should be obtained when recommended by an audiologist or general physician. The audiological evaluation is a charted measurement of hearing loss which should include: pure tone audiogram showing air and bone conduction with written description of degree and type of loss, speech discrimination scores and an interpretation of these scores, impedance audiometry (tympanogram), and description of other services deemed necessary.

A hearing aid evaluation is performed in order to determine the most beneficial hearing aid for the consumer. This evaluation will provide you with: ear mold to be fitted and mold type, type of aid being recommended, characteristics of hearing aid, consumer's attitude and understanding of hearing aids. Questions relating to psychological, social, and medical issues are included in the [Hearing Loss Questionnaire](http://darsnet.dars.txnet.state.tx.us/bookshelf/drs/cdr/resources/Hearing_question.doc). Evaluating with more than one type of hearing aid, if possible, is encouraged.

These audiological assessments can be captured on the [DARS3105, Hearing Evaluation Report](http://darsnetmossx.dars.txnet.state.tx.us/documentcenter/forms/DARS3105.doc). When using this form, refer to the following chart to determine which section of the form is to be completed by which party or provider:

#### DARS3105, Hearing Evaluation Report

| **Section** | **Completed By** |
| --- | --- |
| 1. Consumer Questionnaire | VRC or consumer |
| 2. Otological Examination Report | otolaryngologist |
| 3. Audiometric Evaluation | audiologist, HA specialist, or MD's staff |
| 4. Hearing Aid Recommendations | audiologist or HA specialist |
| 5. Postfitting Documentation | HA specialist or dispenser |

**Note**: Special attention to vision screening should be considered.

#### Ear Anatomy

[Graphic of ear anatomy](http://darsnet.dars.txnet.state.tx.us/bookshelf/drs/cdr/images/EarAna2.jpg).

#### Leading Causes of Hearing Loss

[Graphic of leading causes of hearing loss](http://darsnet.dars.txnet.state.tx.us/bookshelf/drs/cdr/images/hearloss.jpg).

### 15.2.6 Psychological Assessment

Psychological assessments should be obtained from a person or facility knowledgeable in hearing impairments. An interpreter used in psychological evaluations may not be adequate. Psychological evaluations may also be obtained for information on academic abilities.

### 15.2.7 Vocational Assessment

(Revised [11/08](http://darsnet.dars.txnet.state.tx.us/bookshelf/rev/drs/cdr/revlog2008.htm#rev1108))

Many referrals will likely have limited or no vocational history. Assessment of vocational interests and aptitudes may assist consumer in developing vocational options. If consumer has no work history, job readiness should be assessed. Avoid placement of consumers with hearing impairments in stereotypical jobs and jobs which may cause additional hearing loss. The final decision regarding suitability of a position should be based on the consumers skills and abilities.

For those consumers with multiple or severe disabilities, obtain an in-depth vocational evaluation. To obtain information regarding available service providers, contact the state coordinator for the deaf in the Central Office.

## 15.3 Planning

### 15.3.1 Typical Services

(Revised [06/08](http://darsnet.dars.txnet.state.tx.us/bookshelf/rev/drs/cdr/revlog2008.htm#rev0608))

The following are typical services to be considered:

* physical restoration, to maximize residual hearing (such as hearing aids);
* job skills or worker development training;
* coping skills training;
* speech and lip-reading therapy;
* assistive listening devices;
* interpreter services (for on-the-job training, classroom settings, or doctor office visits); for more information about providing this service, see
  + [Rehabilitation Policy Manual (RPM), Chapter 5: Services, 5.8.5 Interpreter Services for the Deaf](http://darsnet.dars.txnet.state.tx.us/bookshelf/drs/rpm/ch5.htm#5.8.5);
  + [Directory of Interpreters](http://www.dars.state.tx.us/dhhs/beiterp.shtml) (use: ID "DARSADMIN" and Password "act538adm");
  + [DHHS Interpreter Settings](http://www.dars.state.tx.us/dhhs/beilvls.shtml); and
  + [Table of Comparison](http://darsnet.dars.txnet.state.tx.us/bookshelf/drs/cdr/resources/hearingaids/HHSRegions.htm) (crosswalk between Texas counties and their corresponding HHS regions); and
* academic training, which includes sponsorship to Gallaudet University and the National Technical Institute for the Deaf (NTID);
  + for policy regarding sponsorship to these schools, see [RPM, Chapter 5: Services, 5.4.1 Academic and Vocational-Technical Training/Academic Training](http://darsnet.dars.txnet.state.tx.us/bookshelf/drs/rpm/ch5.htm#5.4.1_Academic_Training).
  + see more on the [role of the liaison program specialist to Gallaudet and NTID](http://www.trcnet/bfw/programs/Program%20Information/Deaf/Hearing%20Impairments/Hearing%20Impairments.htm).

### 15.3.2 Hearing Aids

Select from the following manufacturers product and price lists to purchase hearing aids:

* [Beltone Electronics](http://darsnet.dars.txnet.state.tx.us/bookshelf/drs/cdr/resources/hearingaids/Beltone.htm)
* [GN ReSound](http://darsnet.dars.txnet.state.tx.us/bookshelf/drs/cdr/resources/hearingaids/GNresound.htm)
* [Interton AHS](http://darsnet.dars.txnet.state.tx.us/bookshelf/drs/cdr/resources/hearingaids/Interton.htm)
* [Oticon](http://darsnet.dars.txnet.state.tx.us/bookshelf/drs/cdr/resources/hearingaids/Oticon.htm)
* [Phonak](http://darsnet.dars.txnet.state.tx.us/bookshelf/drs/cdr/resources/hearingaids/Phonak.htm)
* [Rexton](http://darsnet.dars.txnet.state.tx.us/bookshelf/drs/cdr/resources/hearingaids/Rexton.htm)
* [Siemens Hearing](http://darsnet.dars.txnet.state.tx.us/bookshelf/drs/cdr/resources/hearingaids/SiemensHearing.htm)
* [Sonic](http://darsnet.dars.txnet.state.tx.us/bookshelf/drs/cdr/resources/hearingaids/Sonic.htm)
* [Starkey](http://darsnet.dars.txnet.state.tx.us/bookshelf/drs/cdr/resources/hearingaids/Starkey.htm)
* [Unitron Hearing](http://darsnet.dars.txnet.state.tx.us/bookshelf/drs/cdr/resources/hearingaids/Unitron.htm)
* [Widex](http://darsnet.dars.txnet.state.tx.us/bookshelf/drs/cdr/resources/hearingaids/Widex.htm)

For assistance with hearing aid invoicing/billing issues, refer to the [manufacturer contact information](http://darsnet.dars.txnet.state.tx.us/bookshelf/drs/cdr/resources/hearingaids/contacts.htm).

For price list updates/questions, contact [Kathy Plentl](mailto:Kathy.Plentl@dars.state.tx.us).

See [information on applying insurance to the purchase of hearing aids](http://darsnet.dars.txnet.state.tx.us/bookshelf/drs/cdr/resources/Hearingaids_insur.doc).

When needing to request a refund from a hearing aid manufacturer, complete the [Refund Request Form](http://darsnet.dars.txnet.state.tx.us/bookshelf/drs/cdr/resources/hearingaids/RefundRequest.doc) and forward it to the assigned representative as listed at the top of each price list. If you have any questions, please contact [Angela Feltner](mailto:Angela.Feltner@dars.state.tx.us).

**Note**: Finding local referral sources who are competent in working with hearing impaired consumers may not be an easy task. The VR counselor and/or program specialist may have to devote time to develop and educate service providers.

### 15.3.3 Counseling and Guidance

The following are often counseling concerns when working with consumers who are hearing impaired:

* poor self-concept and poor psycho-social adjustment are often underlying concerns that are not easy to address;
* acceptance of disability; and
* false expectations of what the counselor/agency can provide.

### 15.3.4 Employment Services

One of the major problems affecting job development and placement centers around negative attitudes and lack of understanding of hearing impairments on the part of employers.

Employers are concerned about how to communicate with potential employees with hearing impairments. The counselor, as well as the worker development trainers for the deaf, should be able to provide the information to employers. Counselor can provide consumers and employers the Manual Communication Guide for employers and co-workers book. Counselor can provide communication assistance (e.g., interpreter for consumers) during their first week on the job, to assist in stabilization.

### 15.3.5 Service Provider Considerations

Here are some questions you may want to ask your audiologist or otolaryngologist:

* What is the degree of measured hearing loss and the type of hearing loss?
* What are the functional aspects of hearing loss? What sounds will be difficult for the consumer to understand? What environments will be difficult?
* What assistive listening devices would be beneficial for the consumer, especially in the vocational environment?
* What is the consumer's speech discrimination ability in noisy and quiet environments; and what is the degree of expected improvement with amplification?

### 15.3.6 Communications

**Video relay service (VRS)** allows consumers with a hearing loss to communicate with people without a hearing loss through a video connection. A relay operator provides translation between manual communication and spoken language. VRS is only to be used when the hearing person and deaf person are in different locations. VRS is intended to provide functionally equivalent access to telephone communication. Only use this service in situations in which a telephone would normally be used if a hearing impairment were not present. VRS CANNOT be used to "replace" live interpreter services when both the counselor and consumer are at the same location.

**Video remote interpreting** is used to facilitate communications between a hearing person and a deaf person through a sign-language interpreter when at least one party is at a remote location. The counselor and consumer, through video access, can call on an interpreter at a remote location to provide communication access.

### 15.3.7 Comparable Services and Benefits

#### Comparable Services and Benefits Not Required

For some services, the determination of the availability of comparable services and benefits is not required. Those services, as listed in the [Code of Federal Regulations (34 CFR 361.53)](http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?c=ecfr&sid=e9b77155436f30a984e1db12bd4ed09b&rgn=div8&view=text&node=34:2.1.1.1.7.2.114.44&idno=34), are

* preliminary or comprehensive assessment;
* counseling, guidance, or referral services provided by DRS staff;
* job-related services, including
  + job placement,
  + job quest training,
  + job coach services, and
  + job skills training; and
* rehabilitation technology, including telecommunications, sensory, and other technological aids and devices.

#### Sensory and Other Technological Aids and Devices

These devices are defined as

"An electronic or mechanical piece of equipment or hardware intended to improve or substitute for one or more of man's senses or for impaired mobility or motor coordination. Ordinarily such devices are used with individuals having a severe loss of sight or hearing or those having limited mobility or motor coordination."

#### Specialized Telecommunication Program

[Specialized Telecommunication Assistance Program](http://www.dars.state.tx.us/dhhs/stap.shtml) - Telecommunication devices for consumers who are deaf, hard-of-hearing, deaf-blind, or diagnosed with a speech impediment can be obtained from the Office for Deaf and Hard-of-Hearing Services (DHHS). For more information, please contact DHHS at 512/407-3250. A program overview, application, and application instructions can be obtained on the [DRS/DHHS Web site](http://www.dars.state.tx.us/dhhs/stap.shtml).

# Multiple Sclerosis

### 19.1.1 General Information

Multiple sclerosis (MS) is different from most other disabling conditions because

* it is a permanent disability, but not a static condition;
* there are long-term needs, and many change over time;
* changing cognitive and fatigue problems complicate physical symptoms and functional limitations;
* good medical care is important, but often there is no connection between the medical care received and vocational potential;
* on the average, many persons with MS are better educated, have good vocational histories, and have useable transferable skills; and
* neither entry-level employment nor traditional placement approaches fit the skills and needs of most persons with MS.

There are persons with MS who

* have unmet employment needs because they have stopped working, or want to work, are in serious danger of losing their current jobs, yet need to develop skills in the following areas:
  + personal,
  + self-management,
  + job-readiness, and
  + job-seeking;
* have a high level of motivation, but need additional, more extensive support; or
* do not want to work, do not need to work, and/or have no interest in any type of employment.

### 19.1.2 Medically Related Considerations

Most functional limitations have not proven to be primary or dependable predictors in explaining an employment outcome. Certain limited medical situations may rule out an applicant as a good employment candidate. These situations include the following:

* A medical crisis is presently occurring.
* Time-limited heavy medication regimens are seriously impairing some functional limitations (consider a temporary halt or leave of absence from employment).
* Functional and/or medical realities are seriously conflicting with the only employment options the applicant is willing to consider.

Because symptoms change, concentrate on employment needs rather than degree or type of current symptoms.

### 19.1.3 Functional Limitations

These are typical functional limitations. Be sure to assess specific limitations with your consumer. Each consumer’s limitations will differ.

Fatigue and lack of energy, which can be severely debilitating (other symptoms, such as visual impairments, ataxia/incoordination, may temporarily worsen), can cause severe limitations in a person’s ability to work and carry out activities of daily living. Fatigue can intensify due to heat/hot climate, and can be impacted by some self-management and medical strategies. Ultimately, only the person with MS can determine how fatigue affects their ability to work.

Weakness, especially of the extremities, may be mild so the person’s limbs just tire easily or feel heavy, may be severe and make the legs feel too heavy to lift and walking difficult, and/or may cause small-motor arm and hand movements to become more difficult (e.g., lifting, carrying, handwriting).

Hand tremors and lack of coordination, which can cause clumsiness, shakiness, slowness, and disturbances in the rhythm of movement when using a limb and affect fine actions such as writing, fastening buttons, picking up objects, and eating.

Balance and coordination disturbances, which may cause a person to sway, tilt, wave, or stagger when walking. When associated with vertigo, these disturbances may occur primarily with changes of position, such as when first standing up to walk.

Spasticity (rigidity or stiffness), which commonly affects the legs especially in walking ease/speed and climbing. It may cause a "drawing up" involuntarily (charley horse) resulting in falling without warning.

Standing or walking problems, which usually result from a combination of MS symptoms, which may include weakness, vertigo, ataxia/incoordination, and spasticity. These symptoms frequently cause an inability to stand for a long time or balance without holding onto something. Problems with walking vary, depending on the combination and degree of symptoms. An inability to walk long distances and climb stairs is common.

Visual symptoms, such as double vision (diplopia) or eye muscle jerking (nystagmus), which are caused by brain stem and cerebellar involvement, and depending on the severity, can be very limiting. Visual symptoms may cause mild functional problems such as blurred vision or overlapping images, or they may be more marked and cause the perception of objects jumping.

Emotional stability, euphoria, and depression, which may be caused by organic changes in the brain. Sometimes emotional stability and euphoria are associated with organic brain stem and/or cerebellar impairment. Depression may exist which may be related to trying to cope with an unpredictable and variable chronic disease.

Exacerbations and remissions, which may occur with no residual functional limitations. Exacerbations are sudden attacks and usually will require some period of recovery. Stress and physically demanding work often increase exacerbations. Many gainfully employed persons with MS handle periods of exacerbation within the framework of sick leave and/or vacation time, and do not have prolonged absences from work. These exacerbations are usually followed by remissions which may be long periods with symptoms under control. Often remissions result in a progression of symptoms of some permanent disability.

Cognitive issues, which includes memory loss or memory retrieval. Remembering information learned in the recent past can be a problem. Verbal fluency may also be decreased, caused by a slowing down of the cognitive proces. This decreased speed of information processing often results in inefficient communication.

Multiple sclerosis symptoms, in combination, can result in a wide variety of functional limitations. Many persons with MS develop a variety of coping strategies and techniques to adjust to fluctuating functional limitations. Functional limitations, with the exception of cognitive and neurological fatigue, have not proven to be primary or dependable predictors in explaining an employment outcome. The disease produces symptoms which may exist singularly or in combination. Be sure to ask the consumer’s perspective on which limitations are the most problematic for them.

## 19.2 Assessment

### 19.2.1 Reviewing and Evaluating Records

Obtain medical records from treatment sources. Psychological testing may be necessary to determine

* aptitudes,
* interests,
* adjustment to the disability,
* functional limitations, and
* fluctuation of symptoms.

When cognitive issues are a concern, consider a neuropsychological assessment to determine limitations.

### 19.2.2 Asking the Right Questions

Here are some questions relating to this medical condition that one should consider when exploring the nature and extent of impairment. Follow-up questions will depend on the responses given. Start with questions regarding aptitudes, interests and adjustment to the disability.

* What are the name of your treating physicians?
* What types of physicians do you see (physiatrist , neurologist, neuropsychologist, ophthalmologist, general practitioner, others)?
* When was the last time you had a complete physical?
* What medications are you presently taking?
* What type of multiple sclerosis do you have (relapsing-remitting, primary progressive, secondary progressive or progressive relapsing)?
* Describe periods of exacerbations and remission.
* What are your mobility limitations?
  + reaching
  + climbing
  + motor coordination
  + carrying
  + kneeling
  + strength
  + balancing
  + walking
  + stamina
  + lifting
  + eye-hand-foot coordination
* Do you experience any of the following?
  + depression
  + poor self-esteem
  + anger
  + poor concentration
  + anxiety
  + lack of motivation
* What assistive devices do you use and are they adequate?
* Do you drive? If so, do you have your own transportation that has been modified for your needs?
* Do you require attendant services? If so, how many hours a day do you need attendant services?
* How many hours a day is your self-care management routine?
* Do you experience muscle weakness or fatigue, or difficulty dealing with heat?
* Do you have visual impairments? If so, please describe.
* Do you have difficulty speaking swallowing or breathing?
* Do you have seizures?
* How many hours per day do you think you can work?
* Are there any additional concerns that we should be made aware of?

### 19.2.3 Vocational Assessment

When conducting the vocational assessment, assess transferable skills. Consider environmental factors such as the following:

* Heat is a problem for persons with MS.
* Stress and physically demanding work often increase exacerbations.
* Part-time jobs and/or flexible hours may be appropriate options.
* "Choices" software is helpful for conducting a vocational assessment.

## 19.3 Planning

### 19.3.1 Typical Services

Typical case services include

* counseling and guidance;
* physical restoration services (might be appropriate to address spasticity, ambulation, transfer skills, speech, and/or activities of daily living);
* academic training (might be appropriate, but consider progression of symptoms); and/or
* rehabilitation technology (might be critical to functioning effectively).

# Muscular Dystrophy

### 20.1.1 General Information

There are three main, progressive, hereditary types of muscular dystrophy (MD) characterized by muscle weakness, muscle loss, joint contracture, and deformity:

* Duchenne muscular dystrophy,
* facioscapulohumeral (FSH) muscular dystrophy, and
* myotonic muscular dystrophy.

The differences among the three are based on inheritance age of onset and clinical features.

### 20.1.2 Functional Limitations

Muscular dystrophy typically causes these functional limitations:

**Muscle weakness** and impaired ambulation, arm function, and mobility (wheelchair transfers usually require assistance).

**Activities of daily living**—consumers may require assistance with basic daily living activities and are likely to need extra time to complete their morning activities.

**Major psychological and social disabilities**—since this condition is degenerative, consumers may have difficulty adjusting to changes that occur in their ability to function. A psychological evaluation may be informative relative to the consumer's adjustment to the disability.

**Cognitive and learning disorders**—school records may indicate any learning disorders, but beyond that, if you suspect other cognitive difficulties, consider getting a neuropsychological evaluation instead of a typical psychological evaluation. The report will provide much more information about the consumer's strengths.

**Decreased grip strength** is a common difficulty for consumers with muscular dystrophy. You might ask specifically how they compensate for this.

**Visual disorders** including involuntary eye movement, double vision, and/or drooping eyelids. A recent (less than 1 year) ophthalmological exam will be informative.

As with any other disability, consumers with MD often have coping mechanisms that allow them to function at a higher level than appearances may suggest. To determine a consumer's functioning level, an in-depth discussion with the consumer is critical.

## 20.2 Assessment

Applicants with muscular dystrophy often have an observable condition for determining eligibility, and medical records are usually available. Often functional limitations and impediments to employment can be established using these records and the diagnostic interview.

An understanding of a consumer's specific MD type provides information about the disease’s rate of progress — the later the consumer's age of onset, the slower the progression of the disease.

### 20.2.1 Reviewing and Evaluating Records

Obtain from the individual's treating physician existing medical records documenting the disability, and the degree to which the condition is stable. Determine from the applicant's report how the condition presents a vocational impediment.

### 20.2.2 Asking the Right Questions

Here are some questions relating to this medical condition that one should consider when exploring the nature and extent of impairment. Follow-up questions will depend on the responses given. Start with questions regarding aptitudes, interests and adjustment to the disability.

* What is the name of your treating physician?
* What types of physicians do you see?
* When was the last time you had a complete physical?
* What medications are you presently taking?
* What type of MD do you have (Duchennes, facioscapulohumeral (FSH), or myotonic)?
* What was the age of onset of symptoms? Describe how symptoms are expected to change.
* How have symptoms changed in the last 3 months, 6 months, and in the last year?
* Would you describe your symptoms as mild, moderate, or severe?
* What are your mobility limitations?
  + stamina
  + standing
  + climbing
  + writing
  + strength
  + balance
  + stooping
  + coordination
  + pushing
  + bending
  + muscle control
  + pulling
  + ambulation
  + speed
  + pressing
  + transfers
* Do you experience any of the following?
  + depression
  + poor self-esteem
  + anger
  + poor concentration
  + anxiety
  + lack of motivation
* Do you have any vision problems? If so when was your last ophthalmologist exam?
* Describe the support services including special education that you received in school.
* What assistive devices do you use and are they adequate?
* Do you drive? If so, do you have your own transportation that has been modified for your needs?
* Do you require attendant care services? If so, how many hours a day do you need attendant care?
* How many hours a day is your self-care management routine?
* Do you experience fatigue?
* When was the last time you were employed?
* Why did you leave that job?
* How many hours per day do you think you can work?
* Are there any additional concerns that we should be made aware of?

### 20.2.3 Medical Assessment

When recent medical information is not available,

* conduct a new evaluation, and
* identify the consumer's functional limitations and impediments to employment.

To determine "recent," consider how much change has occurred since the last assessment, and note functional strengths and weaknesses that are apparent since the last report.

### 20.2.4 Psychological Assessment

A psychological assessment may assist with identifying depression and adjustment to the disability. It may help to identify family support and realistic vocational choices. Some consumers with muscular dystrophy will have learning disabilities or cognitive needs. A neuropsychological evaluation will be helpful in identifying learning needs as well as any cognitive processing needs.

### 20.2.5 Vocational Assessment

When a person with muscular dystrophy has an established work history, a complete assessment of transferable skills is beneficial.

Analyze the functional demands of past employment and consider the following key work characteristics:

* sedentary or light,
* relies on verbal skills,
* is compatible with consumer's hand and finger dexterity, and
* is compatible with consumer's visual acuity.

"Choices" software is helpful for conducting a vocational assessment.

## 20.3 Planning

### 20.3.1 Typical Services

Case services must depend on the progressive nature of the disability and may include

* counseling and guidance,
* job skills training,
* personal attendant services,
* job restructuring and/or modifications,
* psychological counseling (particularly when adjustment issues to this disability are prevalent),
* skills in using public transportation, and/or
* rehabilitation technology.

### 20.3.2 Counseling and Guidance

The following are frequent counseling concerns among individuals with muscular dystrophy:

* poor self concept and poor psychosocial adjustment,
* adjustment to medication side effects,
* taking medication as prescribed, and
* adjusting to the progression of the disability.

### 20.3.3 Independent Living Centers

Independent living centers are valuable for providing services such as

* peer counseling,
* independent living skills, and
* social skills.

### 20.3.4 Comparable Services and Benefits

The Muscular Dystrophy Association may be able to provide clinical services and/or equipment as a comparable benefit.

# Post-Polio Syndrome

### 22.1.1 History of Polio

Poliomyelitis (polio) has occurred for thousands of years in all parts of the world, but as an identified disease, it dates back to the late 18th century. By the early 19th century, it was widespread in Europe and India.

Major epidemics occurred in the U. S. in 1910 and 1916. In 1916, more than 27,000 persons, mostly children, became disabled and more than 6,000 died as a result of contracting polio.

President Franklin D. Roosevelt contracted polio. In 1938, following his struggle to overcome the illness, he founded the National Foundation for Infantile Paralysis (March of Dimes). As the March of Dimes searched for a vaccine and provided care for survivors, waves of epidemics spread across North America and Europe. There were major epidemics in 1936, 1937, 1941, 1944, 1946, 1949, 1951, 1952, and 1954.

Immunization against polio began in 1955 with the development of the inactivated poliovirus vaccine (IPV) developed by Dr. Jonas Salk.

This was followed in 1960 by a live, attenuated oral poliovirus vaccine (OPV) developed by Dr. Albert Sabin.

The effectiveness of the vaccines was stunning. Wherever either vaccine was used there was a spectacular decline in the incidence of polio. In 1956, after one year of immunization, there were 15,000 cases reported and between 1980 and 1991, 80 cases. It is estimated that there are 300,000 polio survivors in the U. S. today.

### 22.1.2 Poliomyelitis Virus

Poliomyelitis is an acute infectious viral disease.

This disease is spread by asymptomatic persons through the shedding of virus from the throat and intestinal tract.

Many persons affected with poliomyelitis had only symptoms of diarrhea and nausea. They thought they had gastrointestinal flu. That was the extent of their infection.

### 22.1.3 Non-Paralytic Polio

For others, the virus multiplied and spilled over into the blood stream. Symptoms included diarrhea, nausea, fever, chills, and aches. This form of poliomyelitis is called "non-paralytic" polio.

### 22.1.4 Paralytic Polio

However, for a small percentage of persons, the virus moved into the central nervous system to infect the anterior horn cells. Distribution of weakness or paralysis depends on which anterior horn cells are involved. Spinal anterior horn cell involvement results in weakness and/or paralysis in the

* arms,
* legs, and/or
* trunk.

Bulbar anterior horn cell involvement results in difficulties with

* vision,
* swallowing, and/or
* breathing.

This form of poliomyelitis is called "paralytic" polio.

### 22.1.5 Post-Polio Syndrome

Thirty or more years after acute illness, and after undergoing successful rehabilitation and personal, social, and vocational adaptation, an estimated half of the 300,000 U.S. polio survivors often experience significant and progressive functional decline.

Risk factors for developing post-polio syndrome (PPS) primarily depend on the severity of the illness. Often, persons with severe types of polio tend to experience subsequent increasing difficulties. The average age of persons developing post-polio syndrome seems to be approximately 50 years of age.

Post-polio syndrome is not believed to be a reinfection with poliomyelitis nor a reactivation of the virus many years after the initial attack. The most likely explanation is that PPS is an acceleration of the aging process in polio survivors.

As we age, our bodies experience a decrease in the number of anterior horn cells in the spinal cord which transmit nerve impulses to the muscles and cause them to move as we want them to. These are the same cells that are destroyed or damaged during an acute polio attack.

Polio survivors can lose a considerable number of anterior horn cells as they age without experiencing any serious muscle weakness.

However, in polio survivors, cells that were not destroyed may be damaged and have a shortened life span. These surviving cells, and the muscles they innervate, are put under unusual stress because they are required to take over the functions of the cells that were destroyed. This often causes surviving cells to wear out sooner than expected.

### 22.1.6 Functional Limitations

Post-polio symptoms may result in a variety of functional limitations that can exist singularly or in combination with one another.

**Muscle Weakness**. The most common complaints are new weakness in both muscles not previously recognized as being affected by polio, and increased weakness in muscles previously affected by polio. Muscle weakness may interfere with normal activities such as walking, lifting, and motor coordination. Persons with PPS may use a variety of assistive devices for mobility such as leg braces, crutches, or a wheelchair.

**Marked fatigue** after moderate exercise or activity is common in persons with PPS. A combination of disuse of some muscles, overuse of other muscles, and chronic weakness can contribute to fatigue, especially when the aging factor is also included. It is important for persons with PPS to learn their own limits of strength and endurance, and avoid repeatedly going to that limit.

**Chronic, disabling joint and muscle pain** are common in the spine and extremities. There are many causes for this pain, including disorders of the nerves, bones, joints, and muscles. Persons with PPS frequently describe non-localized aching pain in many muscles. Some describe this pain as "flu-like" aching, while others experience it as similar to the muscle pains following acute polio.

**Cold intolerance** is due partly because of decreased muscular performance in the presence of cold. This is explained by the fact that when the muscle is cooled, defective neuromuscular transmission is made worse. Avoidance of cold is important to the person with PPS.

**Respiratory Insufficiency**. As persons with PPS age, they may begin to experience under-ventilation, which means that not enough air is reaching the lungs. Chest wall deformities such as scoliosis, respiratory muscle weakness due to polio, and/or sleep apnea may cause under-ventilation. These respiratory problems may reach a point where intermittent mechanical ventilation becomes necessary. Night respiratory aids allow the chest muscles to rest so they can function during the day. Respiratory insufficiency can cause sleep disturbances such as insomnia, restless sleep, nightmares, and morning headaches.

**Psychological impact** to persons with PPS is having to face a recurrence of the disabling disease. Returning to the use of braces, crutches, or a wheelchair, after having struggled to overcome the need for such aids 30 years before, may activate long-standing emotional conflict.

**Complications** such as the following may also affect persons with PPS:

* respiratory infections
* osteoporosis
* bursitis
* arthritis and tendonitis
* cartilage damage
* anemia

## 22.2 Assessment

### 22.2.1 Reviewing and Evaluating Records

Medical records to establish the presence of a disabling condition should be readily available from the individual's treating physician.

Determine from the individual's medical report how the condition presents a vocational impediment.

To determine whether an individual requires VR services, consider the stability of the condition and then insure that the individual is ready to pursue a vocational goal.

One of the variables that influences returning to work is the individual's belief about working. It is also important that physicians and the individual's family members express their belief that the individual is capable of meaningful employment.

### 22.2.2 Asking the Right Questions

Here are some questions relating to this medical condition that one should consider when exploring the nature and extent of impairment. Follow-up questions will depend on the responses given. Start with questions regarding aptitudes, interests and adjustment to the disability.

* What are the names and types of your treating physicians?
* When was the last time you had a complete physical?
* What medications are you presently taking?
* What type of polio did you have - paralytic or non-paralytic?
* How old were you when you had polio?
* How long was your recovery period from polio?
* When did you start experiencing post-polio symptoms?
* What are your mobility limitations?
  + reaching
  + climbing
  + motor coordination
  + carrying
  + kneeling
  + strength
  + balancing
  + walking
  + stamina
  + lifting
  + eye-hand-foot coordination
* Do you experience any of the following?
  + depression
  + poor self-esteem
  + anger
  + poor concentration
  + anxiety
  + lack of motivation
* What assistive devices do you use, and are they adequate?
* Do you drive? If so, do you have your own modified vehicle?
* Do you require attendant services? If so, for how long each day?
* How many hours a day is your self-care management routine?
* Do you experience muscle weakness or fatigue?
* Do you experience muscle and/or joint pain?
* Do you experience cold intolerance?
* Do you experience respiratory insufficiency and do you use a ventilator?
* Do you have difficulty swallowing or speaking?
* Do you have sleep problems?
* How many hours per day do you think you can work?
* When was the last time you were employed?
* Why did you leave that job?
* Are there any additional concerns that we should be made aware of?

### 22.2.3 Medical Assessment

Obtain adequate information to determine cause of

* condition,
* functional limitations,
* prognosis, and
* medical stability.

When medical records do not provide adequate information, consider purchasing a specialist exam.

### 22.2.4 Psychological Assessment

A general psychological assessment helps identify coping skills and resources.

Conduct a general psychological assessment when there are indications of adjustment problems or other circumstances where psychological factors may affect progress toward a vocational goal. Psychological factors that relate to adjustment of PPS include

* fear,
* anger,
* panic,
* depression, and
* guilt.

Available as an optional part of a psychological assessment, an educational assessment may be helpful when academic training is being considered.

### 22.2.5 Vocational Assessment

Since many persons with PPS tend to be older with established work histories, a complete assessment of transferable skills is recommended.

Analyze the functional demands of past employment to determine the possibility of returning to previous employment with accommodations or rehabilitation technology.

"Choices" software is helpful for conducting a vocational assessment.

## 22.3 Planning

The following are typical case services:

* counseling and guidance,
* job restructuring with or without rehabilitation engineering,
* short-term training that can be scheduled around self-managed care,
* academic training (physical stamina is a big factor in success),
* Job Quest Training,
* job placement,
* services leading to supported employment,
* psychological counseling (when psychological factors are severe enough to impede progress toward employment),
* physical restoration services, and/or
* rehabilitation technology.

### 22.3.1 Comparable Services and Benefits

DRS does not pay for routine medical treatment; therefore, routine medical treatment for persons with PPS must be paid by another source. See [22.4 Resources](http://darsnet.dars.txnet.state.tx.us/bookshelf/drs/cdr/ch22.htm#22.4).

### 22.3.2 Medical Service Providers

When there is an expectation that the consumer can achieve functional improvement through medical treatment, then medical rehabilitation should be considered. Physiatrists, neurologists, and/or pulmonologists treat most persons with PPS.

Other important members of the rehabilitation treatment team may include

* registered nurses,
* physical therapists,
* occupational therapists,
* speech therapists,
* social workers,
* psychologists, and/or
* psychiatrists.

### 22.3.3 Counseling and Guidance Services

Counseling and guidance is often the most important service for a person with post-polio syndrome.

The following are concerns and frustrations that persons with PPS often have:

* adjusting to an altered lifestyle,
* working through repressed feelings,
* coping with emotional feelings of the recurrence of disabling symptoms,
* adjustment to role in the family and society,
* concerns related to self-esteem,
* accessing and using support groups, and/or
* accessing and using comparable services such as the March of Dimes.

### 22.3.4 Employment Services

When placing a consumer with PPS in employment, consider the following factors based on the individual’s abilities and limitations:

* stamina (full-time vs. part-time or flexible work hours),
* transportation, and
* need for personal attendant services.

At the work site, direct attention toward

* architectural barriers,
* restroom accessibility, and
* temperature control.

Give considerable attention to assuring that appropriate support services are provided to achieve the vocational objective. Services might include

* job-site modification to accommodate the consumer's abilities and limitations, and
* purchase of assistive devices.

### 22.3.5 Rehabilitation Technology Services

Many persons with PPS function independently with access to appropriate adaptive equipment. Examples include

* wheelchairs,
* various orthotics,
* portable lifts, and
* ramps.

### 22.3.6 Vehicle Modifications

Transportation to and from work is always a critical issue. Unless accessible public transportation services are readily available, vehicle modification services are usually required. These services range from simple hand-controls to extensive modifications.

# Respiratory Disease

### 24.1.1 General Information

According to the Pulmonary Education and Research Foundation, there are an estimated thirty million Americans suffering from chronic respiratory diseases with the numbers increasing yearly. It has been estimated that one in four people in the U.S. will die as a result of respiratory disease. Most respiratory diseases are not gender or age specific although some diseases are more common in certain populations than others. For example, asthma frequently occurs in children, whereas emphysema is more prevalent in older men, and yet another type of respiratory disease is found only in young women.

Respiratory diseases can be acute or chronic in nature, ranging from acute bronchitis to severe emphysema. This chapter addresses the most common respiratory diseases that a vocational rehabilitation counselor might encounter.

### 24.1.2 Types of Respiratory Disease

There are several types of respiratory disease. The most common types include:

#### Chronic asthma

A condition in which the breathing passages or airways are swollen or inflamed. As a result of the narrowing passages, breathing becomes difficult and labored. A variety of factors can bring on an asthma attack including infection in the upper airways, cigarette smoke, dust, pollen, mold, and the display of strong emotion such as laughing or crying.

#### Chronic obstructive pulmonary disease (COPD)

This includes:

**chronic bronchitis**—Bronchial tubes can become irritated by such things as cigarette smoking, bacterial or viral infection, air pollution, dust, etc. If the bronchial tubes are irritated over a period of time, breathing may be hampered and the lungs endangered by the production of excessive mucous resulting in the thickening of the bronchial tube lining.

**emphysema**—Normally, elastic like fibers give the lungs the ability to expand and contract with each breath. A chemical imbalance within the structure of the lungs may cause the lung to lose its ability to defend the fibers against destruction. As a result, expansion and contraction of the lung is affected. Cigarette smoking is the most common factor contributing to the development of the disease.

**cystic fibrosis**—This disease affects children and those in early adulthood. It is caused by an inherited genetic defect. The lungs are clogged by sticky mucous which is difficult to remove, promoting bacterial infections. These infections can become fatal. This thick mucous also affects the digestive process. Individuals with CF often experience frequent hospitalizations and continued use of antibiotics and other medications.

**interstitial lung disease**—ILD is a generic term for a variety of lung disorders where there is damage to the lung tissue, the walls of the alveoli in the lung become inflamed and scarring begins in the tissue between the air sacs (the interstitium) causing the lung to become stiff. When scarring takes place, the condition is known as pulmonary fibrosis. This results in a permanent loss of the tissue’s ability to transport oxygen. ILD can be caused by environmental and occupational exposure as experienced by miners, asbestos workers and agricultural workers.

**sleep apneas**—A person with sleep apnea stops breathing a number of times while sleeping. Breathing may stop for up to a minute, or until the drop in blood oxygen rouses the person enough so that they take a breath. Resumption of breathing is typically accompanied by a loud snort or gasp. This can happen hundreds of times a night. Although the person doesn’t typically fully waken to resume breathing, the repeated interruptions result in a poor night's sleep and daytime drowsiness. In extreme cases, the individual may fall asleep while driving or in meetings, or be unable to focus on tasks. For further information, see [25.1.3](http://darsnet.dars.txnet.state.tx.us/bookshelf/drs/cdr/ch25.htm#25.1.3).

**tuberculosis**—This is an infectious disease caused by bacteria (Mycobacterium tuberculosis) which is extremely contagious. Although the disease can attack any part of the body, it is most commonly found in the lungs. People with suppressed immune systems, such as those with diabetes mellitus or AIDS, are most susceptible to the disease. An individual who is simply infected with TB may or may not develop the disease and cannot spread TB to others.

### 24.1.3 Symptoms

Depending on the type of respiratory disease, the following symptoms may be experienced:

* shortness of breath,
* wheezing,
* tightness in chest,
* chronic or frequent cough,
* excessive appetite with poor weight gain,
* tendencies toward pneumonia,
* dry cough,
* heart failure,
* swelling of the legs,
* poor appetite,
* weight loss,
* fever,
* night sweats,
* coughing up blood, and/or
* fatigue.

### 24.1.4 Treatment

The type of treatment used depends on the type of respiratory disease that exists. Some of the common treatments include

* medication including bronchodilators,
* physical therapy,
* postural or chest physical therapy,
* intravenous antibiotics,
* medicated vapors,
* vitamins and enzymes,
* oxygen therapy, and/or
* preventive medication for TB infected individuals.

### 24.1.5 Side Effects

There is always the risk of side effects when taking oral medications. Some common side effects include

* nervousness,
* tremors,
* tachycardia,
* tenseness,
* insomnia,
* headaches,
* restlessness,
* confusion,
* dizziness, and/or
* stomach upset.

The following are side effects related to medications for the treatment of tuberculosis. These side effects are considered very serious and should not go unchecked by the treating physician:

* no appetite,
* nausea,
* vomiting,
* yellowish skin or eyes,
* fever for three or more days,
* abdominal pain,
* tingling fingers or toes,
* skin rash,
* easy bleeding,
* aching joints,
* dizziness,
* tingling or numbness around the mouth,
* easy bruising,
* blurred or changed vision, and/or
* ringing in the ears.

### 24.1.6 Typical Functional Limitations

Individuals with respiratory diseases can be affected by a number of factors. Job placement should focus on employment which avoid the following:

* environmental irritants such as dust, fumes, pollen, etc.;
* strenuous physical activity;
* severe or abrupt temperature changes; and
* emotional or physical stress.

Because some respiratory diseases can affect the immune system and because respiratory disease can be affected by environmental factors such as weather, absenteeism may be problematic at times

## 24.2 Assessment

### 24.2.1 Reviewing and Evaluating Records

Obtain medical records from the treating physician in order to establish the presence of respiratory disease. If records are not available, arrange for a medical examination by a pulmonary specialist. If the individual is working, carefully evaluate how the respiratory disease impedes the ability to perform required work duties. Consideration should be given to how side effects from medication may also affect and impede employment. If the individual is not working, determine if the disease impedes the ability to prepare for, obtain, or maintain employment.

### 24.2.2 Asking the Right Questions

During the initial interview, clearly establish the nature of the respiratory disease and the symptoms experienced by the applicant. Questions might include the following:

* What symptoms does the applicant experience?
* When did the symptoms first begin?
* How long has the individual experienced respiratory problems?
* When was the disease diagnosed?
* How is the condition being treated?
* What medications, if any, are currently taken?
* Are there any side effects associated with the medication?
* Are there any other medical conditions?
* How has employment been affected?

### 24.2.3 Medical Assessment

Obtain adequate information to establish the nature of the condition, the functional limitations, treatment recommendations, and prognosis. It is important to determine if the individual is adhering to physician’s orders and if current treatment is optimal, or if it can be improved. If medications are being used to treat the respiratory condition, investigate any side effects that the individual may be experiencing. Determine how the side effects may be contributing to functional limitation and the effect they have on employment. It is also important to take into consideration any other medical conditions the individual may have, and if the medical conditions have an impact on each other.

When current records do not provide adequate information, consider purchasing an evaluation by a pulmonary specialist.

### 24.2.4 Psychological Assessment

Often, an individual with a chronic or long term disease or condition will experience some type of psychological distress such as depression. This may be especially true if the condition has caused problems with work or activities of daily living. If the individual has experienced recurrent or progressive symptoms, it may be appropriate to obtain a psychological evaluation to help determine the appropriateness of psychotherapy in the acceptance of and adjustment to the disease.

### 24.2.5 Vocational Assessment

Since respiratory disease can affect people of all ages and gender, it is likely that many individuals will experience a respiratory disease at some point during their working years. Some of these individuals may not be able to continue in or return to their customary line of work because of physical or environmental restrictions. If the physical restrictions interfere with current employment, explore with both the consumer and employer those job duties that may be modified before seeking alternative employment.

Individuals with little or no work experience and those who cannot return to former employment, may require training which would allow them to work within functional limitations. When exploring vocational options with the individual, be sure to take into consideration any medication side effects that may exist.

## 24.3 Planning

### 24.3.1 Typical Services

Services typically provided to individuals with respiratory disease may include

* assistance in selecting suitable employment;
* restoration (short term medication assistance, physical therapy, etc.);
* training;
* job task restructuring;
* work station modification;
* vocational training;
* academic training; and/or
* job placement and/or retention assistance.

### 24.3.2 Counseling and Guidance

Depending on the specific respiratory disease and associated symptoms experienced by the individual, the following are suggested topics of concern when providing counseling and guidance:

* the importance of following physician's orders,
* assisting the consumer in understanding treatment recommendations and options,
* understanding treatment side effects and how they may influence work,
* acceptance of and understanding physical limitations, and
* assistance in the selection of suitable employment.

### 24.3.3 Employment Services

Some individuals with respiratory diseases may be currently employed or have substantial work experience. In such cases, it may be appropriate for employment services to focus on retaining their current job or returning to previous employment. In some cases, however, previous employment may not be realistic. In these cases, retraining may be necessary. Training may also be appropriate for individuals who have no work history.

Consideration of the following services may help to ensure successful employment:

* assistance in selecting suitable employment,
* job readiness training,
* interviewing skills,
* job search assistance,
* job placement assistance,
* determining the need for reasonable accommodations,
* task restructuring, and/or
* work-site modification.

### 24.3.4 Service Provider Considerations

If the consumer does not have a pulmonary specialist as their treating physician, it’s recommended that an evaluation by such a specialist be obtained in order to fully assess the various aspects of the respiratory disease. Depending on the impact the disability has on the individual, it may be advisable to include a psychologist familiar with respiratory disease to assist the individual in accepting and adjusting to the disability. This may help to minimize the stress experienced by the consumer, helping to ensure the successful completion of services as well as successful employment.

# Sleep Disorders

Sleep disorders are broken down into three primary categories ([complete list of DSM-IV Codes](http://www.psychnet-uk.com/dsm_iv/_misc/complete_tables.htm)):

* dyssomnias,
* parasomnias, and
* breathing-related sleep disorders.

Read a [fact sheet](http://www.nami.org/helpline/sleep.htm) published by the National Alliance for the Mentally Ill.

### 25.1.1 Dyssominas

Dyssomnias are primarily disorders of initiating or maintaining sleep or of excessive sleepiness and are characterized by disturbances in the amount, quality, or timing of sleep.

#### Insomnia

Insomnia is the inability to sleep, or to sleep satisfactorily, and is the most common sleep disorder. It varies from restless or disturbed sleep to a reduction in the usual time spent sleeping and, in the extreme, may involve complete wakefulness. See also "[Causes of Insomnia](http://www.americaninsomniaassociation.org/causes.htm)."

#### Hypersomnia

Hypersomnia consists of excess sleepiness for at least one month as evidenced by either prolonged sleep episodes, or by daytime sleep episodes occurring almost daily.

#### Narcolepsy

The two primary symptoms of narcolepsy are

* **cataplexy**—a sudden loss of voluntary muscle control, usually triggered by emotions such as laughter, surprise, fear or anger. It occurs more frequently during times of stress or fatigue. The cataplectic attack may involve only a slight feeling of weakness and limp muscles (such as sagging facial muscles, a nodding head, buckling knees, loss of arm strength, garbled speech); but it may also result in immediate total body collapse, during which the person may appear unconscious, but remains awake and alert. These attacks may last from a few seconds up to thirty minutes.
* **hypnagogic**—irresistible attacks of going to sleep

People with narcolepsy are unable to resist falling asleep and do so regardless of the number of hours slept the previous night. The excessive daytime sleepiness experienced by people with narcolepsy has been described as being like trying to stay awake after going three days without sleep. See additional [facts about narcolepsy](http://www.uic.edu/depts/cnr/facts.htm).

#### Circadian rhythm sleep disorder

Circadian rhythm sleep disorder is a disruption of our body’s sleep wake cycle. Circadian rhythms are controlled by a "biological clock" in the brain (a tiny clump of cells known as the suprachiasmatic nucleus, or SCN). This is strongly influenced by the daily change between sunlight and darkness, with morning sunlight promoting early wakefulness and darkness setting the stage for sleep. When people choose to sleep, how well they control bedroom darkness, and workplace lighting also affect circadian rhythms. In essence, we are "programmed" by our circadian rhythms to sleep at night and to be awake in the daytime.

[Read more on circadian rhythm sleep disorder](http://www.mentalhelp.net/poc/view_doc.php?type=doc&&id=463&&cn=100&&clnt=clnt00001&).

### 25.1.2 Parasomnias

Parasomnias are characterized by abnormal behavioral physiological events occurring in association with sleep, specific sleep stages, or sleep-wake transitions (DSM IV, p. 578). Some of the more common parasomnia sleep disorders are

* **Nightmare disorder**—Nightmares occur during the dream phase of sleep known as rapid eye movement (REM) sleep. This usually occurs after 90 minutes of sleep. The nightmare frightens the sleeper awake with a vivid memory of a long movie-like dream. The loss of restful sleep causes significant distress and interferes with social and occupational functions. For more information, see [Night Terrors Resource Center](http://www.nightterrors.org/).
* **Sleep terror disorder**—characterized by sudden awakening from sleep. This can be characterized by a persistent fear or terror that occurs at night, screaming, sweating, confusion, rapid heart rate, unable to explain what happened, usually has no recall of "bad dreams" or nightmares. The person may have a vague sense of the frightening images, which for many people are spiders, snakes, animals or people in the room. During this time, they may be unable to fully awaken, be difficult to comfort, or have no memory of the event on awakening the next day. As with nightmare disorders, frequent sleep disruptions deprive the individual of restful sleep and interferes with social and occupational functions during awake hours. For more information, see [Night Terrors Resource Center](http://www.nightterrors.org/).
* **Sleepwalking disorder**—consists of many different behaviors ranging from simply getting up out of bed and walking around the room, to prolonged and complex actions, including going to another part of the house or yard. The sleepwalker may return to bed or awaken in the morning in a different part of the house. Sleepwalkers might carry on conversations that are difficult to understand or make no sense at all. They are capable of carrying out complex behaviors such as rearranging the furniture (for no explainable purpose. To be classified as a disorder, the sleepwalking behavior must cause significant clinical distress or impairment in social, occupational or other important areas of functioning (DSM-IV, pp. 587-591).

### 25.1.3 Breathing Disorders that Affect Sleep: Sleep Apneas

(Revised [10/10](http://darsnet.dars.txnet.state.tx.us/bookshelf/rev/drs/cdr/revlog2010.htm#rev1010))

A person with sleep apnea stops breathing a number of times while sleeping. Breathing may stop for up to a minute, or until the drop in blood oxygen rouses the person enough so that they take a breath. Resumption of breathing is typically accompanied by a loud snort or gasp. This can happen hundreds of times a night. Although the person doesn’t typically fully waken to resume breathing, the repeated interruptions result in a poor night's sleep and daytime drowsiness. In extreme cases, the individual may fall asleep while driving or in meetings, or be unable to focus on tasks.

There are three types of sleep apnea:

* Obstructive sleep apnea (OSA) occurs when throat muscles and tongue relax during sleep and partially block the opening of the airway. Airflow into the lungs is reduced significantly, and breathing is labored and noisy.
* Central Apnea is less common that OSA. It causes a delay in the signal from the brain to the breathing muscles. Although the airway is open, the diaphragm and chest muscle are inactive, and no air enters the lungs. This neurological condition is typically caused by another serious illness such as heart disease or stroke.
* Complex sleep apnea occurs when there is a both an upper airway obstruction and also occasional lapses of breathing effort.

If you suspect that a consumer may have sleep apnea but the condition has not yet been diagnosed, it would be appropriate to complete the disability coding based on functional limitations:

Category: Physical Impairments   
Sub category: General Physical Debilitation   
Cause: Unknown   
Additional Information (optional): Problems at work started six months ago, in March, 2010.   
Sub Category Description: Consumer is unable to participate in physically demanding activities at her daycare center job because she feels physically exhausted.

If the consumer has been diagnosed with sleep apnea, there will, typically, be more detailed information from medical records to use for the disability coding. For example:

Category: Physical Impairments   
Sub category: Respiratory   
Cause: Stroke   
Additional Information (optional): Consumer was diagnosed with central sleep apnea secondary to a stroke that occurred six months ago, in March, 2010.   
Sub Category Description: Consumer’s breathing stops 25-30 times a night when she is asleep. These interruptions cause poor quality sleep, and consumer frequently dozes off at her desk job during the day.

### 25.1.4 Treatments

Common treatments for sleep disorders including insomnia and hypersomnia are often treated with a combination of medications and psychotherapy (cognitive or stress management). Common medications include

* flurazepam (Dalmane)—long-lasting and may cause drowsiness
* temazepam (Restoril)—intermediate-acting agent
* triazolam (Halcion)—short-acting with no sedation; affects memory (learning new information) when taken in large doses; should not be used on a long-term basis; decreases in efficacy over time
* tricyclic antidepressants

Narcolepsy is often treated with adjustments of lifestyle and stimulant medications such as

* Cylert (pemoline)
* Ritalin (methylphenidate)
* Dexedrine (dextroamphetamine)
* Desoxyn (methamphetamine)

In addition to psychotherapy, parasomnias are usually treated with anti-depressant drugs such as

* Klonopin
* Tofranil
* Valium

Sleep apneas can require surgical intervention, maxillofacial appliances, psychotherapy, and weight reduction.

### 25.1.5 Functional Limitations of Sleep Disorders

When we're deprived of needed restful sleep, the following impacts to employment can occur:

* reduced alertness and attentiveness resulting in errors,
* increased tendency for irritability and other mood problems that can interfere with co-worker relationships,
* impaired judgment to the point of interfering with production or the safety of self and others,
* reduced energy interfering with productivity and delay timelines, and/or
* increased risk for accidents causing injury to self and others.

## 25.2 Assessment

### 25.2.1 Reviewing and Evaluating Records

The person is willing to select realistic vocational goals, which concentrate on using their assets and work around their symptoms.

Medical and therapy treatments have reduced symptoms.

Compensatory strategies can be developed to work around residual symptoms.

In most cases, records obtained from the treating physician, psychiatrists, psychologists and/or therapists combined with the applicant's perspectives of the disability can help determine whether

* symptoms impact employment,
* VR services are needed to identify realistic vocational goals, and
* VR services are needed to develop compensatory job strategies.

These records may also identify other conditions the applicant did not disclose or is unaware can impact on employment, e.g. alcohol abuse, drug abuse, medical conditions, coexisting mental health disorders, etc.

### 25.2.2 Asking the Right Questions

During the Intake Interview, the counselor may wish to explore the following areas:

#### Medically

* How does your sleeping disorder interfere with work?
* Are you taking medications to treat your disorder?
* Are there any side effects from your medications?
* Have you talked to your doctor about the side effects?
* How are you paying for your medications and therapies?
* Are there job situations you should avoid (driving, operating machinery, etc.) ?

#### Vocationally

* On which of your past jobs were you most successful and why?
* On which of your past jobs were you least successful and why?
* What is needed to make your next job successful?

### 25.2.3 Medical and Psychological Assessments

In most cases, medical or psychological records are readily available from the treatment source. In the event these are unobtainable or these are suspected disabilities, it may then be helpful to purchase new diagnostics.

If additional medical or psychological evaluations are needed, sending previous psychological and medical records (if available) can assist the examiner in identifying progress, stability or changes.

Also, asking pertinent questions of the examiner can help with plan development. Examples of these can include the following:

* Is the consumer’s selected vocational goal appropriate and realistic?
* What is the individual’s best learning style (e.g., academic, on-the-job, etc.)?
* Are there significant changes or differences from the consumer’s previous assessments?

### 25.2.4 Vocational Assessment

By reviewing the diagnostic reports together, consumer and the counselor can target jobs, which will not compromise stability while also considering interests, previous jobs and transferable skills. This will help identify what services and goals are needed to optimize employment success. Some other considerations include the following:

* Is the expressed vocational goal realistic and compatible with the disability? This is important when there are identified situations the person should avoid. This can include operating vehicles or dangerous machines, working during times when their body requires sleep, etc.
* If the person is currently employed, can reasonable accommodations or job modifications be made to maintain employment? This can include requesting naps during work hours, changing job duties to avoid driving or working around dangerous equipment, etc.
* What behaviors, stressors, or medication side effects will interfere with employment?
* What patterns need to be changed to make the next job successful?

## 25.3 Planning

### 25.3.1 Typical Services

Typical VR services provided to individuals with sleeping disorders are:

* counseling and guidance,
* skills training,
* employment services, and/or
* assistive equipment.

### 25.3.2 Counseling and Guidance

The following are often counseling issues in working with individuals with sleeping disorders:

* **Acceptance of the disability**—The counselor may need to help the individual come to terms with the functional limitations of the disability and make different job choices to remain employed. This may be needed in the event the consumer has a pattern of taking jobs with components that are inappropriate or dangerous (e.g., wanting to be a taxi driver and having a sleep disorder may not be a feasible vocational goal).
* **Lifestyle changes**—Guidance may help change patterns which tend to jeopardize employment and stability (e.g., stopping medication, quitting when work becomes stressful, relapsing to drug or alcohol use, etc.).
* **Disclosure of disability**—Some guidance considerations regarding disclosure of the disability to employers are that
  + certain jobs require drug screening and medications may trigger a false positive,
  + some side effects may be obvious enough to require an explanation, and
  + reasonable accommodations may need to be requested to avoid triggering symptoms.
* **Continuing treatment**—Treatment and medications can be expensive. Therefore, the Consumer may need encouragement and reminders of how the benefits of therapy and medications out weigh their monetary expenses.
* **Positive feedback**—Due to low self-esteem, some of these individuals need to have their progress and successes pointed out to prevent them from quitting.
* **Community resources**—Connecting consumers and their families with community resources can help maintain stability and reduce the consumer's out-of-pocket expense until they obtain insurance benefits. Medication and treatment costs are another reason many people stop their medications and become unstable.

### 25.3.3 Employment Services

People with sleeping disorders can work in a variety of occupations by following treatment recommendations and working around identified functional limitations. Obtaining the consumer’s input regarding interests, previous employment, and transferable skills can help identify what services and goals are needed to optimize employment success.

Reasonable accommodations may include naps during the work day, working a different shift to accommodate sleep patterns, being reassigned to less dangerous tasks (not driving, operating dangerous equipment, etc.)

Job Quest Training can assist with preparing to meet employers and apply for jobs. This can also prepare the consumer for answering questions regarding past employment or gaps in employment history.

Job placement many times can be conducted through the counselor utilizing the web site, [WorkinTexas.com](http://www.twc.state.tx.us/jobs/job.html).

For individuals who may not present themselves well at an interview or need assistance to locate potential job opportunities, job placement services can be purchased through a vendor.

Assistive equipment can include vibrating alarms to assist with awakening.

### 25.3.4 Service Provider Considerations

When placing consumers in training or obtaining placement services through a provider, it may be helpful for the service providers to be aware of the specific symptoms and triggers for the disability. This can help avoid the risks of relapse or injury.

### 25.3.5 Comparable Services and Benefits

The following is a potential resource for comparable services and benefits for medications, treatment, etc.: [Directory of Prescription Drug Patient Assistance Programs](https://www.pparx.org/Intro.php).

**Speech Disorders**

### 26.1.1 General Information

A speech disorder is defined as speech which deviates so far from that of other people that it calls attention to itself, interferes with communication, or causes the individual to be maladjusted. Speech is defective when it is conspicuous, unintelligible, or unpleasant. Speech problems may be associated with cerebral palsy, cleft palate, aphasia, laryngectomy, brain injury, disorganized teeth or emotional stress. It is estimated that from 4% to 6% of the general population in the US has some form of speech disorder.

Speech disorders may be divided into the following three classifications:

* disorders of rhythm in verbal expression (such as stuttering),
* disorders of symbolic formulation and expression (such as aphasia-brain damage, stroke, and cerebral palsy), and
* disorders of articulation and vocalization (such as dysarthria or laryngectomy).

Speech problems may have single or multiple causes such as heredity, pathological fetal positions, birth injuries, developmental factors, physical injuries and disease, general mental deficiency, and emotional disturbance.

### 26.1.2 Typical Functional Limitations

Functional limitations vary according to the type and severity of speech disorder present. Some consumers may be unable to speak at all; others may have speech that is only mildly unpleasant.

Negative attitudes toward individuals with speech impediments, such as stuttering and the visual and auditory unpleasantness associated with the laryngectomy consumer, often compound the impediment to employment. Also, since many speech disorders begin early in life, these individuals experience failure in communication and education which may affect their work history negatively. Poor self-concept and/or poor personal-social adjustment from inadequate speech or undesirable personal appearance often contribute to the impediment to employment, since these traits hamper adjustment and acceptance in a work environment.

## 26.2 Assessment

### 26.2.1 Reviewing and Evaluating Records

Obtain any existing records from school, doctor, or consumer. Records relating to speech impediments are simplistic. They will list all consonants, vowels, and letter combinations that affect the individual's speech.

### 26.2.2 Asking the Right Questions

During the initial interview, you may want to obtain detailed information from the consumer regarding speech impediment type, age of onset, and the consumer's perspective on speech disorder, as an impediment to employment. See [Resources](http://darsnet.dars.txnet.state.tx.us/bookshelf/drs/cdr/resources/ch26.doc) for an easy-to-use [Speech Disorders Questionnaire](http://darsnet.dars.txnet.state.tx.us/bookshelf/drs/cdr/resources/Speech_checklist.doc).

In determining the impediment to employment, the counselor must ascertain if the limitations are severe enough to interfere with the consumer's preparing for, obtaining, or retaining suitable employment. The counselor should consider

* the amount and quality of verbal communication skills needed for appropriate employment or employment preparation;
* skills, training, work experience by the consumer; and
* the degree to which the speech problem has or will hamper employment and employment preparation.

### 26.2.3 Medical and Psychological Assessment

Adequate diagnostics should include an examination by an otolaryngologist. Depending on etiology and accompanying problems, the counselor might also consider examinations by a psychiatrist, neurologist, and/or speech pathologist. Both the physiological and the psychological aspects of the disability should be explored. If the consumer is young, school records may be helpful.

Because anxiety and social stigma surrounding the disorder often causes insecurity, poor personal-social adjustment, and occasional emotional difficulties of a more severe nature, psychological evaluation is often a necessary part of the diagnostic study.

### 26.2.4 Vocational Assessment

The counselor should study the job market for employment opportunities appropriate for individuals with speech impediments. Specific job skills should be provided for the Vocational Evaluators when a vocational evaluation is requested. Care should be given to the cosmetic implications, if involved, as well as the psychosocial aspect of the job environment.

Because of the fact that psychosocial problems are often a result of speech disorder, psychological evaluation is often necessary as a part of the vocational assessment process.

### 26.2.5 Service Provider Considerations

Here are some questions you may want to ask your service providers:

* What are the functional limitations of the speech disorder?
* What vowels and consonants are difficult to pronounce?
* What treatments are available to assist the consumer?

## 26.3 Planning

### 26.3.1 Typical Services

The following are typical services to be considered:

* surgery,
* speech therapy and/or training,
* prosthetic devices,
* psychological counseling, and/or
* vocational counseling.

Because the loss of speech through laryngectomy is such a traumatic experience, the timing of services is particularly important for individuals anticipating this type of surgery. Although policy prohibits paying for surgery for cancer, counselors should, as appropriate, work with the consumer in providing support and assessing vocational potential early in the onset of the disability. Counselors are thus encouraged to develop referrals prior to surgery and provide supportive assistance both pre- and post-laryngectomy. Consumers having had this surgery should be followed by a recognized cancer hospital or clinic.

Plans for services should also include an effort to develop assistive means of communication, if needed, with the employment objective. If the speech modality does not have a good prognosis for remediation, training and employment environments should be adapted to afford maximum job success.

### 26.3.2 Counseling and Guidance

Since poor self-concept and poor psychosocial adjustment are often attendant factors, these should be addressed by the counselor in the planning process. Both individual counseling and group techniques are effective in dealing with these problems.

### 26.3.3 Employment Services

In considering job development and placement for the consumer that has a speech impairment, the counselor should do a careful analysis of the communication skills needed for the job. If the consumer has these communication skills or can be taught the skills, appropriate placement can be effected.

When the consumer lacks some of the communication skills necessary for the job, the counselor should consider specific job modifications which may compensate for the lack of communication skills and afford the consumer maximum employment potential.

# Speech Disorders

### 26.1.1 General Information

A speech disorder is defined as speech which deviates so far from that of other people that it calls attention to itself, interferes with communication, or causes the individual to be maladjusted. Speech is defective when it is conspicuous, unintelligible, or unpleasant. Speech problems may be associated with cerebral palsy, cleft palate, aphasia, laryngectomy, brain injury, disorganized teeth or emotional stress. It is estimated that from 4% to 6% of the general population in the US has some form of speech disorder.

Speech disorders may be divided into the following three classifications:

* disorders of rhythm in verbal expression (such as stuttering),
* disorders of symbolic formulation and expression (such as aphasia-brain damage, stroke, and cerebral palsy), and
* disorders of articulation and vocalization (such as dysarthria or laryngectomy).

Speech problems may have single or multiple causes such as heredity, pathological fetal positions, birth injuries, developmental factors, physical injuries and disease, general mental deficiency, and emotional disturbance.

### 26.1.2 Typical Functional Limitations

Functional limitations vary according to the type and severity of speech disorder present. Some consumers may be unable to speak at all; others may have speech that is only mildly unpleasant.

Negative attitudes toward individuals with speech impediments, such as stuttering and the visual and auditory unpleasantness associated with the laryngectomy consumer, often compound the impediment to employment. Also, since many speech disorders begin early in life, these individuals experience failure in communication and education which may affect their work history negatively. Poor self-concept and/or poor personal-social adjustment from inadequate speech or undesirable personal appearance often contribute to the impediment to employment, since these traits hamper adjustment and acceptance in a work environment.

## 26.2 Assessment

### 26.2.1 Reviewing and Evaluating Records

Obtain any existing records from school, doctor, or consumer. Records relating to speech impediments are simplistic. They will list all consonants, vowels, and letter combinations that affect the individual's speech.

### 26.2.2 Asking the Right Questions

During the initial interview, you may want to obtain detailed information from the consumer regarding speech impediment type, age of onset, and the consumer's perspective on speech disorder, as an impediment to employment. See [Resources](http://darsnet.dars.txnet.state.tx.us/bookshelf/drs/cdr/resources/ch26.doc) for an easy-to-use [Speech Disorders Questionnaire](http://darsnet.dars.txnet.state.tx.us/bookshelf/drs/cdr/resources/Speech_checklist.doc).

In determining the impediment to employment, the counselor must ascertain if the limitations are severe enough to interfere with the consumer's preparing for, obtaining, or retaining suitable employment. The counselor should consider

* the amount and quality of verbal communication skills needed for appropriate employment or employment preparation;
* skills, training, work experience by the consumer; and
* the degree to which the speech problem has or will hamper employment and employment preparation.

### 26.2.3 Medical and Psychological Assessment

Adequate diagnostics should include an examination by an otolaryngologist. Depending on etiology and accompanying problems, the counselor might also consider examinations by a psychiatrist, neurologist, and/or speech pathologist. Both the physiological and the psychological aspects of the disability should be explored. If the consumer is young, school records may be helpful.

Because anxiety and social stigma surrounding the disorder often causes insecurity, poor personal-social adjustment, and occasional emotional difficulties of a more severe nature, psychological evaluation is often a necessary part of the diagnostic study.

### 26.2.4 Vocational Assessment

The counselor should study the job market for employment opportunities appropriate for individuals with speech impediments. Specific job skills should be provided for the Vocational Evaluators when a vocational evaluation is requested. Care should be given to the cosmetic implications, if involved, as well as the psychosocial aspect of the job environment.

Because of the fact that psychosocial problems are often a result of speech disorder, psychological evaluation is often necessary as a part of the vocational assessment process.

### 26.2.5 Service Provider Considerations

Here are some questions you may want to ask your service providers:

* What are the functional limitations of the speech disorder?
* What vowels and consonants are difficult to pronounce?
* What treatments are available to assist the consumer?

## 26.3 Planning

### 26.3.1 Typical Services

The following are typical services to be considered:

* surgery,
* speech therapy and/or training,
* prosthetic devices,
* psychological counseling, and/or
* vocational counseling.

Because the loss of speech through laryngectomy is such a traumatic experience, the timing of services is particularly important for individuals anticipating this type of surgery. Although policy prohibits paying for surgery for cancer, counselors should, as appropriate, work with the consumer in providing support and assessing vocational potential early in the onset of the disability. Counselors are thus encouraged to develop referrals prior to surgery and provide supportive assistance both pre- and post-laryngectomy. Consumers having had this surgery should be followed by a recognized cancer hospital or clinic.

Plans for services should also include an effort to develop assistive means of communication, if needed, with the employment objective. If the speech modality does not have a good prognosis for remediation, training and employment environments should be adapted to afford maximum job success.

### 26.3.2 Counseling and Guidance

Since poor self-concept and poor psychosocial adjustment are often attendant factors, these should be addressed by the counselor in the planning process. Both individual counseling and group techniques are effective in dealing with these problems.

### 26.3.3 Employment Services

In considering job development and placement for the consumer that has a speech impairment, the counselor should do a careful analysis of the communication skills needed for the job. If the consumer has these communication skills or can be taught the skills, appropriate placement can be effected.

When the consumer lacks some of the communication skills necessary for the job, the counselor should consider specific job modifications which may compensate for the lack of communication skills and afford the consumer maximum employment potential.

# Spinal Cord Injuries

### 27.1.1 General Information

The spinal cord is a bundle of nerve cells and fibers that is approximately 18 inches long and extends from the brain to the lower back. These nerves are responsible for the communications systems within the entire body, including sensory, motor, and autonomic functions. The spinal cord is protected by the spinal column, which is composed of 33 vertebrae. The vertebrae are the bones that make up the neck and the back. These bony segments consist of 8 cervical vertebrae located in the neck, 12 thoracic vertebrae in the chest, 5 lumbar vertebrae in the back, 5 sacral vertebrae in the lower back, and 3 coccygeal vertebrae in the tailbone.

A spinal cord injury (SCI) results when there is damage to the spinal cord. The spinal cord can be injured through accident, infection, tumor, and bone disease. These injuries can affect the communications network from the brain to the body systems below the level of injury. The location and severity of the injury determines the seriousness of the communications breakdown. The nerves above the level of injury continue to function normally while the nerves below the level of injury may no longer function, resulting in paralysis of certain parts of the body and corresponding loss of sensation. The higher the level of injury, the more extensive the paralysis. Most SCI occur in the cervical areas (C4-7) or in the thoracic-lumbar areas (T11-12). These are the areas where the spinal column has the most flexibility.

Injuries are classified as "complete" when there is no movement or feeling below the level of the injury, "incomplete" when there is some feeling and/or movement below the level of the injury, and "intact" when vertebrae are damaged but there is no injury to the spinal cord. Quadriplegia results when injury occurs at or above the 8th cervical vertebra. Paraplegia results when damage is done to the thoracic, lumbar, or sacral regions of the spinal cord. Hemiplegia is a term describing paralysis on one side of the body.

The Asia Impairment Scale is based on a neurological exam of nerves, skin and muscles. It is commonly used to describe spinal cord injuries and is so named because it has been developed and adopted by ASIA – the American Spinal Injury Association.

#### ASIA Impairment Scale

**A = Complete**: No motor or sensory function is preserved in the sacral segments S4-S5 (the anal and perineal region).

**B = Incomplete**: Sensory but not motor function is preserved below the neurological level and includes the sacral segments S4-S5 (the anal and perineal region).

**C = Incomplete**: Motor function is preserved below the neurological level, and more than half of key muscles below the neurological level have a muscle grade less than 3 (3/5).

**D = Incomplete**: Motor function is preserved below the neurological level, and at least half of key muscles below the neurological level have a muscle grade of 3 (3/5) or more.

**E = Normal**: Motor and sensory function are normal (May be used when pain, spasticity, contractures, subtle weakness or dyesthesia [an unpleasant abnormal sensation] are present.)

#### Muscle Strength

Muscle strength is assessed as a part of a neurological exam and is often rated on a scale of 0 to 5 as follows:

* 0: Total paralysis
* 1: Palpable or visible contraction
* 2: Active movement, gravity eliminated
* 3: Active movement, against gravity
* 4: Active movement against some resistance
* 5: Active movement against full resistance
* N/T: Not testable

The catastrophic nature of SCI is much more complex than loss of movement and feeling. Individuals who sustain a SCI must also contend with impairment of other critical bodily functions such as breathing, bowel and bladder action, and sexual performance. Added to these are effects of social, economic, and psychological adjustments.

The approximate number of persons in the United States with a SCI is estimated at 183,000-230,000. There are approximately 7,000-10,000 new cases in the United States each year. Motor vehicle accidents are the leading cause of SCI (44%), followed by acts of violence (24%), falls (22%), sports (8%), and other causes (2%).

Typically, slightly more than half of all SCI result in quadriplegia (53%). About 56% of SCI result in incomplete injuries and 44% result in complete injuries. Eighty-two percent of the total number of persons with SCI are male, 18% are female. The average age of a person at onset of SCI is below 25, with most injuries occurring between ages 15 and 20. About 39% of persons with paraplegia and 27% of persons with quadriplegia eventually return to work.

### 27.1.2 Typical Functional Limitations

These are typical functional limitations. Be sure to assess specific limitations with your consumer. Each consumer's limitations will differ.

**Level of Physical Impairment**. Most persons with SCI are unable to perform jobs requiring lifting, carrying, standing, walking, or operating foot controls. Many jobs that emphasize intellectual skills still require filing, typing, or traveling, which may be difficult for persons with quadriplegia without appropriate adaptive equipment and job-site modifications.

**Mobility**. The majority of persons with SCI must utilize either a manual or powered wheelchair for mobility. The degree of independent mobility achieved by a person using a wheelchair depends on the level of injury and type of wheelchair used. Persons who use a manual wheelchair can become proficient even on rough terrain, and usually are capable of transferring themselves into and out of the wheelchair. Manual wheelchairs are usually easier to transport than powered wheelchairs. On the other hand, persons using a powered wheelchair have the advantage of reduced energy and time expenditure. The one great disadvantage to using a powered wheelchair is that users tend to lose overall body strength and conditioning. This needs to be clearly understood when consumers have an option to use a manual wheelchair. Vehicle modifications are common where public transportation is not adequate to meet the consumer's needs.

**Psychological impact** after a spinal cord injury may result because a person experiences a multitude of losses and major disruptions in all dimensions of life. In addition, the ability to problem solve, complete self-care, and use coping skills may be severely compromised and personal goals and relationships may be abruptly disrupted. These changes can affect anxiety, depression, self esteem, and motivation.

**Activities of Daily Living**. Anyone with an injury C7 or higher may need assistance with toileting, bathing, grooming, dressing, eating, and transferring from one place to another. Depending on the level of impairment, it may take a person with a SCI 2 to 4 hours to prepare for work. Dependability of attendant services is a significant factor.

**Spasticity** is an involuntary contraction of muscles. Many individuals with SCI have spasms to some degree. These spasms are usually painful, but sometimes serve a functional purpose (assisting with transfers). Any stimulus entering the spinal cord below the level of injury can cause a spasm. If spasms become severe enough, some form of corrective action may be needed. This usually involves medications and/or physical therapy. Surgical procedures are used in extreme cases.

**Autonomic dysreflexia** is a potentially life-threatening condition requiring immediate medical attention. Autonomic dysreflexia is caused by increased autonomic activity as the result of a noxious stimulus below the level of injury. This stimulus is most often a distended bladder or bowel. Urinary stones, bladder infections, and ingrown toenails are other examples of stimulants that may initiate the autonomic response. The person may experience increased blood pressure, severe headaches, sweating, flushing, and low pulse rate. If the elevated blood pressure is not controlled, it can lead to seizures and cerebral hemorrhage. Some persons are more likely to experience autonomic dysreflexia than others. For those affected, it is advisable to carry an information card to alert other persons in case of an emergency.

**Bladder and Bowel Management**. Individuals with SCI may be incontinent or have limited bladder and bowel control, depending on the severity of damage to the spinal cord. Pathways between the brain and the bladder and bowel are interrupted; therefore, messages to empty the bladder or evacuate the bowel cannot get through. Training in techniques such as intermittent catheterization, or use of an indwelling catheter are essential. Medical complications such as urinary tract infections are common in SCI individuals. A program to regulate the bowels is also important.

**Pressure Sores (Decubitus Ulcers)**. Individuals with SCI are especially susceptible to developing pressure sores due to a combination of factors. With impaired or absent skin sensation, the person does not feel irritation and pain. As a result, pressure applied to areas of the skin for prolonged periods of time can result in skin breakdown involving even underlying muscle. Sitting for prolonged periods of time, which is typical for persons with SCI, requires a proper cushion, weight shifts, etc.

**Respiratory**. Those with injuries at C4 or above will have phrenic nerve damage with partial or complete paralysis of respiratory muscles. As a result, they will be unable to breathe independently and will require ventilatory assistance administered through a mechanical respirator, usually mounted on the back of the wheelchair. Phrenic nerve stimulators are commonly used to assist the individual with breathing.

**Temperature Regulation**. Many persons with SCI have difficulty tolerating temperature extremes. Individuals with SCI have a difficult time conserving heat in cold weather because the blood vessels near the skin do not constrict normally. Similarly, they have difficulty losing heat in a hot environment because the body is unable to perspire normally below the level of injury.

**Chronic fatigue** is experienced as extreme overall tiredness. Chronic fatigue affects mental and physical functioning. It is caused from a combination of physical, mental, and emotional problems. Treatment for chronic fatigue includes making changes in the daily routine such as reducing the amount of daily activity, taking frequent breaks, and increasing exercise. Chronic fatigue adds to the consumer's daily challenges.

**Chronic pain** following SCI originates in the central nervous system. As a result, the pain persists even after peripheral sources of acute pain have healed. Chronic pain can greatly limit the activity of an individual with SCI and may be treated by a physiatrist.

Functional limitations for individuals with SCI vary significantly, depending on the level of injury and whether the injury is complete or incomplete. Usually, the higher the level of injury, the greater the functional limitations. The variety of occupations available to individuals with substantial impairment and quadriplegia (tetraplegia) is significantly reduced when compared to individuals who have paraplegia.

## 27.2 Assessment

### 27.2.1 Reviewing and Evaluating Records

Medical records to establish the level and completeness of the injury are usually readily available from the applicant's treating physician or the hospital where treatment was provided. Determine from the applicant's report how the condition presents a vocational impediment. To determine whether an individual requires VR services, consider the stability of the condition.

### 27.2.2 Asking the Right Questions

Here are some questions relating to this medical condition that one should consider when exploring the nature and extent of impairment. Follow-up questions will depend on the responses given. Start with questions regarding aptitudes, interests and adjustment to the disability.

* What types of physicians do you see? And, what are the names of your treating physicians?
* When was the last time you had a complete physical?
* What medications are you currently taking?
* How did you sustain your spinal cord Injury?
* What is your level of injury?
* Is the spinal cord injury considered complete, or incomplete?
* What are your functional limitations?
* Do you experience bowel or bladder problems? If so, how frequently?
* Do you require assistance with transfers, bathing, toileting, or daily living activities?
* Do you have attendant care? If so, for how long?
* How long does it take to complete dressing and your hygiene routine in the morning?
* Do you experience any of the following: depression, anger, anxiety, low self esteem, crying, poor concentration, or low motivation?
* What assistive devices do you use?
* Are your assistive devices adequate?
* Do you drive?
* Do you have a modified vehicle?
* What modifications have been added to your vehicle?
* Do you experience spasticity? If so, how is this controlled?
* Do you experience pressure sores? If so, how long can you remain seated?
* Do you have respiratory problems?
* Have you experienced a condition called "autonomic dysreflexia"?
* Do you have difficulty regulating body temperature?
* How many times and for how long were you hospitalized in the past year?
* Do you have chronic pain? If so, how is this controlled?
* Do you experience pressure sores on your skin?
* How much fatigue do you experience daily?
* How many hours a day do you think you can work?

### 27.2.3 Medical Assessment

Obtain adequate information to determine cause of condition, functional limitations, prognosis, and medical stability. When medical records do not provide adequate information, consider obtaining an evaluation by a neurologist, pulmonologist and/or physiatrist, or other specialist. Remember to consult the consumer before scheduling appointments. Arranging for personal attendant services and transportation sometimes require a significant amount of planning.

### 27.2.4 Psychological Assessment

A general psychological evaluation is recommended if there are indications of problems with adjustment or other circumstances where psychological factors might affect progress toward a vocational goal.

Psychological factors relating to adjustment to SCI may include fear, anger, resentment, confusion, helplessness, and a sense of inadequacy. A general psychological evaluation helps identify coping skills and resources. Educational assessment may be helpful if academic training is considered.

### 27.2.5 Vocational Assessment

Because the effects of SCI are so pervasive, careful attention must be given to education, interests, and aptitudes, as well as physical requirements. Attention should be focused upon the consumer's vocational assets that are applicable to the potential job market or that could be enhanced through appropriate training. The assets of a consumer with quadriplegia will be centered on intelligence, verbal ability, interpersonal skills, and motivation. A consumer with paraplegia may well possess other assets such as dexterity.

SCI does not affect cognitive processes. Sometimes, though, individuals who sustain a spinal cord injury at a high level (cervical area) might also sustain brain injury in addition to the SCI. In such cases, there could be impairments of cognitive functioning or motor coordination beyond those caused by the spinal cord injury. If brain injury is suspected, consider a neuropsychological evaluation to determine whether deficits may impact employment.

## 27.3 Planning

### 27.3.1 Typical Services

Typical services for spinal cord injuries include

* inpatient comprehensive rehabilitation services,
* physical therapy,
* occupational therapy,
* adaptive equipment (wheelchair, environmental control system, etc.),
* job restructuring with or without rehabilitation engineering,
* short-term or long-term training,
* Job Quest Training,
* job placement, and/or
* services leading to supported employment.

Since the agency does not pay for routine medical treatment for any consumer, routine treatment for SCI must be paid for by another source. Many individuals with a SCI are eligible for Medicare (after the two-year waiting period) and/or Medicaid.

### 27.3.2 Counseling and Guidance

The following are often counseling concerns for individuals with SCI:

* adjusting to the functional limitations resulting from the injury;
* working through the psychosocial stages of a trauma;
* learning the importance of self-care management, especially skin care;
* adjustment to body image and self-esteem;
* concerns related to sexuality;
* accessing and using support groups; and
* accessing and using comparable services such as National Spinal Cord Injury Hotline.

### 27.3.3 Employment Services

Vocational intervention should begin as soon as possible after injury. Early intervention informs the person that return to work is possible. Some persons with spinal cord injury return to work soon after the injury, but usually an extended period of time is need for rehabilitation and retraining.

When placing a consumer with SCI in employment, consider the following factors based on that individual’s abilities and limitations:

* stamina (full-time vs. part-time or flexible work hours),
* transportation, and
* need for personal attendant services.

At the work site, attention needs to be directed toward

* architectural barriers,
* accessibility of restroom facilities, and
* temperature regulation.

Considerable attention should be directed to assuring that appropriate supportive services are provided to achieve the vocational objective. These services could include modification of the job site to accommodate the consumer's abilities and limitations, and purchase of assistive devices.

Many persons with spinal cord injury can function independently with access to the appropriate adaptive equipment. Common examples include wheelchairs, orthotics, and portable ramps.

Similarly, transportation to and from work is always a critical issue. When accessible public transportation services are not readily available, vehicle modification services are usually required. These services range from simple hand controls to extensive modifications of vans.

### 27.3.4 Service Provider Considerations

Most individuals with a spinal cord injury are treated by a physiatrist, orthopedist, neurologist, neurosurgeon, and urologist. Other important members of the treatment team may include registered nurses, physical therapists, occupational therapists, speech therapists, social workers, psychologists, and psychiatrists.

# Adjustment Disorders

### 30.1.1 General Information

In general, adjustment disorders are characterized by the development of emotional and/or behavioral symptoms (such as, depression, anxiety, school behavior problems, fighting, work problems, academic problems, social conflicts or withdrawal, or physical complaints), in response to a specific stressor or stressors within the person’s environment. These symptoms are greater than what might be expected, given the stress, and cause impairment in some major life functioning. A major life functioning would include school adjustment, work adjustment, social adjustment, legal difficulties, family adjustment, physical health, etc.

These symptoms or behaviors are clinically significant as evidenced by either of the following:

* marked distress that is in excess of what would be expected from exposure to the stressor; or
* significant impairment in social, occupational or educational functioning (see DSM-IV p. 623).

### 30.1.2 Types of Adjustment Disorders

The more common types are:

#### Depressed Mood

This is also called a "reactive depression." The diagnosis of an adjustment disorder implies that specific psychological symptoms have developed in response to a specific and identifiable psychosocial stressor. This subtype is used when the primary symptoms such as depressed mood, tearfulness, or feelings of hopelessness (see DSM-IV p. 623). See also [Psychology Information Online](http://www.psychologyinfo.com/problems/adjustment.html).

#### Anxiety

This subtype is used when the predominant manifestations are symptoms of nervousness, worry, or jitteriness (see DSM-IV p. 624).

#### Mixed Anxiety and Depressed Mood

This subtype is used when the predominant manifestation is a combination of depression and anxiety (see DSM-IV p. 624).

#### Disturbance of Conduct

This subtype is used when the predominant manifestation is a disturbance of conduct in which there is violation of the rights of others. This can include fighting, breaking the law, physical abuse or verbal abuse (see DSM-IV p. 624). See also [Psychology Information Online](http://www.psychologyinfo.com/problems/adjustment.html).

#### Mixed Disturbances of Emotions and Conduct

This subtype is used when the predominant manifestations are both emotional symptoms and a disturbance of conduct (see DSM-IV p. 624).

### 30.1.3 Treatment

Psychotherapy is the treatment of choice for adjustment disorders. The form and type of psychotherapy will vary upon the clinician, however, it often takes a solution-focused format, to help the individual deal more effectively with the specific life problem. There are no specific medications developed specifically for adjustment disorders, however there may be a co-existing clinical Axis I diagnosis such as depression, anxiety, etc., for which medication may be prescribed. Some of these may include anti-anxiety or mood stabilizing medications such as Xanax, Prozac, Zoloft, or Paxil. See also [Internet Mental Health](http://www.mentalhealth.com/rx/p23-aj01.html).

### 30.1.4 Typical Functional Limitations

Typical functional limitations include

* avoidance behaviors resulting in absenteeism or not performing certain work tasks;
* fatigue or weakness hindering production;
* work activities are limiting (e.g., needing to avoid situations, which can remind the individual of their original trauma);
* having difficulty working with others;
* behavior patterns resulting in incomplete or delayed assignments;
* marked increase or reduction in energy delaying task completion; and/or
* sudden mood changes distracting the work environment.

## 30.2 Assessment

### 30.2.1 Reviewing and Evaluating Records

The diagnosis of an adjustment disorder alone does not necessarily indicate a need for Services. Some individuals with adjustment disorders function well vocationally due to

* the disorders not presenting functional limitations towards their jobs,
* treatments having eliminated or controlled functional limitations, and/or
* development of effective compensatory skills.

Therefore, the primary determiners for successful employment for persons with adjustment disorders are the following:

* The person is willing to select realistic vocational goals which concentrate on using their assets and work around their symptoms.
* Medical, desensitization, or therapy treatments have reduced symptoms.
* Compensatory strategies can be developed to work around residual symptoms.

In most cases, records obtained from the treating physician, psychiatrists, psychologists and/or therapists, combined with the applicant's perspectives of the disability, can help

* identify the stressors, which are detrimental to the disorder and compensatory strategies needed to avoid them; and
* determine if VR services are needed to identify realistic vocational goals?

These records may also identify other conditions the applicant did not disclose or is unaware that they can impact employment, e.g. alcohol abuse, drug abuse, medical conditions, coexisting mental health disorders, etc.

### 30.2.2 Asking the Right Questions

During the intake interview, the counselor may wish to explore the following areas:

* Are you receiving treatment for your disorder?
* Is your treatment or therapy helping?
* Do you take medication and do you have any side effects from them?
* Have you talked to your doctor about the side effects?
* What are the behaviors or symptoms, which have interfered with jobs in the past?
* Are these behaviors or symptoms under control?
* How are you paying for your treatment?
* Are there job situations you should avoid?

### 30.2.3 Vocational Assessment

By reviewing the diagnostic reports together, consumer and the counselor can target jobs that will not compromise stability while also considering interests, previous jobs and transferable skills. This can help identify what services and goals are needed to optimize employment success. Some other considerations include the following:

* Is the expressed vocational goal realistic and compatible with the disability? Care is needed to match the job with the disorder to avoid job termination, triggering reactions, etc.
* If the person is currently employed, can reasonable accommodations or job modifications be made to maintain employment? See also [Reasonable Accommodations for People with Psychiatric Disabilities](http://www.bu.edu/cpr/reasaccom/index.html).
* Is the person cooperating with treatment sources and willing to engage in realistic job choices? Since emotional and possibly medical stability is key factors to the individual’s employment success, it is important they maintain close contact with their treatment sources and follow their recommendations. Also are they "setting themselves up for failure" or "placing themselves in dangerous situations" by selecting an inappropriate job?
* What behaviors, stressors, or medication side effects will interfere with employment?
* What patterns need to be changed to make the next job successful?
* Is the person ready for competitive employment at this time?

A vocational assessment can help

* identify appropriate vocational objectives;
* determine if the consumer's expressed job goals are feasible;
* identify behaviors, stressors, or medication side effects that will interfere with employment;
* identify the person's cooperation with treatment sources and willingness to engage in realistic job choices;
* identify services needed to obtain and maintain competitive employment; and
* determine readiness for competitive employment.

## 30.3 Planning

### 30.3.1 Typical Services

Typical VR services provided to individuals with adjustment disorders are

* counseling and guidance,
* training,
* employment services, and/or
* mental restoration service (short-term).

### 30.3.2 Counseling and Guidance

The following are potential counseling issues in working with individuals with adjustment disorders:

* **acceptance of the disability**—The counselor may need to help the individual come to terms with the functional limitations of their disability and make different job choices to remain employed. This is important when there are identified stressors for their symptoms.
* **lifestyle changes**—changing patterns that jeopardize employment and stability (e.g., stressors, stopping medication, changing jobs frequently, reacting to delusional thoughts, or relapsing to drug or alcohol use, etc.
* **disclosure of disability**—Some guidance considerations regarding disclosure of the disability to employers are that
  + some behaviors may be obvious enough due to stressors, to require an explanation, and
  + [reasonable accommodations](http://www.bu.edu/cpr/reasaccom/index.html) may need to be requested to avoid stressors.
* **continuing treatment**—Since emotional and behavioral stability are key factors for employment success for persons with adjustment disorders, it is important that they maintain close contact with their treatment sources and follow treatment recommendations. For individuals who have been prescribed medications, encouragement may be needed to remember how the benefits of medications out weigh monetary expense and side effects.
* **support groups**—Often people with this disorder will gain the most help from attending a support group related to their specific problem. This could be anything, ranging from someone who just got divorced, to someone who was just diagnosed with cancer, to dealing with job loss, etc. Thousands of such support groups exist in communities across the nation, so finding an appropriate one is usually not a difficulty. This allows for the sharing of information and experiences which can be vital in the road to recovery. Social support is also a vital component of a self-help group and increased social support usually leads to better and quicker recovery.
* **family counseling**—Family therapy may be appropriate for certain individuals, when the family is "scapegoating" a particular family member, or there is a clear "identified patient," when the actual problem is family-systems related. Education related to the disorder is sometimes needed, and the family can be reassured as to the nature and seriousness of the disorder, as well as its prognosis. Couples therapy is appropriate when the disorder is additionally negatively affecting the romantic relationship. See also [MentalHealth.net](http://www.mentalhealth.com/rx/p23-aj01.html) for additional information.

### 30.3.3 Training

Skills training or academic training may be appropriate for individuals who are stable and need to acquire skills in order to obtain appropriate employment.

### 30.3.4 Employment Services

Common employment services for people with adjustment disorders include the following:

* Work adjustment training and personal social adjustment training can assist with increasing work stamina, modifying behaviors which can compromise employment, and build self-confidence. This can also help determine what supports and working conditions will be needed at a job site.
* Job Quest Training can assist with preparing to meet employers and apply for jobs. This can also prepare the consumer for answering questions regarding past employment’s or gaps in employment history.
* Job placement sometimes can be conducted through the counselor utilizing knowledge of the [WorkinTexas.com](http://www.twc.state.tx.us/jobs/job.html) Web site. This resource can assist the consumer find an appropriate job.
* Job development and job placement services purchased through a vendor can assist with individuals who may not present themselves well in an interview or need assistance to locate potential job opportunities.
* Job coaching can assist an individual who may require the assistance of someone experienced in working with persons with disabilities to help learn their job duties, routines, and better problem solving skills on a job site.
* Supported employment services may be appropriate for individuals with significant adjustment disorders when the nature and severity of their mental illness requires intensive services leading to employment, and ongoing support services in order to maintain employment.

### 30.3.5 Mental Retardation

In most cases, mental restoration is already being provided by treatment sources such as local mental health/mental retardation centers or is available through other resources. In some instances it may be necessary for the counselor to purchase "short–term" mental restoration. Some examples are that the consumer

* has a new diagnosis and no income to pay for medication,
* does not qualify for similar benefit programs, or
* needs a medication change and has no way of paying for the medication or therapy until the consumer obtains income and or medical insurance benefits.

### 30.3.6 Service Provider Considerations

When placing consumers in training or obtaining employment services through a provider, it may be helpful for the providers to be experienced in working with persons with dissociative and adjustment disorders and be aware of specific symptoms, behaviors or triggers for the disability. This can avoid placing the consumer in inappropriate jobs, or the service providers reinforcing inappropriate thoughts or behaviors.

### 30.3.7 Comparable Services and Benefits

The following are potential resources for comparable benefits for medications, treatment, etc.:

* [Community Mental Health Mental Retardation Centers](http://www.mhmr.state.tx.us/) for assistance with mental restoration and medication services.
* [Medicaid benefits information for assistance with purchasing medications](http://www.cms.hhs.gov/home/medicaid.asp).
* [Directory of Prescription Drug Patient Assistance Programs](https://www.pparx.org/Intro.php).

# Anxiety Disorders

### 31.1.1 General Information

Anxiety disorders occur when the autonomic (involuntary) nervous system takes over and reacts as if responding to danger. During these times, the person’s "flight or fight" system is triggered sending extra adrenalin and other hormones to the body preparing it to "run away" from danger or "defend itself." This causes physical symptoms, including: shortness of breath, chest pains, heart palpitations, choking sensations, dizziness, tunnel vision, and difficulty thinking. It is important to remember the individual has no control over these symptoms.

Common anxiety disorders include

* phobias,
* panic attacks,
* generalized anxiety disorders,
* post traumatic stress disorder, and
* obsessive compulsive disorder.

#### Phobias

Phobias consist of reactions to fears or certain objects or situations. Some of the more common phobias are agoraphobia, specific phobia, and social phobia:

* **agoraphobia**—The individual experiences anxiety about, or avoidance of places or situations from which escape might be difficult (or embarrassing) or in which help may not be available in the event of a "panic attack." This can include being in public places, in buildings, or in crowds. Often the person has difficulty leaving their home.
* **specific phobia**—The individual experiences an intense irrational fear of certain things or situations. These can include closed spaces, heights, driving, tests, flying, elevators, etc. The person with the phobia knows the fear is irrational, but facing or even thinking about the feared object can trigger a panic attack or anxiety.
* **social phobia**—Significant anxiety of being judged is provoked by exposure to certain social or performance situations where the individual is afraid of being embarrassed or ridiculed. One of the most common social phobias is the fear of public speaking.

See [Internet Mental Health on phobias](http://www.mentalhealth.com/dis/p20-an04.html) and the [Phobia List](http://www.phobialist.com/).

#### Panic Attacks

A discrete period in which there is the sudden onset of intense apprehension, fearfulness, or terror. Symptoms can include: shortness of breath, palpitations, chest pain, difficulty thinking, disorientation, choking or smothering sensations, feeling of having a heart attack and fear of "going crazy" or losing control. The person may or may not be aware of the trigger for the attack. Untreated, panic attacks can become worse and longer in duration. See [panic attacks and panic disorder](http://www.mayoclinic.com/health/panic-attacks/DS00338/DSECTION=symptoms).

#### Generalized Anxiety Disorder (GAD)

GAD is characterized by a persistent and unrealistic worry lasting for at least six months that is unrelated to another illness. The individual experiences physical or psychological symptoms due to their anxiety. These can include

* trembling,
* muscular discomfort,
* restlessness,
* insomnia,
* sweating,
* stomach pains,
* dizziness,
* concentration problems, and/or
* irritability.

For additional information, see [generalized anxiety disorders](http://www.mayoclinic.com/health/generalized-anxiety-disorder/DS00502/DSECTION=risk-factors).

#### Post-traumatic Stress Disorder (PTSD)

These individuals have reactions to traumatic experiences such as rape, war, sexual abuse, traumatic death, car or plane crash, or captivity. The reactions are to such a degree they interfere with normal daily activities. Common reactions with PTSD are

* nightmares or flashbacks,
* withdrawing from family and friends, and/or
* sudden (unprovoked) anger or other reaction.

#### Obsessive Compulsive Disorder (OCD)

The individual with OCD utilizes rituals, routines and patterns to avoid anxiety. These can include

* preoccupation with details, rules, lists, order, organization, or schedules to the extent that the major point of the activity is lost;
* perfectionism that interferes with task completion (e.g., is unable to complete a project because his or her own overly strict standards are not met);
* excessive devotion to work and productivity to the exclusion of leisure activities and friendships (not accounted for by obvious economic necessity);
* over-conscientiousness, scrupulousness, and inflexibility about matters of morality, ethics, or values (not accounted for by cultural or religious identification);
* inability to discard worn-out or worthless objects even when they have no sentimental value;
* reluctance to delegate tasks or to work with others unless they submit to exactly his or her way of doing things;
* adopting a miserly spending style toward both self and others (money is viewed as something to be hoarded for future catastrophes); and/or
* showing rigidity and stubbornness.

These individuals are often resistant to change and have difficulty perceiving how their behavior interferes with others. See [facts about OCD](http://www.mayoclinic.com/health/obsessive-compulsivedisorder/DS00189/DSECTION=symptoms-).

### 31.1.2 Typical Functional Limitations

Typical functional limitations include

* avoidance behaviors resulting in absenteeism or not performing certain work tasks;
* fatigue or weakness hindering production;
* work activities becoming limited (e.g., driving, attending meetings, working on roofs, socializing, etc.);
* having difficulty working with others; and/or
* behavior patterns resulting in incomplete or delayed assignments.

### 31.1.3 Treatment

Anxiety disorders are usually treated with a combination of medication, psychotherapy and/or desensitization. See information on [commonly used medications to treat anxiety disorders](http://www.nimh.nih.gov/Publicat/anxiety.cfm#anx8).

## 31.2 Assessment

### 31.2.1 Reviewing and Evaluating Records

The diagnosis of an anxiety disorder alone does not necessarily indicate a need for services. Some individuals with anxiety disorders function well vocationally because

* the anxiety disorders do not present functional limitations towards their jobs,
* treatments have eliminated or controlled functional limitations, or
* they have developed effective compensatory skills.

In most cases, records obtained from the treating psychiatrists and therapists, combined with the applicant's perspectives of their disability, are sufficient to determine if VR services are needed and to develop an Individualized Plan for Employment. These records may also identify other conditions the applicant did not disclose or is unaware of that can impact employment (e.g., alcohol abuse, drug abuse, medical conditions, learning disabilities, etc.). If these records are not forthcoming to the point of delaying services, purchase necessary diagnostic information.

### 31.2.2 Asking the Right Questions

During the intake interview, the counselor or RST may wish to explore the following areas:

* Are your medications helping?
* If they are not, does your doctor know?
* Do you have any side effects?
* Have you talked to your doctor about the side effects?
* How are you paying for your medications and therapies?
* Are there job situations you should avoid?
* If you lost your last job because of your disability, what is different now?

### 31.2.3 Medical and Psychological Assessment

If additional medical or psychological evaluations are needed, sending previous psychological and medical records can assist the examiner towards identifying progress and stability. Also, asking **pertinent** questions of the examiner can help with plan development. Examples of these can include the following:

* Is the consumer’s selected vocational goal appropriate and realistic?
* What is the individual’s best learning style (e.g., academic, on-the-job, etc.)?
* Are there significant changes or differences from the consumer’s previous assessments?

### 31.2.4 Vocational Assessment

By reviewing the diagnostic reports together, consumer and the counselor can target jobs that will not compromise stability while also considering interests, previous jobs and transferable skills. This will help identify what services and goals are needed to optimize employment success. Some other considerations include the following:

* Is the expressed vocational goal realistic and compatible with the disability? This is important when there are identified situations the person should avoid. This can include high stress jobs, working at heights, driving, etc.
* If the person is currently employed, can reasonable accommodations or job modifications be made to maintain employment?
* Is the person cooperating with treatment sources and willing to engage in realistic job choices? Since emotional and medical stability are key factors to the individual’s employment success, it is important they maintain close contact with their treatment sources and follow their recommendations. Also are they "setting themselves up for failure" by selecting an inappropriate job?
* What behaviors, stressors, or medication side effects will interfere with employment?
* What patterns need to be changed to make the next job successful?
* Is the person ready for competitive employment at this time?

## 31.3 Planning

### 31.3.1 Typical Services

Typical VR services provided to individuals with anxiety disorders are

* counseling and guidance,
* skills training,
* employment services,
* job placement purchased through a vendor,
* job placement directly through the VR counselor, and/or
* mental restoration.

### 31.3.2 Counseling and Guidance

The following are often counseling concerns in working with individuals with anxiety disorders:

* **acceptance of the disability**—The counselor may need to help the individual come to terms with the functional limitations of their disability and make different job choices to remain employed. This may be needed in the event the consumer has a pattern of taking jobs with components that are inappropriate (e.g., if stress is a primary trigger for symptoms, becoming an attorney may not be a feasible vocational goal).
* **lifestyle changes**—Guidance may help change patterns that tend to jeopardize employment and stability (e.g., stopping medication, quitting when work becomes stressful, relapsing to drug or alcohol use, etc.).
* **adjustment to medication**—The counselor may need to remind the consumer to consult with their physician regarding possible side effects or benefits of their medications. Frequently, people will stop their medications due to side effects without consulting their physician. Some of these side effects are expected and will subside; others may require a different prescription. Unless the physician has the patient’s input and cooperation, therapeutic medication levels cannot be achieved.
* **disclosure of disability**—Some guidance considerations regarding disclosure of the disability to employers are that
  + certain jobs require drug screening and medications may trigger a false positive,
  + some side effects may be obvious enough to require an explanation, and
  + reasonable accommodations may need to be requested to avoid triggering symptoms.
* **continuing treatment**—Treatment and medications can be expensive. Therefore, the consumer may need encouragement and reminders of how the benefits of therapy and medications outweigh their monetary expenses.
* **positive feedback**—Due to low self-esteem, many of these individuals need to have their progress and successes pointed out to prevent them from quitting.
* **family counseling**—When there are family members or significant others actively involved in the consumer's life, they need to be included in the rehabilitation "team." This is to assure everyone is guiding the consumer in the same direction, and to reduce enabling behaviors or patterns which can jeopardize jobs. Connecting them with support groups can provide them better understanding of the disability and ways to help the consumer.
* **community resources**—Connecting consumers and their families with community resources can help maintain stability and reduce the consumer’s out-of-pocket expense until they obtain insurance benefits. Medication and treatment costs are another reason many people stop their medications and become unstable.

### 31.3.3 Employment Services

People with anxiety disorders can work in a variety of occupations by following treatment recommendations and working around identified triggers for behaviors and symptoms. Obtaining the consumer’s input regarding interests, previous employment, and transferable skills can help identify what services and goals are needed to optimize employment success.

* Job Quest Training can assist with preparing to meet employers and apply for jobs. This can also prepare the Consumer for answering questions regarding past employment’s or gaps in employment history.
* Job placement many times can be conducted through the counselor utilizing knowledge of local businesses.
* [Work inTexas.com](http://www.twc.state.tx.us/jobs/job.html) can assist the consumer in finding an appropriate job.
* For individuals who may not present themselves well at an interview or need assistance to locate potential job opportunities, job placement services can be purchased through a vendor.
* Mental restoration can be provided on a "short-term" basis to purchase therapy or medication needs until the consumer becomes connected with other resources to pay for treatment.

### 31.3.4 Service Provider Considerations

When placing consumers in training or obtaining placement services through a provider, it may be helpful for the service providers to be aware of the specific symptoms and triggers for the disability. This can help avoid anxiety attacks and better prepare the training staff to assist the consumer.

### 31.3.5 Comparable Services and Benefits

The following are potential resources for comparable benefits for medications, treatment, etc.:

* [Mental health centers](http://www.dshs.state.tx.us/mhcommunity/default.shtm)
* [Mental retardation centers](http://www.dads.state.tx.us/services/stateschools/index.html)
* [Medicaid benefits information](http://www.cms.hhs.gov/home/medicaid.asp), for assistance in buying medications
* [The Medicine Program](http://www.themedicineprogram.com/)—In cooperation with the physician, is to assist patients who may qualify to enroll in one or more of the many patient assistance programs now available. These programs provide prescription medicine free of charge to individuals in need, regardless of age, if they meet the sponsor's criteria.

# Attention Deficit/Hyperactivity Disorder (ADHD)

### 32.1.1 General Information

Attention deficit /hyperactivity disorder (ADHD), also known as attention deficit disorder (ADD), was once believed to be a childhood disorder that was outgrown during the teenage years. Current studies show some individuals do not outgrow ADHD altogether and retain some or all of their symptoms. Previously, DRS listed this disorder under Learning Disabilities and Other Mental Disorders.

ADHD is defined as a persistent pattern of inattention and/or hyperactivity-impulsivity that is more frequent and severe than is typically observed in levels of development.

ADHD is broken down into different subtypes:

* combined type - predominantly, and
* inattentive type - predominantly hyperactive-impulsive type.

### 32.1.2 Symptoms

#### Inattention

Symptoms for inattention include the person often

* failing to give close attention to details or makes careless mistakes in schoolwork or work;
* having difficulty sustaining attention to tasks or activities;
* seeming not to listen when spoken to directly;
* not following through on instructions and failing to finish schoolwork or duties in the workplace (not due to oppositional behavior or failure to understand instructions);
* having difficulty organizing tasks and activities;
* avoiding, disliking, or being reluctant to engage in tasks that require sustained mental effort (homework, paperwork);
* losing things necessary for tasks or activities, easily distracted by outside stimuli; and/or
* being forgetful in daily activities.

#### Hyperactivity

Symptoms for hyperactivity include the person often

* fidgeting with hands or feet, squirming in seat;
* leaving seat in classroom or in situations in which remaining in seat is expected;
* running about or climbing excessively in situations in which it is inappropriate (in adolescents or adults, may be limited to subjective feelings of restlessness);
* having difficulty playing or engaging in leisure activities quietly;
* being "on the go" or acting as if "driven by a motor"; and/or
* talking excessively.

#### Impulsivity

Symptoms for impulsivity include the person often

* blurting out answers before questions have been completed,
* having difficulty awaiting turn, and/or
* interrupting or intruding on others (e.g., butting into conversations).

Individuals with ADHD have various combinations of the above symptoms. It is possible to have attention deficit without hyperactivity, hyperactivity without attention deficit, with or without impulsivity, and so on. They are also at risk for developing anxiety, depressive, and substance abuse disorders.

Current medical theory supports the belief ADHD is hereditary and results from under-activity in the brain’s production of the neurotransmitters dopamine and norepinephrine. These chemicals help with blocking out distractions and coordinate our long-term and short-term memory.

Persons with ADHD are often perceived as absentminded, immature, forgetful, unable to complete tasks, having communication problems, lying, and self-centered. These misperceptions can jeopardize relationships and jobs. Sometimes the symptoms that are often perceived as negative can be assets in some settings. This is especially true when it comes to the energy levels and creativity associated with the disorder.

### 32.1.3 Treatment

Common medications and treatments used with ADHD/ADD include stimulant medications such as Ritalin or Cylert. Sometimes anti-depressants, such as Prozac, are used. These are usually supplemented with organizational strategies.

### 32.1.4 Typical Functional Limitations

Typical functional limitations include

* difficulty concentrating or handling stress can interfere with production, coworker relations and supervisor relations;
* academic deficiencies limiting job opportunities;
* impulsivity resulting in job termination or frequent quitting;
* potential for depression and anxiety disorders resulting in additional limitations associated with these disorders; and/or
* depression (see more information on [depression functional limitations and the workplace](http://www.mentalhelp.net/poc/view_doc.php/id/472/type/doc/cn/Depression/)).

## 32.2 Assessment

### 32.2.1 Reviewing and Evaluating Records

The diagnosis of ADHD alone does not necessarily indicate a need for services. Some individuals with ADHD function well vocationally because they have selected jobs compatible with their disability, thereby eliminating functional job limitations. Treatment and/or compensatory strategies help control or work around functional limitations (see a virtual neighborhood consolidating in one place [information and resources relating to ADHD](http://www.oneaddplace.com/)).

Therefore, the primary determiners for successful employment for persons with ADHD are

* identifying the individual's attention, hyperactivity, and/or impulse control problems;
* the individual's willingness to select realistic vocational goals, which concentrate on using assets and working around symptoms;
* that medical treatment has reduced symptoms; and
* developing compensatory strategies to work around residual symptoms.

In most cases, records obtained from the treating psychiatrists, psychologists, and/or therapists, combined with the applicant's perspectives of the disability, can help determine the following:

* What are the individual’s ADHD symptoms?
* Are VR services needed to identify realistic vocational goals?
* Are VR services needed to develop compensatory job strategies?

These records may also identify other conditions the applicant did not disclose or is unaware that can impact on employment (e.g., individuals with ADHD are at a high risk for substance abuse, depression symptoms, and anxiety disorders).

### 32.2.2 Asking the Right Questions

During the intake interview, the counselor may wish to explore the following areas:

* What are your ADHD symptoms?
* Which of your ADHD symptoms interfere with work?
* What medications or treatments are you receiving and are they helping?
* Do you have any medication side effects? If yes, have you talked to your doctor about them?
* How are you paying for your medications and therapies?

Vocationally, explore the following:

* On which of your past jobs were you most successful and why?
* On which of your past jobs were you least successful and why?
* What is needed to make your next job successful?

### 32.2.3 Medical and Psychological Assessments

In some cases, medical and psychological records may be unobtainable, outdated, or there is a suspected change in the disability. It may then be helpful to purchase new diagnostics. If additional medical or psychological evaluations are needed, sending previous psychological and medical records (if available ) can assist the examiner in identifying progress and stability. Also, asking pertinent questions of the examiner can help with plan development. Examples of these can include the following:

* Is the individual currently stable and complying with treatment at this time?
* Is the consumer's selected vocational goal appropriate or realistic?
* What is the individual’s best learning style (e.g., academic, on the job, etc.)?
* Are there significant changes or differences from the consumer's previous assessments?

### 32.2.4 Vocational Assessment

Since persons with ADHD can have various residual symptoms or functional limitations, reviewing previous work history and the diagnostic reports together, the consumer and the counselor can identify residual symptoms of the disorder to target appropriate jobs. Utilizing "Choices" for job search can help cluster interests and skills. This can help identify what services and goals are needed to develop an Individualized Plan for Employment.

Is the expressed vocational goal realistic and compatible with the disability? Viewing the individual’s identified symptoms is important to select an appropriate vocational goal. ADHD can be an asset to many jobs (e.g., the ability to change directions or tasks can be helpful for trouble-shooting type jobs, and hyperfocusing can be an asset in jobs requiring a person attend to a task until it is completed).

It is also important to identify jobs or tasks to avoid because they can lead to failure. By avoiding these or developing compensatory strategies, job success can be achieved.

If the person is currently employed, can reasonable accommodations or job modifications be made to maintain employment? (See information on [Reasonable Accommodations for People with Psychiatric Disabilities, an On-Line Resource for Employers and Educators](http://www.bu.edu/cpr/reasaccom/index.html).)

Are there medication side effects or treatments, which can interfere with work? This can include medication side effects such as drowsiness, reduced stamina or concentration. Additionally, the individual may need time off from work periodically to attend doctor appointments and to undergo adjustments or changes in medication.

What compensatory strategies are needed to maintain employment? This will vary from consumer to consumer depending on their ADHD symptoms.

See [work strategies for ADD adults](http://www.adda-sr.org/WorkStrageties.htm).

## 32.3 Planning

### 32.3.1 Typical Services

Typical VR services provided to individuals with attention deficit disorder are

* counseling and guidance,
* skills training,
* employment services,
* job placement purchased through provider,
* Job placement directly through the VR counselor, and/or
* mental restoration.

### 32.3.2 Counseling and Guidance

The following are often counseling issues in working with individuals with ADHD:

* **making appropriate job choices** - Adults with ADHD often experience employment difficulties due to poor job performance, attention and organizational problems, or relationship difficulties. Other times, they may quit due to boredom. On the other hand, adults who learn to adapt to their disability and to harness the energy and creativity that often accompanies ADHD can turn their symptoms into vocational assets. The counselor may need to guide the individual toward jobs, which are more compatible with their disability. By reviewing past jobs, the counselor and the consumer can view job situations, which are more compatible with their disability. This information can assist the consumer in selecting successful job goals.
* **reasonable accommodations** - The counselor may be able to help the consumer identify reasonable accommodations that can help salvage a job or maintain future jobs. These can include
  + job restructuring,
  + adjusting the work schedule due to medication drowsiness,
  + requesting extra time to learn tasks, and/or
  + modifying job sites to reduce distractions, etc.
* **lifestyle changes** - changing patterns, which jeopardize employment and stability, i.e., quitting when bored, reacting to fears, taking on too many tasks, or relapsing to drug or alcohol use, etc.
* **continuing treatment, strategies, or medication** - Medication, therapy, and treatment can be expensive. The VR counselor can guide the consumer and family members to review concerns with the treatment source before stability is jeopardized. Additionally, helping them establish contact with community resources can help reduce "out-of-pocket" expenses for medications and treatments until they become eligible for insurance benefits.
* **disclosure of the disability** - Some guidance considerations regarding disclosure of the disability to employers are that
  + certain jobs require drug screening and medications may trigger a false positive, and/or
  + reasonable accommodations may need to be requested to maintain employment.
* **positive feedback** - Due to low self-esteem from multiple academic, social, and employment failures, many individuals need to have their progress and successes pointed out to prevent them from quitting.
* **family counseling** - When there are family members, or significant others, actively involved in the consumer's life, they need to be included in the rehabilitation "team." This is to assure everyone is guiding the consumer in the same direction, and to reduce enabling behaviors or patterns that can jeopardize jobs. Connecting them with support groups can provide them better understanding of the disability and ways to help the consumer.
* **skills training** - Training to upgrade skills or retraining in more appropriate areas of work may help some persons with ADHD achieve vocational stability. This can be important for individuals whose transferable skills are insufficient for appropriate jobs.

### 32.3.3 Employment Services

Some people with ADHD may need more intense preparation or support to enter or re-enter the workforce. This may be due to insecurity, limited successful work experiences, or having been unemployed for an extensive period of time.

Job Quest Training can assist with preparing to meet employers and apply for jobs. This can also prepare the consumer for answering questions regarding gaps in employment history.

Job placement many times can be conducted through the counselor utilizing the web site, [WorkInTexas.com](http://www.twc.state.tx.us/jobs/job.html) to assist the consumer in finding an appropriate job. For individuals who may not present themselves well at an interview or need assistance to locate potential job opportunities, job placement services can be purchased through a provider.

### 32.3.4 Mental Restoration

Persons with ADHD may not qualify for Department of Aging and Disability Services, Department of State Health Services, or SSI benefits and may require assistance on a "short-term" basis to purchase therapy or medication until they obtain sufficient income or insurance.

### 32.3.5 Service Provider Considerations

When purchasing Job Quest Training or job placement services through a provider, it may be helpful for the provider to be aware of specific symptoms or characteristics of the individual's ADHD. This can avoid placing the consumer in inappropriate jobs and/or the service providers reinforcing inappropriate thoughts or behaviors.

### 32.3.6 Comparable Services and Benefits

The following are potential resources for comparable benefits for medications, treatment, etc.:

* [Mental health centers](http://www.dshs.state.tx.us/mhcommunity/default.shtm)
* [Mental retardation centers](http://www.dads.state.tx.us/services/stateschools/index.html)
* [Medicaid benefits information](http://www.cms.hhs.gov/home/medicaid.asp), for assistance in buying medications
* [The Medicine Program](http://www.themedicineprogram.com/)

# Autism Spectrum Disorders

### 33.1.1 General Information

Autism spectrum disorder (ASD) refers to a broad definition of autism. Autistic disorders are characterized by severe and pervasive impairment in several areas of development: reciprocal social interaction skills, communication skills, or presence of stereotyped behavior interests and activities (DSM-IV pp. 65-78).

The Diagnostic and Statistical Manual of Mental Disorders, 4th edition (DSM-IV) came out in the summer of 1994. There have been numerous changes that affect the diagnoses of autism and related disorders. See a [review of DSM-IV changes](http://www.autism.com/autism/behavior/dsm.htm) and the possible impact of those changes on persons with autism and related disorders. The more common ASD are autism, Asperger's Disorder, and Rett's Syndrome.

#### Autism

Autism is characterized by:

* a markedly abnormal or impaired development in social interactions, communication, a markedly restricted repertoire of activities and interests
* impairment in social interactions
* impairment in the use of multiple, nonverbal behaviors such as eye-to-eye gaze, facial expression, body postures, and gestures to regulate social interaction
* failure to develop peer relationships appropriate to developmental level
* a lack of spontaneous seeking to share enjoyment, interests, or achievements with other people (e.g., by a lack of showing, bringing, or pointing out objects of interest)
* lack of social or emotional reciprocity
* qualitative impairments in communication as manifested by at least one of the following:
  + delay in, or total lack of, the development of spoken language (not accompanied by an attempt to compensate through alternative modes of communication such as gesture or mime);
  + marked impairment in the ability to initiate or sustain a conversation with others;
  + stereotyped and repetitive use of language or idiosyncratic language;
  + lack of varied, spontaneous make-believe play or social imitative play appropriate to developmental level;
  + restricted, repetitive, and stereotyped patterns of behavior; and/or
  + interests and activities as manifested by at least one of the following:
    - encompassing preoccupation with one or more stereotyped and restricted patterns of interest that is abnormal either in intensity or focus, apparently inflexible adherence to specific;
    - persistent preoccupation with parts of objects; and/or
    - delays or abnormal functioning in at least one of the following areas, with onset prior to age 3 years: social interaction, language as used in social communication, or symbolic or imaginative play. (See DSM-IV, p. 66).

#### Asperger's Disorder

Asperger's disorder is a high-functioning form of autism characterized by severe and sustained impairment in social interaction and the development of restricted, repetitive patterns of behavior, interests, and activities (DSM-IV pp. 75-77). With Asperger's disorder, there are no significant delays in language, cognitive, or self-help development. See [Asperger's Syndrome](http://www.autism.com/autism/behavior/asperger.htm).

#### Rett's Syndrome

Rett's syndrome occurs only in females and is characterized by the development of multiple specific deficits following a period of normal functioning after birth. There is a pattern of head growth deceleration, loss of previously acquired hand skills, and the appearance of poorly coordinated gait or trunk movements. Rett's syndrome is typically associated with severe or profound mental retardation; however, consumers often exhibit autistic-like behaviors, such as repetitive hand movements, prolonged toe walking, body rocking, and sleep problems. See an [article on Rett's Syndrome](http://www.autism.com/autism/behavior/rett.htm) written by Stephen M. Edelson, Ph.D., Center for the Study of Autism, Salem, Oregon.

#### Autistic Savant

Autistic savant refers to individuals with autism who have extraordinary skills not exhibited by most persons. The estimated prevalence of savant abilities in persons with autism is 10%, whereas the prevalence in the non-autistic population, including those with mental retardation, is less than 1%.

There are many forms of savant abilities. Some common forms involve mathematical calculations, memory feats, artistic abilities, and musical abilities. Sometimes these abilities can be explored as vocational assets; however, these abilities can also be distractible obsessions, which interfere with productivity. See an [article on autistic savant](http://www.autism.com/families/problems/savant.htm) written by Stephen M. Edelson, Ph.D., Center for the Study of Autism, Salem, Oregon.

### 33.1.2 Typical Functional Limitations

* Inflexible or concrete thinking can interfere with production and supervisor relations. Some reactions to change can be severe.
* Awkward motor coordination can hinder production.
* Self-stimulating behavior can slow production and interfere with co-worker relations. Some of these behaviors can result in the person injuring himself or herself. See an [article about stereotypic (self-stimulatory) behavior](http://www.autism.com/families/problems/stim.htm) written by Stephen M. Edelson, Ph.D., Center for the Study of Autism, Salem, Oregon. See Dr. Edelson's [article on self-injurious behavior](http://www.autism.com/families/siblings/sib_org.htm).
* Poor social skills can interfere with jobs requiring "teamwork." See an [article about social behavior in autism](http://www.autism.com/individuals/social.htm) written by Stephen M. Edelson, Ph.D., Center for the Study of Autism, Salem, Oregon.
* Limited self-starting and problem-solving ability can require extensive supervision. See an article titled [Stimulus Over-selectivity: Tunnel Vision in Autism](http://www.autism.com/families/therapy/tunvsn.htm) by Stephen M. Edelson, Ph.D., Center for the Study of Autism, Salem, Oregon.

### 33.1.3 Typical Treatments for Autism Spectrum Disorders

There is no single medication used to treat ASD. Some medications are prescribed to alleviate specific characteristics such as aggression, seizures, hyperactivity, obsessive/compulsive behavior, or anxiety. Sometimes anti-depressants such as Anafranil (clomipramine), Prozac (fluoxetine), and Zoloft (sertraline) are used to reduce racing thoughts, anxieties, and obsessions. Other medications include Haldol and Mellaril.

Behavior modification and working around the individual's behaviors are also methods of social, educational, and vocational adjustments.

## 33.2 Assessment

### 33.2.1 Reviewing and Evaluating Records

Since these disorders develop during the early years of life, special education programs have served most of these individuals. School records, as well as medical records, can usually provide sufficient information for determining services needs. Consumers with Asperger's disorder may not have been diagnosed with Asperger's disorder until recently, and may have been previously diagnosed with attention deficit hyperactivity disorder, learning disabilities, etc. Information from their current treatment source is a good resource for documentation records, identifying functional limitations, and identifying services needs. The diagnosis of an ASD alone does not mean a need or ability to benefit from services. The counselor will want to obtain and review information regarding the person's functional limitations, and nature and stability of his or her symptoms. This can help identify readiness for employment and what type of employment will be the most compatible.

Current employment options include the following:

* **competitive employment** - competitive full-time or part-time job paying at least minimum wage (without supports)
* **supported employment** - selective integrated work setting, with ongoing support services (see [RPM Chapter 5: Services, 5.5.4 Supported Employment Services](http://darsnet.dars.txnet.state.tx.us/bookshelf/drs/rpm/ch5.htm#5.5.4))
* **sheltered employment** - settings comprised solely of workers with disabilities and are supervised by a person from the agency that received the work contract or is operating the sheltered site. Wages are usually on a piece-rate basis.

Additionally, the counselor will want to explore whether the applicant can best be served by one of DRS 's programs, or other agencies. People with ASD vary with their symptoms, behaviors, and reactions. Medications and behavior programs that work with one person may not work for another. One individual may adjust to change with little or no anxiety and others may react violently. Therefore, understanding the individuals' unique needs and sensitivities is important for developing a good placement and avoiding developmental setbacks.

### 33.2.2 Asking the Right Questions

During the intake interview, the counselor may wish to explore the following areas:

* What are the symptoms of your disability?
* Which of your symptoms interfere with work?
* What jobs or duties have you work the most successfully?
* What jobs or duties have you work the least successfully?

### 33.2.3 Vocational Assessment

By reviewing the diagnostic reports together, the consumer and the counselor can target jobs that will not compromise stability, while also considering interests, previous jobs, and transferable skills. This can help identify what services and goals are needed to optimize employment success. Other considerations include the following:

* Is the expressed vocational goal realistic and compatible with the disability? This is important when there are established behaviors or routines, which when changed result in changes of emotions or behaviors.
* If the person is currently employed, can reasonable accommodations or job modifications be made to maintain employment?
* What behaviors, stressors, or medication side effects will interfere with employment?
* What strategies or job modifications are needed to make the next job successful?
* Is the person ready for competitive employment at this time? Purchasing a vocational evaluation can help
  + identify appropriate vocational objectives;
  + determine if consumer's expressed job goals are feasible;
  + identify behaviors, stressors, or medication side effects that will interfere with employment;
  + identify services needed to obtain and maintain competitive employment; and
  + determine readiness for competitive employment.
* A situational assessment can also be purchased to help determine the individual's readiness for employment by observing their stability over a period of time.

## 33.3 Planning

### 33.3.1 Typical VR Services

Typical VR services provided to individuals with ASD are

* counseling and guidance,
* employment services,
* job placement,
* Job Quest Training,
* work adjustment training,
* personal social adjustment training,
* job coaching,
* supported employment services, and/or
* coordination of services.

### 33.3.2 Counseling and Guidance

The following are often counseling strategies in working with consumers with autistic disorders:

* **acceptance of the disability** - The counselor may need to help consumers and/or their families come to terms with the functional limitations of their disability and make different job choices to remain employed.
* **adjustment to medication** - The counselor may need to remind consumers or family members to consult with their physician regarding possible side effects or benefits of their medications.
* **family counseling** - When there are family members or significant others actively involved in the consumer's life, they need to be included in the rehabilitation "team." This is to assure everyone is guiding the consumer in the same direction and to reduce confusion or unnecessary anxiety that can jeopardize jobs. Connecting them with [support groups](http://www.partnerstx.org/Resources/Autism/Support.htm), such as [Texas Autism Support](http://health.groups.yahoo.com/group/TexasAutismSupport/), can provide them better understanding of the disability and ways to help the consumer.
* **community resources** - **Connecting** consumers and their families with community resources can help maintain stability and reduce the consumer's out-of-pocket expenses until they obtain insurance benefits. See information about [The Medicine Program](http://www.themedicineprogram.com/).

### 33.3.3 Employment Services

People with ASD can work in a variety of occupations with selective placement and proper support services. Obtaining the consumer's input regarding interests, previous employment, reactions to change and transferable skills can help identify what services and goals are needed to optimize employment success.

* Job placement sometimes can be conducted through the counselor utilizing knowledge of local businesses and/or [WorkinTexas.com](http://www.twc.state.tx.us/jobs/job.html). They can assist the consumer in finding an appropriate job.
* Job development and job placement services can assist with individuals who may not present themselves well at an interview or need assistance to locate potential job opportunities.
* Job Quest Training may be appropriate for consumers with higher functioning abilities, such as Asperger's disorder. This can assist with preparing to meet employers and apply for jobs. Additionally, this can prepare the consumer for answering questions regarding past employment or gaps in employment history.
* Work adjustment training and personal social adjustment training can assist with increasing work stamina, modifying behaviors that can compromise employment, and build self-confidence. This can also help determine what supports and working conditions will be needed at a job site.
* Job coaching can assist a consumer who may require the assistance of someone experienced in working with persons with disabilities to help learn their job duties, routines, establish supports at the job site, and use better problem-solving skills on a job site.
* Supported employment services may be appropriate for consumers with significant ASD, when the nature and severity of their disability requires intensive services leading to employment, and ongoing support services in order to maintain employment.

### 33.3.4 Coordination of Services

Being the central coordinator for employment services, the counselor can facilitate the synergy of service provision. This can be done by maintaining effective communication with all parties to keep everyone on the same course.

### 33.3.5 Service Provider Considerations

When obtaining services leading to supported employment, adjustment training, or placement services through a provider, it may be helpful for the providers to be experienced in working with persons with ASD and be aware of specific symptoms, behaviors, or triggers for the individual. This can avoid placing the consumer in inappropriate jobs, or the service providers reinforcing inappropriate thoughts or behaviors.

### 33.3.6 Comparable Services and Benefits

* [Mental health centers](http://www.dshs.state.tx.us/mhcommunity/default.shtm)
* [Mental retardation centers](http://www.dads.state.tx.us/services/stateschools/index.html)
* [Medicaid benefits information](http://www.cms.hhs.gov/home/medicaid.asp), for assistance in buying medications
* [Directory of prescription drug patient assistance programs](http://www.phrma.org/)
* [Autism Resources Guide](http://www.autism-info.com/)

# Autism Spectrum Disorders

### 33.1.1 General Information

Autism spectrum disorder (ASD) refers to a broad definition of autism. Autistic disorders are characterized by severe and pervasive impairment in several areas of development: reciprocal social interaction skills, communication skills, or presence of stereotyped behavior interests and activities (DSM-IV pp. 65-78).

The Diagnostic and Statistical Manual of Mental Disorders, 4th edition (DSM-IV) came out in the summer of 1994. There have been numerous changes that affect the diagnoses of autism and related disorders. See a [review of DSM-IV changes](http://www.autism.com/autism/behavior/dsm.htm) and the possible impact of those changes on persons with autism and related disorders. The more common ASD are autism, Asperger's Disorder, and Rett's Syndrome.

#### Autism

Autism is characterized by:

* a markedly abnormal or impaired development in social interactions, communication, a markedly restricted repertoire of activities and interests
* impairment in social interactions
* impairment in the use of multiple, nonverbal behaviors such as eye-to-eye gaze, facial expression, body postures, and gestures to regulate social interaction
* failure to develop peer relationships appropriate to developmental level
* a lack of spontaneous seeking to share enjoyment, interests, or achievements with other people (e.g., by a lack of showing, bringing, or pointing out objects of interest)
* lack of social or emotional reciprocity
* qualitative impairments in communication as manifested by at least one of the following:
  + delay in, or total lack of, the development of spoken language (not accompanied by an attempt to compensate through alternative modes of communication such as gesture or mime);
  + marked impairment in the ability to initiate or sustain a conversation with others;
  + stereotyped and repetitive use of language or idiosyncratic language;
  + lack of varied, spontaneous make-believe play or social imitative play appropriate to developmental level;
  + restricted, repetitive, and stereotyped patterns of behavior; and/or
  + interests and activities as manifested by at least one of the following:
    - encompassing preoccupation with one or more stereotyped and restricted patterns of interest that is abnormal either in intensity or focus, apparently inflexible adherence to specific;
    - persistent preoccupation with parts of objects; and/or
    - delays or abnormal functioning in at least one of the following areas, with onset prior to age 3 years: social interaction, language as used in social communication, or symbolic or imaginative play. (See DSM-IV, p. 66).

#### Asperger's Disorder

Asperger's disorder is a high-functioning form of autism characterized by severe and sustained impairment in social interaction and the development of restricted, repetitive patterns of behavior, interests, and activities (DSM-IV pp. 75-77). With Asperger's disorder, there are no significant delays in language, cognitive, or self-help development. See [Asperger's Syndrome](http://www.autism.com/autism/behavior/asperger.htm).

#### Rett's Syndrome

Rett's syndrome occurs only in females and is characterized by the development of multiple specific deficits following a period of normal functioning after birth. There is a pattern of head growth deceleration, loss of previously acquired hand skills, and the appearance of poorly coordinated gait or trunk movements. Rett's syndrome is typically associated with severe or profound mental retardation; however, consumers often exhibit autistic-like behaviors, such as repetitive hand movements, prolonged toe walking, body rocking, and sleep problems. See an [article on Rett's Syndrome](http://www.autism.com/autism/behavior/rett.htm) written by Stephen M. Edelson, Ph.D., Center for the Study of Autism, Salem, Oregon.

#### Autistic Savant

Autistic savant refers to individuals with autism who have extraordinary skills not exhibited by most persons. The estimated prevalence of savant abilities in persons with autism is 10%, whereas the prevalence in the non-autistic population, including those with mental retardation, is less than 1%.

There are many forms of savant abilities. Some common forms involve mathematical calculations, memory feats, artistic abilities, and musical abilities. Sometimes these abilities can be explored as vocational assets; however, these abilities can also be distractible obsessions, which interfere with productivity. See an [article on autistic savant](http://www.autism.com/families/problems/savant.htm) written by Stephen M. Edelson, Ph.D., Center for the Study of Autism, Salem, Oregon.

### 33.1.2 Typical Functional Limitations

* Inflexible or concrete thinking can interfere with production and supervisor relations. Some reactions to change can be severe.
* Awkward motor coordination can hinder production.
* Self-stimulating behavior can slow production and interfere with co-worker relations. Some of these behaviors can result in the person injuring himself or herself. See an [article about stereotypic (self-stimulatory) behavior](http://www.autism.com/families/problems/stim.htm) written by Stephen M. Edelson, Ph.D., Center for the Study of Autism, Salem, Oregon. See Dr. Edelson's [article on self-injurious behavior](http://www.autism.com/families/siblings/sib_org.htm).
* Poor social skills can interfere with jobs requiring "teamwork." See an [article about social behavior in autism](http://www.autism.com/individuals/social.htm) written by Stephen M. Edelson, Ph.D., Center for the Study of Autism, Salem, Oregon.
* Limited self-starting and problem-solving ability can require extensive supervision. See an article titled [Stimulus Over-selectivity: Tunnel Vision in Autism](http://www.autism.com/families/therapy/tunvsn.htm) by Stephen M. Edelson, Ph.D., Center for the Study of Autism, Salem, Oregon.

### 33.1.3 Typical Treatments for Autism Spectrum Disorders

There is no single medication used to treat ASD. Some medications are prescribed to alleviate specific characteristics such as aggression, seizures, hyperactivity, obsessive/compulsive behavior, or anxiety. Sometimes anti-depressants such as Anafranil (clomipramine), Prozac (fluoxetine), and Zoloft (sertraline) are used to reduce racing thoughts, anxieties, and obsessions. Other medications include Haldol and Mellaril.

Behavior modification and working around the individual's behaviors are also methods of social, educational, and vocational adjustments.

## 33.2 Assessment

### 33.2.1 Reviewing and Evaluating Records

Since these disorders develop during the early years of life, special education programs have served most of these individuals. School records, as well as medical records, can usually provide sufficient information for determining services needs. Consumers with Asperger's disorder may not have been diagnosed with Asperger's disorder until recently, and may have been previously diagnosed with attention deficit hyperactivity disorder, learning disabilities, etc. Information from their current treatment source is a good resource for documentation records, identifying functional limitations, and identifying services needs. The diagnosis of an ASD alone does not mean a need or ability to benefit from services. The counselor will want to obtain and review information regarding the person's functional limitations, and nature and stability of his or her symptoms. This can help identify readiness for employment and what type of employment will be the most compatible.

Current employment options include the following:

* **competitive employment** - competitive full-time or part-time job paying at least minimum wage (without supports)
* **supported employment** - selective integrated work setting, with ongoing support services (see [RPM Chapter 5: Services, 5.5.4 Supported Employment Services](http://darsnet.dars.txnet.state.tx.us/bookshelf/drs/rpm/ch5.htm#5.5.4))
* **sheltered employment** - settings comprised solely of workers with disabilities and are supervised by a person from the agency that received the work contract or is operating the sheltered site. Wages are usually on a piece-rate basis.

Additionally, the counselor will want to explore whether the applicant can best be served by one of DRS 's programs, or other agencies. People with ASD vary with their symptoms, behaviors, and reactions. Medications and behavior programs that work with one person may not work for another. One individual may adjust to change with little or no anxiety and others may react violently. Therefore, understanding the individuals' unique needs and sensitivities is important for developing a good placement and avoiding developmental setbacks.

### 33.2.2 Asking the Right Questions

During the intake interview, the counselor may wish to explore the following areas:

* What are the symptoms of your disability?
* Which of your symptoms interfere with work?
* What jobs or duties have you work the most successfully?
* What jobs or duties have you work the least successfully?

### 33.2.3 Vocational Assessment

By reviewing the diagnostic reports together, the consumer and the counselor can target jobs that will not compromise stability, while also considering interests, previous jobs, and transferable skills. This can help identify what services and goals are needed to optimize employment success. Other considerations include the following:

* Is the expressed vocational goal realistic and compatible with the disability? This is important when there are established behaviors or routines, which when changed result in changes of emotions or behaviors.
* If the person is currently employed, can reasonable accommodations or job modifications be made to maintain employment?
* What behaviors, stressors, or medication side effects will interfere with employment?
* What strategies or job modifications are needed to make the next job successful?
* Is the person ready for competitive employment at this time? Purchasing a vocational evaluation can help
  + identify appropriate vocational objectives;
  + determine if consumer's expressed job goals are feasible;
  + identify behaviors, stressors, or medication side effects that will interfere with employment;
  + identify services needed to obtain and maintain competitive employment; and
  + determine readiness for competitive employment.
* A situational assessment can also be purchased to help determine the individual's readiness for employment by observing their stability over a period of time.

## 33.3 Planning

### 33.3.1 Typical VR Services

Typical VR services provided to individuals with ASD are

* counseling and guidance,
* employment services,
* job placement,
* Job Quest Training,
* work adjustment training,
* personal social adjustment training,
* job coaching,
* supported employment services, and/or
* coordination of services.

### 33.3.2 Counseling and Guidance

The following are often counseling strategies in working with consumers with autistic disorders:

* **acceptance of the disability** - The counselor may need to help consumers and/or their families come to terms with the functional limitations of their disability and make different job choices to remain employed.
* **adjustment to medication** - The counselor may need to remind consumers or family members to consult with their physician regarding possible side effects or benefits of their medications.
* **family counseling** - When there are family members or significant others actively involved in the consumer's life, they need to be included in the rehabilitation "team." This is to assure everyone is guiding the consumer in the same direction and to reduce confusion or unnecessary anxiety that can jeopardize jobs. Connecting them with [support groups](http://www.partnerstx.org/Resources/Autism/Support.htm), such as [Texas Autism Support](http://health.groups.yahoo.com/group/TexasAutismSupport/), can provide them better understanding of the disability and ways to help the consumer.
* **community resources** - **Connecting** consumers and their families with community resources can help maintain stability and reduce the consumer's out-of-pocket expenses until they obtain insurance benefits. See information about [The Medicine Program](http://www.themedicineprogram.com/).

### 33.3.3 Employment Services

People with ASD can work in a variety of occupations with selective placement and proper support services. Obtaining the consumer's input regarding interests, previous employment, reactions to change and transferable skills can help identify what services and goals are needed to optimize employment success.

* Job placement sometimes can be conducted through the counselor utilizing knowledge of local businesses and/or [WorkinTexas.com](http://www.twc.state.tx.us/jobs/job.html). They can assist the consumer in finding an appropriate job.
* Job development and job placement services can assist with individuals who may not present themselves well at an interview or need assistance to locate potential job opportunities.
* Job Quest Training may be appropriate for consumers with higher functioning abilities, such as Asperger's disorder. This can assist with preparing to meet employers and apply for jobs. Additionally, this can prepare the consumer for answering questions regarding past employment or gaps in employment history.
* Work adjustment training and personal social adjustment training can assist with increasing work stamina, modifying behaviors that can compromise employment, and build self-confidence. This can also help determine what supports and working conditions will be needed at a job site.
* Job coaching can assist a consumer who may require the assistance of someone experienced in working with persons with disabilities to help learn their job duties, routines, establish supports at the job site, and use better problem-solving skills on a job site.
* Supported employment services may be appropriate for consumers with significant ASD, when the nature and severity of their disability requires intensive services leading to employment, and ongoing support services in order to maintain employment.

### 33.3.4 Coordination of Services

Being the central coordinator for employment services, the counselor can facilitate the synergy of service provision. This can be done by maintaining effective communication with all parties to keep everyone on the same course.

### 33.3.5 Service Provider Considerations

When obtaining services leading to supported employment, adjustment training, or placement services through a provider, it may be helpful for the providers to be experienced in working with persons with ASD and be aware of specific symptoms, behaviors, or triggers for the individual. This can avoid placing the consumer in inappropriate jobs, or the service providers reinforcing inappropriate thoughts or behaviors.

### 33.3.6 Comparable Services and Benefits

* [Mental health centers](http://www.dshs.state.tx.us/mhcommunity/default.shtm)
* [Mental retardation centers](http://www.dads.state.tx.us/services/stateschools/index.html)
* [Medicaid benefits information](http://www.cms.hhs.gov/home/medicaid.asp), for assistance in buying medications
* [Directory of prescription drug patient assistance programs](http://www.phrma.org/)
* [Autism Resources Guide](http://www.autism-info.com/)

# Depressive Disorders

### 35.1.1 General Information

This section includes disorders in which the predominant symptoms are disturbances in mood. Common mood disorders include depressive disorder and dysthymic disorder. These conditions are the result of improper levels of neurotransmitters in the brain's chemistry. These include norepinephrine, serotonin, acetylcholine, dopamine, and gamma-aminobutyric acid.

### 35.1.2 Major Depressive Disorders

A person with a major depressive disorder has either a depressed mood or a loss of interest or pleasure in daily activities consistently for at least a 2 month period. This mood represents a change from the person's normal mood; social, occupational, educational or other important functioning are also negatively impaired (DSM-IV p. 319). Common symptoms include

* depressed mood most of the day, nearly every day;
* loss or reduction of interest or pleasure regarding things previously enjoyed (e.g., hobbies, activities, sex, etc.);
* change in appetite, either a significant decrease or increase in weight;
* sleep disturbances, either having difficulty sleeping or wanting to sleep excessively;
* irritability;
* decreased energy;
* feelings of worthlessness or guilt;
* difficulty thinking, concentrating, or making decisions; and/or
* recurrent thoughts of death, suicide, or suicide attempts.

See more information on [depressive disorders](http://www.intelihealth.com/IH/ihtIH/24479/9339/9801.html).

### 35.1.3 Dysthymic Disorder

Symptoms of dysthymic disorder are similar to those of major depression, with the major difference being the symptoms last for at least two years.

* See information on [symptoms of dysthymic disorder](http://www.mentalhelp.net/poc/center_index.php?id=329&cn=329).
* See information on [treatment](http://www.mentalhelp.net/poc/view_doc.php/id/606/type/doc/cn/Depression/).
* See [medications for treating depressive and dysthymic disorders](http://psyweb.com/Drughtm/jsp/menus/antidp.jsp) (click on name of medication for additional information).

### 35.1.4 Typical Functional Limitations

Typical functional limitations of depressive disorders include

* difficulty concentrating or handling stress interfering with production;
* irritability interfering with supervisor and co-worker relationships;
* sleep disturbances interfering with punctuality and production;
* loss of interest and feelings of hopelessness causing the affect of "unmotivated";
* aggressive behavior resulting in confrontations, low production and legal action;
* medication side effects interfering with production, safety, punctuality and attendance; and/or
* suicidal tendencies preventing working in dangerous jobs or around dangerous equipment.

Even when the individual is cooperating fully with treatment sources, there may be breakthrough symptoms of depression periodically. Additionally, individuals may build up a tolerance to their medications after time and require medication adjustments. This often requires a course of stopping previous medications for a period of one to two weeks prior to introducing new medication. During this time, symptoms are likely to return.

## 35.2 Assessment

### 35.2.1 Reviewing and Evaluating Records

The diagnosis of a depressive disorder alone does not necessarily indicate a need for services. Some individuals with depressive disorders function well vocationally because

* they have selected jobs compatible with their disability, thereby eliminating functional job limitations;
* treatments have eliminated or controlled functional limitations; and/or
* they have developed effective compensatory skills.

Therefore, the primary determiners for successful employment for persons with depressive disorders are the following:

* The person is medically and/or emotionally stable and complying with their treatment sources.
* The person is willing to select realistic vocational goals.
* Compensatory strategies can be developed to work around breakthrough symptoms or medication side effects. In most cases, records obtained from the treating psychiatrists and therapists combined with the applicant's perspectives of their disability can help determine whether
  + the condition stable and is the applicant complying with treatment;
  + VR services are needed to identify realistic vocational goals; and
  + VR services are needed to develop compensatory job strategies.

These records may also identify other conditions the applicant did not disclose or is unaware can impact on employment (e.g., alcohol abuse, drug abuse, medical conditions, learning disabilities, etc.). If these records are not forthcoming to the point of delaying services, purchase necessary diagnostic information.

### 35.2.2 Asking the Right Questions

During the intake interview, the counselor may wish to explore the following areas.

#### Medically

* Are you under the care of a physician or therapist?
* What medications or treatments are you receiving and are they helping?
* Do you have any medication side effects? If yes, have you talked to your doctor about them?
* How are you paying for your medications and therapies?

#### Vocationally

* On which of your past jobs were you most successful and why?
* On which of your past jobs were you least successful and why?
* What is needed to make your next job successful?

### 35.2.3 Medical and Psychological Assessment

In some cases, medical and psychological records may be unobtainable, outdated, or there is a suspected change in the disability. It may then be helpful to purchase new diagnostics. If additional medical or psychological evaluations are needed, sending previous psychological and medical records (if available ) can assist the examiner in identifying progress and stability. Also, asking pertinent questions of the examiner can help with plan development. Examples of these can include the following:

* Is the individual currently stable and complying with treatment at this time?
* Is the consumer's selected vocational goal appropriate or realistic?
* What is the individual's best learning style (e.g., academic, on-the-job, etc.)?
* Are there significant changes or differences from the consumer's previous assessments?

### 35.2.4 Vocational Assessment

By reviewing previous work history and reviewing the diagnostic reports together, the consumer and the counselor can identify jobs that will not compromise stability while also considering interests, previous jobs and transferable skills. Utilizing "Choices" for job search can help cluster interests and skills. This can help identify what services and goals are needed to develop an Individualized Plan for Employment.

Other considerations include the following:

* Is the expressed vocational goal realistic and compatible with the disability? This is important when there are identified conditions, which can lead to failure (e.g., wanting to pursue college training with insufficient academic ability). To enable situations where failure is imminent is detrimental to the consumer.
* If the person is currently employed, can [reasonable accommodations](http://www.bu.edu/cpr/reasaccom/index.html) or job modifications be made to maintain employment?
* Are there medication side effects or treatments, which can interfere with work? This can include medication side effects such as drowsiness, reduced stamina or concentration. Additionally, the individual may need time off from work periodically to attend doctor appointments and to undergo adjustments or changes in medication.
* What compensatory strategies are needed to maintain employment (e.g., modifying job duties to reduce stress, select jobs which will allow time off for medical leave, improve coping skills, or teaching the consumer ways to approach employers to request accommodations).

## 35.3 Planning

### 35.3.1 Typical Services

Typical VR services provided to individuals with mood disorders are

* counseling and guidance,
* skills training,
* employment services,
* job placement purchased through a vendor,
* job placement directly through the VR counselor, and/or
* mental restoration.

### 35.3.2 Counseling and Guidance

The following are often counseling concerns in working with individuals with depressive disorders:

* **making appropriate job choices** - The counselor may need to guide the individual toward jobs more compatible with their disability. By reviewing past jobs and doctor recommendations, the counselor and the consumer can view job situations, which are more compatible with their disability. This can improve the opportunity for job success and assure safety. This information can assist the consumer in selecting successful job goals.
* **reasonable accommodations** - The counselor may be able to help the consumer identify reasonable accommodations which can help salvage a job or maintain future jobs. This can include job restructuring, adjusting the work schedule due to medication drowsiness, requesting extra time to learn tasks, modifying job sites to reduce distractions, etc.
* **lifestyle changes** - changing patterns, which jeopardize employment and stability (e.g., stopping medication, reacting to fears, delusional thoughts, or relapsing to drug or alcohol use, etc.).
* **continuing treatment and adjustment to medication** - Frequently, people with depressive disorders will stop their medications due to: medication side effects, they feel better and think they no longer need medication or therapy, or treatment can be expensive. The VR counselor can guide the consumer and their family to review concerns with the treatment source before stability is jeopardized. Additionally, helping them establish contact with community resources can help reduce "out-of-pocket" expenses for medications and treatments.
* **disclosure of disability** - Some considerations regarding disclosure of the disability to employers are that
  + certain jobs require drug screening and medications may trigger a false positive reading,
  + some side effects may be obvious enough to require an explanation, and
  + reasonable accommodations may be needed to avoid triggering symptoms.
* **positive feedback** - Due to low self-esteem, many individuals need to have their progress and successes pointed out to prevent them from quitting.
* **family counseling** - When there are family members or significant others actively involved in the consumer's life, they need to be included in the rehabilitation "team." This is to ensure everyone is guiding the consumer in the same direction and to reduce enabling behaviors or patterns which can jeopardize jobs. Connecting them with support groups can provide them a better understanding of the disability and ways to help the consumer.

### 35.3.3 Skills Training

Training to upgrade skills or retraining in more appropriate areas of work may help some persons with depressive disorders achieve vocational stability. This can be important for individuals whose transferable skills are insufficient for appropriate jobs.

### 35.3.4 Employment Services

Some people with depressive disorders may need more intense preparation or support to enter or re-enter the workforce. This may be due to insecurity, limited successful work experiences, or having been unemployed for an extensive period of time.

* Job Quest Training can assist with preparing to meet employers and applying for jobs. This can also prepare the consumer for answering questions regarding past employment or gaps in employment history.
* Job placement many times can be conducted through the counselor. Utilizing knowledge of local businesses and [WorkinTexas.com](http://www.twc.state.tx.us/jobs/job.html) can assist the consumer to find an appropriate job. For individuals who may not present themselves well at an interview, or need assistance to locate potential job opportunities, job placement services can be purchased through a vendor.
* Job coaching can assist with identifying stressors, job site modifications, duty modifications and develop better strategies and problem solving skills.

### 35.3.5 Mental Restoration

Persons with depressive disorders may not qualify for DADS, DSHS, or SSI benefits and may require assistance on a "short-term" basis to purchase therapy or medication until they obtain sufficient income or insurance.

### 35.3.6 Service Provider Considerations

When placing consumers in Job Quest Training or purchasing placement services through a provider, it may be helpful for the providers to be aware of specific symptoms or triggers for the disability. This can avoid placing the consumer in inappropriate jobs, or the service providers reinforcing inappropriate thoughts or behaviors.

### 35.3.7 Comparable Services and Benefits

* [Mental health centers](http://www.dshs.state.tx.us/mhcommunity/default.shtm)
* [Mental retardation centers](http://www.dads.state.tx.us/services/dads_help/mental_retardation/services.html#schools)
* [Medicaid benefits information](http://www.cms.hhs.gov/home/medicaid.asp), for assistance with purchasing medications
* [The Medicine Program](http://www.themedicineprogram.com/)

# Dissociative Disorders

### 36.1.1 General Information

In general, dissociative disorders come in many forms, the most famous of which is dissociative identity disorder (formerly known as multiple personality disorder). All of the dissociative disorders are thought to stem from trauma experienced by the individual with this disorder. The dissociative aspect is thought to be a coping mechanism: the person literally dissociates himself or herself from a situation or experience too traumatic to integrate with their conscious self. Symptoms of these disorders, are often seen in a number of other mental disorders, including post-traumatic stress disorder, panic disorder, and obsessive compulsive disorder.

See more information on [dissociative disorders](http://www.nami.org/Content/ContentGroups/Helpline1/Dissociative_Disorders.htm).

#### Depersonalization Disorder

Depersonalization disorder involves the persistent or recurrent experience of feeling detached from, and as if one is an outside observer of, one's mental processes or body. Individuals with depersonalization disorder often report feeling as if in a waking dream or a movie and may also experience derealization (the sense that the external world is unreal or strange). See more information on [depersonalization disorder](http://www.mhsource.com/search/search_results.jhtml?queryText=depersonalization&submit=Submit+Query).

#### Dissociative Amnesia

Dissociative amnesia is characterized by a blocking out of critical personal information, usually of a traumatic or stressful nature. Dissociative amnesia, unlike other types of amnesia, does not result from other medical trauma (like a blow to the head). See more information on [dissociative amnesia](http://www.psychnet-uk.com/dsm_iv/dissociative_amnesia.htm).

#### Dissociative Fugue

Dissociative fugue is a rare disorder, which involves the sudden, unexpected travel from home, with inability to recall one's past; assumption of a new identity; and the absence of organic (medical-neurological) factors accounting for the symptoms. Often, in dissociative fugue, the patient's new identity contrasts sharply with his or her original identity. See more information on [dissociative fugue](http://www.mental-health-matters.com/disorders/dis_details.php?disID=38).

#### Dissociative Identity Disorder (DID)

Dissociative identity disorder (DID) was formerly known as multiple personality disorder and is the presence of two or more distinct identities or personality states (criterion A) that recurrently take control of behavior (criterion B). There is an inability to recall important personal information, the extent of which is too great to be explained by ordinary forgetfulness. See article titled "[Dual Personality, Multiple Personality, Dissociative Identity Disorder - What's in a Name?](http://www.dissociation.com/index/definition/index.html)" See more information on [dissociative identity disorder](http://www.sidran.org/didbr.html).

### 36.1.2 Common Treatments for Dissociative Disorders

The primary source of treatment is through psychotherapy. This usually includes, understanding coping strategies, establishing a safety-oriented healing environment, accessing, connecting with, and healing dissociated experiences. Sometimes medication, psychosocial treatments and hypnosis are used in conjunction with psychotherapy. Opinions regarding the use of hypnosis to help the person remember and relive the traumatic experience varies from therapist to therapist. Some feel because the person needs to identify the trauma before improvement can occur, hypnosis is helpful. Other therapists feel the brain forgot the experience as a defense mechanism to protect the individual and to relive the experience would be to re-traumatize them and do further harm. Another theory under investigation is that hypnosis may cause "false memories," because the person is in a high state of suggestibility.

Since the symptoms of dissociative disorders result from traumatic experiences, it is not uncommon to have behaviors or symptoms similar to other disorders, such as post-traumatic stress disorder, anxiety disorder, and depression. Therefore, it is not unusual for a person in treatment for a dissociative disorder to be prescribed antidepressants, anti-anxiety medication or desensitization type therapies. Commonly preferred treatments include

* [psychotherapy](http://psychologyinfo.com/treatment/psychotherapy.html),
* [hypnosis](http://www.hypnosis.com/faq/),
* [desensitization training](http://psychologyinfo.com/treatment/desensitization.html), and
* [stress management training](http://psychologyinfo.com/treatment/stress.html).

### 36.1.3 Typical Functional Limitations

Typical functional limitations of dissociative disorders include

* avoidance behaviors resulting in absenteeism or not performing certain work-related tasks;
* fatigue or weakness from medications hindering production;
* difficulty working with individuals they may associate with their trauma (e.g., men, certain ethnic groups, etc.);
* behavior patterns resulting in incomplete or delayed assignments; and/or
* marked personality changes, symptoms of anxiety or depression that can distract the work environment.

## 36.2 Assessment

The diagnosis of a dissociative disorder alone does not necessarily indicate a need for services. Some individuals with dissociative disorders function well vocationally because

* the disorders do not present functional limitations towards their jobs,
* treatments have eliminated or controlled functional limitations, or
* the person has developed effective compensatory skills.

Therefore, the primary determiners for successful employment for persons with dissociative disorders include the following:

* Vocational goals, which will use the individual's assets and not exacerbate their disability, can be identified.
* Medical, desensitization, or therapy treatments have reduced symptoms.
* Compensatory strategies can be developed to work around residual symptoms.

In most cases, records obtained from the treating physician, psychiatrists, psychologists and/or therapists combined with the applicant's perspectives of the disability can help determine whether

* there are situations and symptoms that impact on employment,
* VR services are needed to identify appropriate vocational goals, and
* VR are services needed to develop compensatory job strategies.

These records may also identify other conditions the applicant did not disclose or is unaware can impact on employment (e.g., alcohol abuse, drug abuse, medical conditions, coexisting mental health disorders, etc.).

### 36.2.1 Asking the Right Questions

During the intake interview, the counselor may wish to explore the following areas:

* Are you receiving treatment for your disability?
* Is your treatment or therapy helping?
* Do you take medication and do you have any side effects from them?
* Have you talked to your doctor about the side effects?
* What are the behaviors or symptoms that have interfered with jobs in the past?
* Are these behaviors or symptoms under control?
* How are you paying for your treatment?
* Are there job situations you should avoid?

### 36.2.2 Vocational Assessment

By reviewing the diagnostic reports together, consumer and the counselor can develop compensatory strategies and identify what services are needed to optimize employment success. Some other considerations include the following:

* Is the person ready for competitive employment at this time?
* What behaviors need to be changed to make the next job successful?
* Is the expressed vocational goal realistic and compatible with the disability? Care is needed to match the job with the disorder to avoid resurfacing symptoms, job termination, stress reactions, etc.
* If the person is currently employed, can reasonable accommodations or duty changes be made to maintain employment? See [Reasonable Accommodations for People with Psychiatric Disabilities: An On-line Resource for Employers and Educators](http://www.bu.edu/cpr/reasaccom/index.html).
* Is the person cooperating with treatment sources and willing to engage in realistic job choices? Since emotional and possible medical stability are key factors to the individual's employment success, it is important they maintain close contact with their treatment sources and follow their recommendations.

Purchasing a vocational assessment can help

* determine readiness for competitive employment;
* determine if the consumer's expressed job goals are feasible;
* identify behaviors, stressors, or medication side effects that will interfere with employment;
* identify the person's cooperation with treatment sources and willingness to engage in realistic job choices; and
* identify services needed to obtain and maintain competitive employment.

A situational assessment in a realistic job setting is another way to identify

* readiness for employment,
* needed support services, and
* appropriate job situations.

## 36.3 Planning

### 36.3.1 Typical Services

Typical VR services provided to individuals with dissociative disorders are

* counseling and guidance,
* training,
* employment services, and/or
* mental restoration service (short-term).

### 36.3.2 Counseling and Guidance

The following are potential counseling issues in working with individuals with dissociative disorders:

* **acceptance of the disability** - The counselor may need to help the individual come to terms with the functional limitations of their disability and make different job choices to remain employed. This is important when there are identified situations that can cause their symptoms to return.
* **lifestyle changes** - changing patterns that jeopardize employment and stability (e.g., stopping medication, changing jobs frequently, reacting to delusional thoughts, or relapsing to drug or alcohol use, etc.)
* **disclosure of disability** - Some guidance considerations regarding disclosure of the disability to employers are that
  + some behaviors may be obvious enough to require an explanation, and
  + reasonable accommodations may need to be requested to avoid triggering symptoms (see [Reasonable Accommodations for People with Psychiatric Disabilities: An On-line Resource for Employers and Educators](http://www.bu.edu/cpr/reasaccom/index.html)).
* **continuing treatment** - Since psychotherapy is the primary method of treatment for emotional and behavioral stability with dissociative disorders, it is important they maintain close contact and compliance with their therapy sources. For individuals who have been prescribed medications, encouragement may be needed to remember how the benefits of medications outweigh monetary expense and side effects.
* **community resources** - Connecting consumers and their families with community resources can help maintain stability and reduce the consumer's out-of-pocket expense until the consumer obtains insurance benefits. See [Directory of Prescription Drug Patient Assistance Programs](https://www.pparx.org/Intro.php).
* Free "maintenance medication" from the pharmaceuticals for patients who cannot afford them, at 1 (800) 762-4636.

### 36.3.3 Training

Skills training or academic training may be appropriate for individuals who are stable and need to acquire skills in order to obtain appropriate employment.

### 36.3.4 Employment Services

Common employment services for people with dissociative disorders include the following:

* Work adjustment training and personal social adjustment training can assist with increasing work stamina, modifying behaviors which can compromise employment, and build self-confidence. This can also help determine what supports and working conditions will be needed at a job site.
* Job Quest Training can assist with preparing to meet employers and applying for jobs. This can also prepare the consumer for answering questions regarding past employment's or gaps in employment history.
* Job placement sometimes can be conducted through the VR counselor utilizing knowledge of local businesses and [WorkinTexas.com](http://www.twc.state.tx.us/jobs/job.html) web site to assist the consumer in finding an appropriate job.
* Job development and placement services purchased through a provider can assist with individuals who may not present themselves well at an interview or need assistance to locate potential job opportunities.
* Job coaching can assist an individual who may require the assistance of someone experienced in working with persons with disabilities to help learn their job duties, routines, and better problem solving skills on a job site.
* Supported employment services may be appropriate for individuals with severe dissociative disorders, when the nature and severity of their mental illness requires intensive services leading to employment, and ongoing support services in order to maintain employment.

### 36.3.5 Mental Restoration

In most cases, mental restoration is already being provided by treatment sources such as local mental health mental retardation centers or is available through other resources. In some instances it may be necessary for the counselor to purchase "short-term" mental restoration. Examples include when the consumer

* has a new diagnosis and no income to pay for medication.
* does not qualify for similar benefit programs, or
* needs a medication change and has no way of paying for the medication or therapy until the consumer obtains income and/or medical insurance benefits.

### 36.3.6 Service Provider Considerations

When placing consumers in training or obtaining employment services through a provider, it may be helpful for the providers to be experienced in working with persons with dissociative disorders and be aware of specific symptoms, behaviors or stressors for the disability. This can avoid placing the consumer in inappropriate jobs, or the service providers reinforcing inappropriate thoughts or behaviors.

### 36.3.7 Comparable Services and Benefits

The following are potential resources for comparable benefits for medications, treatment, etc.:

* [Mental health centers](http://www.dshs.state.tx.us/mhcommunity/default.shtm)
* [Mental retardation centers](http://www.dads.state.tx.us/services/dads_help/mental_retardation/services.html#schools)
* [Medicaid benefits information](http://www.cms.hhs.gov/home/medicaid.asp), for assistance with purchasing medications

# Impulse Control Disorders

**37.1.1 General Information**

These are disorders with the essential feature being the inability to resist an impulse, drive, or temptation to perform an act that is harmful to the person or to others (DSM-IV, p. 609).

The more common impulse control disorders include the following.

#### Intermittent Explosive Disorders

Episodes of aggressive outbursts resulting in either destruction of property or physical assaults on others. Typically, this problem results in legal problems, because the individual is often charged with assault, or a domestic violence charge. See [DSM-IV, p. 609](http://www.behavenet.com/capsules/disorders/explosivedis.htm) and an article on [intermittent explosive disorders](http://psychologyinfo.com/problems/impulse_control.html#explosive).

#### Kleptomania

Kleptomania consists of the compulsive stealing of items not needed for their monetary value. The items are not stolen to express anger or vengeance. There is usually a feeling of tension before stealing, and a sense of pleasure at the time of the theft. For more information, see DSM-IV, p. 612 and an article on [kleptomania](http://behavenet.com/capsules/disorders/kleptomaniadis.htm).

#### Pyromania

Pyromania consists of setting fires for pleasure, and experiencing a sense of relief or gratification from the experience. This does not include fires set for monetary gain, to hide criminal activity, or to express anger. The individual usually has a significant fascination with fire. For more information, see DSM-IV, p. 614 and an article on [pyromania](http://behavenet.com/capsules/disorders/pyromaniadis.htm).

#### Pathological Gambling

Pathological gambling consists of persistent maladaptive gambling that creates serious life problems for the individual. This is different from recreational gambling, and is diagnosed by the impact it has on your life, and lack of control, rather than the amount of money gambled or lost. For more information, see DSM-IV, p. 615 and an article on [pathological gambling](http://behavenet.com/capsules/disorders/pathgambledis.htm).

#### Trichotillomania

Trichotillomania consists of pulling out ones own hair habitually, to the point of seeing noticeable hair loss, and experiencing either pleasure or tension relief from the behavior. This does not include hair loss as a result of medical conditions, and to be diagnosed, the disorder must result in clinical distress or impairment in life functioning. For more information, see [DSM-IV, p. 618](http://behavenet.com/capsules/disorders/trichotillomaniadis.htm), and read about [trichotillomania](http://www.nmha.org/infoctr/factsheets/92.cfm) from the National Mental Health Association.

### 37.1.2 Common Treatments for Impulse Control Disorders

#### Behavioral Therapy

In behavioral therapy, people learn structured methods of keeping track of their symptoms and associated behaviors, increasing awareness of the unwanted behavior, substituting more appropriate behaviors and several other techniques aimed at eliminating the impulse.

#### 12-Step Meetings

Many of the psychotherapies and support groups utilize a 12-step program similar to that of Alcoholics Anonymous. These are designed to assist individuals to control their impulses by attending support meetings and working through a series of 12 steps to make necessary thinking and life changes. See more information on the [12-Step Recovery Program](http://www.gamblersanonymous.org/recovery.html).

#### Medications

For some, such as trichotillomania and intermittent explosive disorder, medications are sometimes used to treat obsessive compulsive or depression symptoms. These include

* fluoxetine (Prozac),
* fluvoxamine (Luvox),
* sertraline (Zoloft),
* paroxetine (Paxil),
* clomipramine (Anafranil),
* valproate (Depakote), and
* lithium carbonate (Lithobid, Eskalith).

See more information on [treatment for impulse control disorders](http://www.psychologyinfo.com/problems/impulse_control.html).

### 37.1.3 Enabling

Enabling, although usually associated with alcohol and drug abuse, can affect persons with impulse control disorders. It consists of behaviors conducted by friends, family members or others which reinforces the impulsive behavior or keeps the individual from accepting responsibility for their actions. These behaviors are usually done with good intentions, but become a part of the problem. Some examples are

* denying the problem saying, "He or she does not have a problem," or accepting the blame for their anger, gambling, stealing, etc.;
* loaning money to place a bet, providing them with matches, etc.;
* justifying their disability (e.g., "It's not his or her fault their job is so stressful; it drives them to becoming angry, gambling, stealing, setting fires, etc." or "He or she would not do these things if everyone would stop getting on their case");
* avoiding or minimizing the problem saying, "It's not so bad--it's only happened a few times" or "Things will get better";
* protecting the image of the person by covering up for them and not allowing them to learn from the consequences of their actions;
* blaming, criticizing, or lecturing the individual;
* taking care of the person, treating them like a child; and/or
* rescuing: bailing them out of jail, paying their fines, paying their rent after they spent their money on gambling, loaning them money, replacing tools they have sold, etc.

### 37.1.4 Typical Functional Limitations of Impulse Control Disorders

Typical functional limitations of these disorders include

* difficulty concentrating or handling stress interfering with production;
* legal histories interfering with job acquisitions;
* job options being limited due to potential to "slip" (e.g., unable to work around gambling or lottery establishments, money, torches, forges or furnaces etc.);
* irritability can interfering with supervisor and co-worker relationships;
* aggressive behavior resulting in confrontations, low production, and legal action; and or
* needing time from work to attend treatment, parole, or probation appointments.

Even when the individual is cooperating fully with treatment sources, there may be potential to slip (relapse to the unwanted behavior).

## 37.2 Assessment

### 37.2.1 Reviewing and Evaluating Records

The diagnosis of an impulse control disorder alone does not necessarily indicate eligibility or a need for DRS services. Some individuals recovering from these disorders function well vocationally due to the following:

* Their impulse control disorder is not a functional limitation to their jobs.
* Their active participation in treatment and/or recovery programs have eliminated or controlled functional limitations.
* They have made necessary changes in their lives to control their behavior.
* In most cases, records obtained from probation or parole, the treating psychiatrists and therapists combined with the consumer's perspectives of the disability can help determine whether
  + the condition is stable and the consumer is complying with treatment,
  + VR services are needed to identify realistic vocational goals, and
  + VR services are needed to develop compensatory job strategies.
* These records may also identify other conditions the applicant did not disclose or is unaware can impact employment (e.g., alcohol abuse, drug abuse, medical conditions, learning disabilities, etc.).

### 37.2.2 Asking the Right Questions

During the intake interview, the counselor may wish to explore the following areas:

#### Medically

* Are you under the care of a physician or therapist?
* What medications or treatments are you receiving and are they helping?
* Do you have any medication side effects? If yes, have you talked to your doctor about them?
* How are you paying for your medications and therapies?

#### Vocationally

* On which of your past jobs were you most successful and why?
* On which of your past jobs were you least successful and why?
* What is needed to make your next job successful?

### 37.2.3 Vocational Assessment

By reviewing previous work history and reviewing the diagnostic reports together, the consumer and the counselor can identify jobs that will not compromise stability while also considering interests, previous jobs and transferable skills. Utilizing "CHOICES" for job search can help cluster interests and skills. This can help identify what services and goals are needed to develop an Individual Plan for Employment. Some other considerations are as follows:

* Is the expressed vocational goal realistic and compatible with the disability? This is important when there are identified conditions, which can lead to relapse or probation or parole violations (e.g., wanting to work in areas where gambling takes place, working around flammable items, working in places where they will be tempted to steal, working with individuals with whom personalities may clash, etc.).
* If the person is currently employed, can [reasonable accommodations](http://www.bu.edu/cpr/reasaccom/index.html) or job modifications be made to maintain employment?
* Are there medication side effects or treatments which can interfere with work? This can include medication side effects such as
  + drowsiness,
  + reduced stamina, or
  + concentration.
* Additionally, the individual may need time off from work periodically to attend doctor appointments and to undergo adjustments or changes in medication.
* What compensatory strategies are needed to maintain employment?
* Modifying job duties to reduce stress.
* Select jobs that will allow time off for probation or parole meetings.
* Improve coping skills or teaching the consumer ways to approach employers to request accommodations.

## 37.3 Planning

### 37.3.1 Typical Services

Typical VR services provided to individuals with impulse control disorders are

* counseling and guidance,
* skills training,
* employment services, and/or
* mental restoration.

### 37.3.2 Counseling and Guidance

The following are possible counseling issues in working with individuals with impulse control disorders:

* **making appropriate job choices** - The counselor may need to guide the individual towards jobs more compatible with their disability. By reviewing past jobs and tempting situations, the counselor and the consumer can view job situations: which are more compatible with their disability and which situations need to be avoided. This can improve the opportunity for job success and continued recovery.
* **reasonable accommodations** - The counselor may be able to help the consumer identify reasonable accommodations which can help salvage a job or maintain future jobs. This can include
  + job restructuring away from tempters,
  + adjusting the work schedule due to medication drowsiness,
  + identifying and reducing stressors, etc.
* **lifestyle changes** - changing patterns that jeopardize employment, stability, and freedom from jail, for example
  + stopping medication or treatment,
  + reacting to impulses, or
  + attending places or activities that can trigger a slip, etc.
* **continuing treatment and adjustment to medication** - Frequently, people requiring daily medication to maintain stability will stop their medications due to: medication side effects, they feel better and think they no longer need medication or therapy, and treatment can be expensive. The VR counselor can guide the consumer to review concerns with the treatment source before stability is jeopardized. Additionally, helping them establish contact with community resources can help reduce "out-of-pocket" expenses for medications and treatments.
* **disclosure of disability** - Some guidance considerations regarding disclosure of the disability to employers are that
  + certain jobs require drug screening and medications may trigger a false positive,
  + some side effects may be obvious enough to require an explanation, and/or
  + some jobs require criminal background checks.
* [**reasonable accommodations**](http://www.bu.edu/cpr/reasaccom/index.html) - may need to be requested to avoid a relapse.
* **family counseling** - When there are family members or significant others actively involved in the consumer's life, they need to be included in the rehabilitation "team." This is to assure everyone is guiding the consumer in the same direction and to reduce enabling behaviors or patterns that can jeopardize jobs. Connecting them with support groups can provide them better understanding of the disability and ways to help the consumer.

### 37.3.3 Skills Training

Training to upgrade skills or retraining in more appropriate areas of work may help some persons with impulse control disorders achieve vocational stability. This can be important for individuals whose transferable skills are insufficient for appropriate jobs.

### 37.3.4 Employment Services

Some people with impulse control disorders may need more intense preparation or support to enter or re-enter the workforce. This may be due to insecurity, limited successful work experiences, or having been unemployed for an extensive period of time.

* Job Quest Training can assist with preparing to meet employers and apply for jobs. This can also prepare the consumer for answering questions regarding past employment or gaps in employment history
* Job placement many times can be conducted through the counselor. [WorkinTexas.com](http://www.twc.state.tx.us/jobs/job.html) can assist the consumer to an appropriate job. For individuals who may not present themselves well at an interview, or need assistance to locate potential job opportunities, job placement services can be purchased through a vendor.
* Job coaching can assist with identifying stressors, job site modifications, duty modifications, and develop better strategies and problem-solving skills

### 37.3.5 Service Provider Considerations

When placing consumers in Job Quest Training or purchasing placement services through a provider, it may be helpful for the providers to be aware of specific symptoms or tempting conditions for the disability. This can avoid placing the consumer in inappropriate jobs, or the service providers reinforcing inappropriate thoughts or behaviors.

### 37.3.6 Comparable Services and Benefits

The [Medicine Program](http://www.themedicineprogram.com/) is a potential resource for comparable services and benefits for medications, treatment, etc.

# Learning Disabilities

### 38.1.1 General Information

Learning disorders (LD) are diagnosed when the individual's achievement on individually administered, standardized tests in reading, mathematics, or written expression is substantially below that expected for the individual's age, schooling, and level of intelligence.

The learning problems significantly interfere with academic achievement or activities of daily living that require reading, mathematical, or writing skills.

A variety of statistical approaches can be used to establish that a discrepancy is significant. "Substantially below" is usually defined as a discrepancy of more than two standard deviations between achievement and IQ. A smaller discrepancy between achievement and IQ (i.e., between one and two standard deviations) is sometimes used, especially in cases where an individual's performance on an IQ test may have been compromised by

* an associated disorder in cognitive processing,
* a comorbid mental disorder or general medical condition, or
* the individual's ethnic or cultural background.

If a sensory deficit is present, the learning difficulties must be in excess of those usually associated with the deficit. Learning disorders may persist into adulthood. (See DSM IV, page 46.)

For more information, see [Learning Disabilities Association of Texas (LDAT)](http://www.ldat.org/).

### 38.1.2 Associated Features

(Revised [6/07](http://darsnet.dars.txnet.state.tx.us/bookshelf/rev/drs/cdr/revlog2007.htm#rev0507))

Associated features include

* demoralization,
* low self-esteem, and
* deficits in social skills.

Adolescents have a high drop-out rate from school. Adults have significant difficulty in employment and social adjustment. People diagnosed with LD sometimes are also diagnosed with

* attention deficit hyperactivity disorder (ADHD),
* major depressive disorder, or
* dysthymic disorder.

Associated features can be found in records and observed during counseling and guidance sessions. Look for the features above and more.

There may be evidence to show delay in language development or deficits in coordination, cognitive processing, visual perception, linguistic processing, attention, and memory.

Based on the records you have or may need, this information leads you through a process to seek functional limitations imposed by the disability. Before getting more assessments, ask the psychologist to answer questions regarding functional limitations seen that will affect work and independence.

If existing records are vague, send them to your regional psychological consultant for review. See if a recommendation for more assessment is needed and/or if functional deficits can be determined by what the psychologist has.

Read the [Rehabilitative Services Administration Technical Assistance Circular (RSA-TAC-05-01)](http://www.ed.gov/policy/speced/guid/rsa/tac-05-01.pdf) and apply the seven areas listed to help determine how functional limitations affect or impair the ability to get a job, keep a job, prepare for a job, etc.:

* mobility,
* communication,
* self-care,
* self-direction,
* interpersonal skills,
* work tolerance, and
* work skills.

#### Reading Disorder

Features of this disorder are impaired reading accuracy, speed, and comprehension.

Mathematics disorder and disorder of written expression are commonly associated with reading disorder (see DSM IV, page 48).

#### Mathematics Disorder

Significant interference with academic achievement or with activities of daily living (e.g., mathematical terms, operations, concepts); decoding written problems; reading numerical symbols; clustering objects into groups, etc.

#### Disorder of Written Expression

Difficulty in the individual's ability to compose written text evidenced by grammatical or punctuation errors within sentences, poor paragraph organization, multiple spelling errors, and excessively poor handwriting. (See DSM IV, page 52.)

Those functional limitations associated with writing go far. The individual may be unable to write down his or her thoughts, give directions, or correspond in business or personal letters. The disorder of written expression is usually found with other disabilities of LD.

Individualized testing is always required to diagnose a learning disability (see DSM IV, page 47). During your counseling and guidance, take care to note information concerning ethnic or cultural background that can affect testing. Be sure to share any relevant information regarding these areas with the testing psychologist.

## 38.2 Assessment

### 38.2.1 Reviewing and Evaluating Records

Obtain school and other records for individuals who currently are attending school or who left school in recent years (in accordance with the Rehabilitation Act of 1973, as amended, "old" school records are acceptable for the purpose of determining eligibility).

If these records are not available, or the impediments to employment are not clear, the counselor may purchase a

* Learning Disability Diagnostic Battery, or
* General Diagnostic Psychological Battery.

The Wide Range Achievement Tests (WRAT-R and WRAT-III) are commonly used, acceptable "screening tools" in a General Diagnostic Psychological Battery. However, more comprehensive achievement tests are needed to definitively diagnose a learning disability.

Some of the commonly preferred achievement tests used in learning disability assessment are the

* Woodcock Johnson Psycho-Educational Battery, and
* the Peabody Individual Achievement Test.

Since learning disabilities often coexist with other disorders, such as attention deficit hyperactivity disorder (ADHD) or fetal alcohol syndrome (FAS), the testing psychologist may recommend additional tests to assess these specific areas of deficiency.

Use [DARS3424, Referral for Psychological Evaluation](http://darsnetmossx.dars.txnet.state.tx.us/documentcenter/forms/dars3424.doc), to request a psychological assessment. Include specific questions such as "Does this individual have a learning disability?" These questions supply the testing psychologist with information needed to select the appropriate test batteries used to address the needs of both counselor and client.

Seek information concerning functional limitations in [RSA-TAC-05-01](http://www.ed.gov/policy/speced/guid/rsa/tac-05-01.pdf). If needed, send a copy of this to the testing psychologist to clarify what DRS needs to know about the disability.

#### Learning Disability Not Otherwise Specified

This term refers to the disorders that do not meet the criteria for any specific learning disability. This category might include problems in all three categories. Together, the disorders cause significant interference with academic achievement, even though performance on tests measuring each individual skill is not substantially below that of the person's chronological age, measured intelligence, and age-appropriate education. (See DSM IV, page 53.)

When dealing with school records, remember that schools usually diagnose LD at one standard deviation. We must learn of and apply our knowledge of functional limitations to warrant eligibility and our need for services.

The diagnosis of LD does not necessarily mean an individual is eligible for or in need of services. Some individuals with LD learn to compensate for the disability. They choose occupations compatible with their disability.

Primary determiners for successful employment for a person with LD are

* identifying the functional limitations associated with the LD, and
* the willingness of the individual to
  + select realistic work goals,
  + work with the VRC to use the person's own assets, and
  + work around (compensate for) the deficits.

In most cases, records obtained from schools do not give much insight into functional limitations. A thorough search of all records and extensive interviewing of school personnel, parents and consumers may be necessary to develop the entire picture of the limitations imposed by the disability.

VRCs may wish to pursue further testing and have specific questions in mind for a psychologist, for example:

* What are the individual symptoms (functional limitations) that will create barriers to employment?
* Are VR services needed to help the consumer identify realistic vocational goals?

### 38.2.2 Asking the Right Questions

During the intake interview, the VRC may wish to explore the following areas:

#### Medically

* What are your LD symptoms?
* Which of your symptoms interfere with work?
* What modifications have been made for you and do they help?
* Do you use medication for any related symptoms (e.g., ADHD)?

#### Vocationally (may not apply to high school students)

* On which of your past jobs were you most successful and why?
* On which of your past jobs were you least successful and why?
* What is needed to make your next job successful?

### 38.2.3 Medical or Psychological Assessment

Psychological educational diagnostics (and medical records, if applicable) may be unobtainable or outdated. A suspected change in the disability or issues mentioned may not be revealed in any existing records. It may then be helpful to purchase new diagnostics. If additional evaluations are needed, sending previous records (if available) can assist the examiner in identifying progress and or severity. Also, asking pertinent questions of the examiner can help with plan development.

Examples of these include the following:

* Is the individual diagnosed correctly with LD?
* Is the vocational goal selected by the consumer realistic?
* What is the consumer's best learning style (e.g., academic, on-the-job)?
* Are there significant changes or discoveries reflected in the new assessment?

### 38.2.4 Vocational Assessment

Since a person diagnosed with LD can have a wide variety of functional limitations, the consumer and VCR can identify limitations imposed by the disorder by reviewing previous academic and/or work history and diagnostic reports together. This allows for targeting realistic work and training, if needed.

Using CHOICES for job search can help cluster interests and skills. This can help identify what services and goals are needed to develop an Individualized Plan for Employment.

Is the vocational goal realistic? Is it compatible with the disability? Help identify jobs or tasks to avoid because they could lead to failure.

Is this person still in school? What modifications are being made that can be used in the work place? See [examples of modifications made for persons with LD](http://www.trcnet/bfw/programs/Transition%20Toolbox/Transition_Circles.htm).

What skills limitations are seen as a direct result of LD? Can the consumer learn compensatory skills to allow for work to occur (e.g., following a picture book for the work schedule for a nonreader)?

## 38.3 Planning

### 38.3.1 Typical Services

Typical VR services provided to individuals with LD are

* counseling and guidance,
* skills training,
* employment services, and
* job placement assistance.

### 38.3.2 Counseling and Guidance

Help the individual with LD to understand the individual's functional limitations and to learn strategies to compensate. Some areas that may be affected are

* mobility,
* communication,
* self care,
* self direction,
* interpersonal skills,
* work tolerance, and
* work skills.

Some strategies to help the individual compensate are

* working in partnership to identify reasonable accommodations to help save a job (e.g., job restructuring or requesting more time to learn a task);
* giving positive feedback to deal with low self-esteem that may have come from multiple academic, social, and employment failures; and
* helping bring the positive to the forefront to build upon and develop into work skills.

### 38.3.3 Skills Training

Training to learn new skills or upgrade skills may help persons with LD achieve vocational stability.

### 38.3.4 Employment Services

Depending on the severity of the LD, supported employment may be appropriate.

There are no medications or therapies that cure LD. Positive reinforcement and learning compensatory skills help the person with LD find appropriate employment.

# Mental Retardation

### 39.1.1 General Information

Mental retardation is characterized by significantly sub-average general intellectual functioning. It is accompanied by "significant" limitations in adaptive functioning in at least two of the following skill areas:

* communication,
* self-care,
* home living,
* social or interpersonal skills,
* use of community resources,
* self-direction, and or
* functional academic skills (reading, writing, basic math), work, leisure, health and safety.

The onset must occur before the individual is 18 years old.

### 39.1.2 Four Assumptions Essential to the Application of the Definition

* Valid assessment considers cultural and linguistic diversity, as well as differences in communications and behavioral factors.
* The existence of limitations in adaptive skills occurs within the context of community environments typical of the individual's age peers, and is indexed to the person's individualized needs for supports.
* Specific adaptive limitations often co-exist with strengths in other adaptive skills or other personal capabilities.
* With appropriate supports over a sustained period, the life functioning of the person with mental retardation will generally improve.

### 39.1.3 Prevalence of Mental Retardation

About 3 percent of the population, or more than six million children and adults, have mental retardation. One in 10 Americans has a person with mental retardation in his or her family. More than 100,000 children are born with mental retardation every year. Mental retardation cuts across the lines of racial, ethnic, educational, social and economic backgrounds. It can occur in any family.

### 39.1.4 Causes of Mental Retardation

Mental retardation can be caused by any condition, which impairs development of the brain before birth, during birth, or in the childhood years. Several hundred causes have been discovered, but in about one-third of the people affected, the cause remains unknown. Causes include

* genetic conditions carried by one or both parents;
* non-inherited genetic conditions, such as Down syndrome;
* problems that can occur during pregnancy, such as German measles, toxicity, malnutrition, Rh incompatibility, radiation, pre-maturity, use of alcohol, smoking, or birth injury;
* problems at birth include any birth condition of unusual stress that may injure the infant's brain, but prematurity and low birth weight predict serious problems more often than any other condition;
* problems that arise after birth due to physical accident, fever, malnutrition, lead poisoning; and/or
* environmental defects such as poor parental care and sensory deprivation.

### 39.1.5 Levels of Mental Retardation

Mental retardation can be identified in three degrees of severity in accordance with the level of intellectual impairments.

#### Mild (IQ level 50-55 to approximately 70)

Persons with mild mental retardation may be hard to identify, often being physically indistinguishable from the typical population. In school, they are capable of learning academic skills, such as writing, reading and mathematics up to approximately a sixth-grade level, and as adults, they can usually acquire the vocational and social skills necessary for independent living. Of all persons with mental retardation, 89 percent are mildly retarded.

#### Moderate (IQ level 35-40 to 50-55)

Achievement in academic subjects is significantly impaired, but people with moderate mental retardation can learn self-care, social, and vocational skills. Their language is functional and they can achieve at least partial independence. This level constitutes about 10 percent of the entire population.

#### Severe and Profound (IQ level 20-25 to 35-40)

Persons at these levels are capable, with special instructions, of a significant degree of self-care and may do useful work in supported employment, but will probably require supervision throughout life. Language may be limited, but the person understands more than he does or she can express. Only 3.5 percent of all persons with mental retardation have severe or profound retardation. (DSM-IV, pp39-42)

### 39.1.6 Common Functional Limitations

Functional limitations may vary greatly from one individual to another depending upon the nature and severity of the mental retardation. These limitations include

* learning work skills,
* self-direction,
* communication,
* interpersonal skills,
* work tolerance,
* mobility,
* self-care,
* transportation (the ability to drive a motor vehicle or make use of public transportation),
* poor academic skills (reading, writing or math), and/or
* total dependency on family or support agencies.

### 39.1.7 Typical Treatments

There is no treatment for persons with mental retardation. Sometimes medications are prescribed for persons who have other disabling conditions such as health problems, cerebral palsy, epilepsy, and psychiatric and behavioral impairments. A person with MR who has seizure disorder may have prescription medications such as Depakote (divalproex), Tegretol (carbamazepine), or other anticonvulsant medications to control the seizure disorder.

Anti-depressants such as Asendin (amoxapine), Celexa (citalopram), Prozac (fluoxetine), Serzon (nefazodone), and Zoloft (sertratine) are used to reduce racing thoughts, anxieties, obsessions, and compulsive behaviors. Other medications to reduce anxiety include Buspar (buspirone) and Zanax (alprazolam). Behavior modification and compensatory strategies are also methods of social, educational and vocational adjustment.

## 39.2 Assessment

### 39.2.1 Reviewing and Evaluating Records

The counselor will want to obtain and review existing medical or psychological records from the school, Department of Aging and Disability Services (DADS), or any other treating professionals to determine eligibility for services. In addition, the counselor may want to gather information regarding the degrees of mental retardation, other disabling conditions, strengths, functional limitations, likes or dislikes, employment goal, medications, and side effect of the medication. Also, the counselor will want to collect information on how the functional limitations may impede ability of the person with MR to enter, obtain, and maintain suitable employment.

### 39.2.2 Asking the Right Questions

Whenever possible, the interview question should be posed directly to the individual with MR as opposed to a family member or caregiver. Interviewing persons with MR is a challenge because of speech difficulties and impaired thought content that is associated with limited intelligence. At the same time, however, most MR persons are quite capable of producing "yes" or "no" and "like" or "dislike" responses to specific questions. Thus, direct questions, as opposed to open-ended questions, are preferred in interviewing. However, persons with MR often produce what they think are socially desirable responses rather than stating their own views.

Persons with MR are concrete thinkers. They may be able to respond to a question asked concretely (e.g., did you like Mr. Smith?), but not the same question asked abstractly (e.g., did you get along with your boss?). Use short questions or sentences, rephrase them when required, and allow for non-verbal responses when interviewing persons with MR:

* Who do you live with?
* Who helps you do things?
* If the person has held a job in the past, What did your employer tell you about your work?
* Who are your friends?
* Do you take any medications?
* How are you affected by the medications?
* Do you have seizures?
* Can you drive a car?
* Do you have a valid driver's license?
* What do you like to do at home and or in the community?
* Where do you like to work?
* Do you receive SSI and Medicaid or SSDI and Medicare benefits?
* Any other appropriate questions

### 39.2.3 Observations During Initial Interview

Interview observations should focus on the person's social skills and social behavior, particularly in relationship to age-appropriate behavioral standards. Relevant observations include the following:

* Is the individual appropriately dressed and groomed?
* Does the individual exhibit mannerism such as fidgeting, wandering around, interrupting, making noises, or talking in a loud voice?
* Does the individual exhibit dependency, such as deferring to a parent or other to answer question?
* Is the speech content appropriate?
* Does the individual have difficulty with memory (e.g., addresses and work history)?
* Does the individual seem oriented as to time and place?
* Does the individual exhibits difficulties with motor coordination?

### 39.2.4 Medical or Psychological Assessment

If there are no adequate, current, and appropriate medical or psychological records from the school, DADS, or any other former medical practitioners to determine appropriate services needed by the consumer, purchase new medical or psychological evaluations. If new medical or psychological assessment is needed, it may be appropriate to send previous records if available to the examiners. The old records can help the examiner determine the following:

* A thorough history of the consumer
* The nature and extent of the disability
* Previous remediation programs and the outcome of such programs (e.g., the type of training or accommodations to assist the consumer in achieving the particular employment goal selected by the consumer)
* Also, asking evaluator appropriate questions can assist with development of Individualized Plan for Employment (IPE). Examples of these questions include:
  + What are the strengths and weakness regarding intellectual as well as adaptive behavior skills?
  + What are the individual's employment options?
  + Are individual's expressed employment goals appropriate?
  + Does the individual have other disabling conditions that would impede ability to keep a job?
  + What type of training strategies or accommodations may be needed to assist the individual in particular job setting?

### 39.2.5 Vocational Assessment

Consumer and the counselor may jointly review the vocational assessment reports. The report will help to determine an appropriate job that matches with the individual's strengths, priorities, interests, abilities, concerns, resources, capabilities, and informed choice. Also, previous job histories and transferable skills will be identified. The information gathered from the assessment can help identify the type of services and goals needed by the consumer to attain employment success.

Some other considerations include the following:

* Is the consumer ready for competitive employment at this time?
* What other support services can help the consumer obtain and keep suitable employment?
* What inappropriate behaviors, stresses, or medication side effects will interfere with employment?
* What are the compensatory strategies to assist with overcoming the problems, which the disability causes?
* What other alternative programs are available for the consumer?
* Is the consumer's expressed employment goal realistic, and does it correspond to the strengths of the consumer?
* If the consumer is correctly employed, can reasonable accommodations, supported employment, or job modifications be provided to the consumer in order to maintain employment?

#### Purchasing a Vocational Evaluation

A vocational evaluation can help

* identify services needed to obtain and maintain competitive employment;
* identify appropriate employment goal;
* determine consumer's willingness for competitive employment;
* identify inappropriate behaviors, stresses, or medication side effects that will impede employability; and
* determine whether consumers expressed employment goals are feasible.

Situational assessment also can be purchased to help determine the consumer's readiness for competitive employment. In a situational assessment, the consumer is observed performing tasks at real work setting. The information gathered during the observation may help to determine appropriate job match with the consumer's capabilities.

## 39.3 Planning

### 39.3.1 Typical Services

Typical VR services provided to individuals with mental retardation are

* counseling and guidance;
* employment services; and
* room, board, supervised living.

### 39.3.2 Counseling and Guidance

Many individuals with mental disabilities may need counseling to assist them with the emotional aspect of their disabilities. In working with individuals with MR, the following are often counseling concerns:

* **acceptance of disability** - The counselor may need to assist the consumer and/or family members to understand the impact of functional limitations of his or her disability, and how substantially those interfere with maintaining employment. The counselor needs to help the consumer select a career job preference to match his or her strengths, interests, abilities, priorities, capabilities, concerns and informed choices.
* **adjustment to medication** - If a consumer with MR has other disabling conditions requiring medications, the counselor needs to prompt the consumer or family members to consult with the consumer's physician regarding either possible side effects or benefits of the medications.
* **family counseling** - A significant number of individuals with MR either live with their natural families or have families who continue to be involved in their daily lives. Involving the family in planning and the process of VR services clearly is important. However, it must be balanced with an emphasis on protecting the dignity and decision-making rights of the individual with mental retardation. The role of family members as a long-term support system also must be explored, along with the availability of an alternative support system to replace the family members if necessary. Connecting them with support groups can lead to a better understanding of the disability, and methods to help the consumer. See [The Arc of Texas](http://www.thearcoftexas.org/).

### 39.3.3 Employment Services

Individuals with MR can be gainfully employed in different types of occupations with appropriate job match, ongoing support services, and extended support services.

* Seeking consumer or family member input regarding assets, interests, concerns, priorities, employment history and reaction to change, transferable skills, capabilities, abilities and informed choices can help to determine the types of support services and employment goal needed to obtain and keep suitable employment.
* Job placement - The counselor can help place the consumer in an appropriate job match based on the individual's choice, and consistent with his or her support system, as well as service needs. Using the knowledge of community resources such as Chamber of Commerce, The Governor's Job Bank, Texas Workforce Commission job express, and others, the counselor can provide job leads to the consumer to locate his or her own job.
* Job development and job placement - Locate a competitive job in the community by concentrating efforts of job market screening, employer contacts, and job analysis. The VR counselor can assist an individual with mental retardation who may not present himself or herself well at job interviews or who needs help to locate potential job opportunities.
* Job Quest Training (JQT) - JQT can be provided for individuals with mild mental retardation. Job quest training can help consumer contact employers and apply for jobs. In addition, this can prepare the consumer for completing a job application, answering questions regarding past work history, and the individual strengths related to the potential job.
* Personal social adjustment training (PSAT) - May help the consumer acquire socially acceptable behavior, confidence in others, and an understanding of motivation and behavior in self and others.

PSAT for the deaf also addresses such issues as social skills, family relationships, community services and how to use them, accepting responsibility, money management, resources for additional education, health and sexuality, mental health, goal setting, relating to authority figures, effective time scheduling, learning to cope with conflicting expectations of family and work, basic mathematics and vocabulary, and accessing public transportation for work and personal needs.

When developing the IPE, the CRP addresses specific goals and objectives for each consumer. Particular emphasis is placed on the consumer's emotional reaction to the disability and to education, vocational, and social experiences.

* Work adjustment training (WAT) is intended to motivate the consumer to do productive work, be more self-reliant, accept supervision, relate appropriately to co-workers, and develop work tolerance, good work practices (including safety and speed), and job readiness based on community standards. (It is performed within the context of real work and consumers are paid for the work they do.)
* Job coaching - Job coaching can assist individuals with mental retardation learn job duties, job culture such as informal dress code, language, routines, and identify needed supports to maintain employment.

### 39.3.4 Supported Employment Services

Consumers with mental retardation who are expected to need supports on or off the job for the duration of the employment can benefit from supported employment services. Supported employment services are those services needed to assist the consumer to achieve job stability. They include the additional component of extended support services to ensure continued employment after VR case ceases. See a list of [articles about supported employment](http://www.trninc.com/seintlinks.html).

### 39.3.5 Room, Board, and Supervised Living Services

These services can assist consumers with mental retardation who need a supervised living environment in order to prepare for, enter, obtain and maintain employment. The supervised living staff will assist the consumer in job development and job placement, and in modifying work habits, providing transportation to and from the job setting, and any other supports needed to optimize employment success.

### 39.3.6 Comparable Services and Benefits

* Community mental health and mental retardation centers provide funds for services to consumers such as medications, transportation, vocational, treatment, diagnostics, clothing, counseling and guidance, room, board, and supervised living, support groups, parenting information support, etc. See a list of the [Texas Council of Community MH/MR Centers, Inc](http://www.txcouncil.com/).
* [The Arc of Texas](http://www.thearcoftexas.org/) provides expanding opportunities for people with mental retardation and other developmental disabilities to be included in their communities. Services include, but are not limited to, parenting information support, disability resources lists and directories, assertive technology, software and electronic information, health promotion and disability prevention, consulting, disability service providers' information, and others.
* [Medicaid benefits information](http://www.hhsc.state.tx.us/HCF/vdp/vdpstart.html) for assistance with purchasing medications.
* [The Medicine Program](http://www.themedicineprogram.com/) for assistance with free medications
* Social Security Administration (SSA)—With agreement between the consumer and the counselor, the counselor will want to use a part of SSI and/or SSDI financial benefits in paying for room, board, and supervised living.

Refer to [Consumer Services Support Web page on SSI/SSDI](http://www.trcnet/bfw/programs/CounselorResources/SocialSecurityAdmin/social_security_administration.htm) for other SSA benefits:

* Plan for Achieving Self Support (PASS), Section 1619(a)
* special SSI payments for recipients who work; Section 1619(b)
* continued Medicaid coverage for recipients who work
* impairment-related work expenses (IRWE), etc.

# Personality Disorders

### 40.1.1 General Overview

Personality Disorders are ongoing patterns of inner experiences and behaviors that deviate markedly from the expectations of an individual's culture (see [DSM IV, pg. 629](http://www.behavenet.com/capsules/disorders/o-cpd.htm)). These traits are inflexible, maladaptive, and cause significant functional impairment or subjective distress. See [Behavior Contract/Addendum to IPE](http://darsnet.dars.txnet.state.tx.us/bookshelf/drs/cdr/resources/behaviorcontract.doc).

The more common personality disorders include the following:

* **Antisocial personality disorder** is a pattern of disregard for and violation of the rights of others. For more information, click here.
* **Avoidance personality disorder** is a pattern of social inhibition, feelings of inadequacy and hypersensitivity to negative evaluation.
* **Borderline personality disorder** is a pattern of instability in interpersonal relationships, self-image, and affects, and marked impulsivity. See more information on [borderline personality disorder](http://www.mentalhelp.net/poc/view_doc.php/id/476/type/doc/cn/Personality/).
* **Dependent personality disorder** is a pattern of submissive and clinging behavior related to an excessive need to be taken care of. See more information on [dependent personality disorder](http://www.mentalhelp.net/poc/view_doc.php/id/477/type/doc/cn/Personality/).
* **Histrionic personality disorder** is a pattern of excessive emotionality and attention seeking. See more information on [histrionic personality disorder](http://www.mentalhelp.net/poc/view_doc.php/id/478/type/doc/cn/Personality/).
* **Narcissistic personality disorder** is a pattern of grandiosity, need for admiration and lack of empathy. See more information on [narcissistic personality disorder](http://www.mentalhelp.net/poc/view_doc.php/id/623/type/doc/cn/Personality/).
* **Paranoid personality disorder** is a pattern of distrust and suspiciousness such that others' motives are interpreted as malevolent. See more information on [paranoid personality disorder](http://www.mentalhelp.net/poc/view_doc.php/id/481/type/doc/cn/Personality/).
* **Schizoid personality disorder** is a pattern of detachment from social relationships and a restricted range of emotional expression. See more information on [schizoid personality disorder](http://www.mentalhelp.net/poc/view_doc.php/id/482/type/doc/cn/Personality/).
* **Schizotypal personality disorder** is a pattern of acute discomfort in close relationships, cognitive or perceptual distortions, and eccentricities of behavior. See more information on [schizotypal personality disorder](http://www.mentalhelp.net/poc/view_doc.php/id/483/type/doc/cn/Personality/).
* **Obsessive-compulsive personality disorder (OCPD)** consists of preoccupations with orderliness, perfectionism, and mental and interpersonal control, at the expense of flexibility, openness, and efficiency (see [DSM-IV, p. 669](http://www.behavenet.com/capsules/disorders/o-cpd.htm)). Obsessive compulsive disorder can also be listed under anxiety disorders. See more information on [obsessive compulsive disorder](http://www.behavenet.com/capsules/disorders/o-cd.htm).

### 40.1.2 Treatment

Medically, there are no medications developed specifically for treating personality disorders. However, medications are sometimes prescribed for specific and acute Axis I diagnoses or problems suffered by the individual. Anti-anxiety agents and anti-depressants may be prescribed when there is a clear Axis I diagnosis in conjunction with the personality disorder.

Personality disorders are typically the hardest types of mental disorders to treat since they are, by definition, an integral part of what defines an individual and their self-perceptions. Treatment most often focuses on increasing coping skills and interpersonal relationship skills through psychotherapy.

### 40.1.3 Typical Functional Limitations

Typical functional limitations of personality disorders include the following:

* Social and interpersonal skills can interfere with supervisors, coworkers and customers.
* Inflexible behavior patterns can result in incomplete or delayed production.
* Poor impulse control can cause legal problems and jeopardize employment.
* Misperceptions of situations and relationships can consume supervisor's time with conflict resolution.
* Avoidance behaviors can result in absenteeism or not performing certain tasks.
* Self absorption can take away from the attention and concentration needs of coworkers.
* Some individuals may be prone to violent behavior toward themselves or others.

## 40.2 Assessment

The diagnosis of a personality disorder alone does not necessarily indicate a readiness or a need for DRS services. Due to the nature of these disorders, stability and readiness will depend on the symptoms being under control or the person is able to ignore the symptoms during work time.

In most cases, records obtained from the treating psychiatrists and therapists combined with the applicant's perspectives of their disability are sufficient to determine if the applicant is ready and needing VR services for employment. These records may also identify other conditions the applicant did not disclose or is unaware can impact employment (e.g., alcohol abuse, drug abuse, medical conditions, learning disabilities, etc.). If these records are not forthcoming, to the point of delaying services, purchase necessary diagnostic information.

### 40.2.1 Asking the Right Questions

During the intake interview, the counselor may wish to explore the following areas:

* Are you receiving treatment for your personality disorder?
* Is your treatment or therapy helping?
* Do you take medication and do you have any side effects from them?
* Have you talked to your doctor about the side effects?
* What are the behaviors or symptoms, which have interfered with jobs in the past?
* Are these behaviors or symptoms under control?
* How are you paying for your treatment?
* Are there job situations you should avoid?

If additional medical or psychological evaluations are needed, sending previous psychological and medical records can assist the examiner in identifying progress and stability. Also, asking pertinent questions of the examiner can help with plan development. Examples of these can include the following:

* Is the consumer's selected vocational goal appropriate and realistic?
* Are the consumer's behaviors or symptoms under sufficient control to keep a job?
* What is the individual's best learning style (e.g., academic, on the job)?
* Are there significant changes or differences from the consumer's previous assessments?

### 40.2.2 Vocational Assessment

By reviewing the diagnostic reports together, the consumer and the counselor can target jobs that will not compromise stability while also considering interests, previous jobs and transferable skills. This can help identify what services and goals are needed to optimize employment success. Some other considerations include the following:

* Is the expressed vocational goal realistic and compatible with the disability?
* Care is needed to match the behavior disorder to the job to avoid job termination, injury to self, or injury to others.
* If the person is currently employed, can [reasonable accommodations](http://www.bu.edu/cpr/reasaccom/index.html) or job modifications be made to maintain employment?
* Is the person cooperating with treatment sources and willing to engage in realistic job choices?
* Since emotional and possibly medical stability are key factors to the individual's employment success, it is important they maintain close contact with their treatment sources and follow their recommendations.
* Also, are they "setting themselves up for failure" or "placing themselves in dangerous situations" by selecting an inappropriate job?
* What behaviors, stressors, or medication side effects will interfere with employment?
* What patterns need to be changed to make the next job successful?
* Is the person ready for competitive employment at this time?

#### Purchasing a Vocational Evaluation

A vocational evaluation can help

* identify appropriate vocational objectives;
* determine if the consumer's expressed job goals are feasible;
* identify behaviors, stressors, or medication side effects that will interfere with employment;
* identify the person's cooperation with treatment sources and willingness to engage in realistic job choices;
* identify services needed to obtain and maintain competitive employment; and/or
* determine readiness for competitive employment.

Purchasing a situational assessment in a realistic job setting is another way to identify

* readiness for employment,
* needed support services, and/or
* appropriate job situations.

## 40.3 Planning

### 40.3.1 Typical Services

Typical VR services provided to individuals with personality disorders are

* counseling and guidance,
* training,
* employment services,
* work adjustment training,
* personal social adjustment training,
* Job Quest Training,
* job placement,
* job development and/or placement,
* job coaching,
* supported employment services, and/or
* mental restoration service (short-term).

### 40.3.2 Counseling and Guidance

The following are often counseling concerns in working with individuals with personality disorders:

* **acceptance of the disability** - The counselor may need to help the individual come to terms with the functional limitations of the disability and make different job choices to remain employed.
* **lifestyle changes** - changing patterns that jeopardize employment and stability (e.g., stopping medication, changing jobs frequently, reacting to delusional thoughts, relapsing to drug or alcohol use, etc.).
* **disclosure of disability** - Some guidance considerations regarding disclosure of the disability to employers are that
  + some behaviors may be obvious enough to require an explanation, and
  + [reasonable accommodations](http://www.bu.edu/cpr/reasaccom/index.html) may need to be requested to avoid triggering symptoms.
* **continuing treatment** - Since emotional and behavioral stability are key factors to employment success for persons with personality disorders, it is important that they maintain close contact with their treatment sources and follow treatment recommendations. For individuals who have been prescribed medications, encouragement may be needed to remember how the benefits of medications out weigh monetary expense and side effects.
* **family counseling** - When there are family members, or significant others actively involved in the consumer's life, they need to be included in the rehabilitation "team". This is to assure that everyone is guiding the consumer in the same direction and to reduce confusion, or behaviors or patterns that can jeopardize jobs. Connecting them with support groups can provide them with a better understanding of the disability and ways to help the consumer. See [National Alliance on Mental Illness](http://www.nami.org/).
* **community resources** - Connecting consumers and their families with community resources can help maintain stability and reduce the consumer's out-of-pocket expense until they obtain insurance benefits.
* [**behavior contract**](http://darsnet.dars.txnet.state.tx.us/bookshelf/drs/cdr/resources/behaviorcontract.doc) - Developing a behavioral contract can assist with
  + outlining relationship between consumer and counselor;
  + outlining specific increments toward more acceptable behavior; and
  + clarifying the VR process and goals, minimizing the possibility of future misunderstandings and grievances.

### 40.3.3 Training

Skills training or academic training may be appropriate for individuals who are stable and need to acquire skills in order to obtain appropriate employment.

### 40.3.4 Employment Services

People with personality disorders can work in a variety of occupations by following treatment recommendations, working around symptoms and medication side effects. Obtaining the consumer's input regarding interests, previous employment, and transferable skills can help identify what services and goals are needed to optimize employment success.

* Work adjustment training and personal social adjustment training can assist with increasing work stamina, modifying behaviors which can compromise employment, and build self-confidence. This can also help determine what supports and working conditions will be needed at a job site.
* Job Quest Training can assist with preparing to meet employers and applying for jobs. This can also prepare the consumer for answering questions regarding past gaps in employment history.
* Job placement sometimes can be conducted through the counselor utilizing the web site [WorkinTexas.com](http://www.twc.state.tx.us/jobs/job.html) to assist the consumer in finding an appropriate job.
* Job development and job placement services purchased through a vendor can assist with individuals who may not present themselves well at an interview or need assistance to locate potential job opportunities.
* Job coaching can assist individuals who may require the assistance of someone experienced in working with persons with disabilities to help learn their job duties, routines, and better problem solving skills on a job site.

### 40.3.5 Mental Restoration

In most cases, mental restoration is already being provided by treatment sources such as local mental health mental retardation centers, or is available through other resources. In some instances it may be necessary for the counselor to purchase "short -term" mental restoration. Examples include when the consumer

* has a new diagnosis and no income to pay for medication,
* does not qualify for comparable benefit programs, and/or
* needs a medication change and has no way of paying for the medication or therapy until they obtain income and/or medical insurance benefits.

### 40.3.6 Service Provider Considerations

When placing consumers in training or obtaining employment services through a provider, it may be helpful for the providers to be experienced in working with persons with mental illness and be aware of specific symptoms, behaviors, or triggers for the disability. This can avoid placing the consumer in inappropriate jobs, or the service providers reinforcing inappropriate thoughts or behaviors.

### 40.3.7 Comparable Services and Benefits

The following are potential resources for comparable benefits for medications, treatment, etc.:

* [Community mental health centers](http://www.dshs.state.tx.us/mhcommunity/default.shtm)
* [State mental retardation facilities](http://www.dads.state.tx.us/services/stateschools/index.html)
* [Medicaid Made Easy](http://www.medicaidmadeeasy.com/)
* [The Medicine Program](http://themedicineprogram.com/), which assists people in receiving free medications

# Schizophrenia and Other Psychotic Disorders

### 42.1.1 General Overview

Schizophrenia and other psychotic disorders (DSM IV p. 274) are major mental disorders characterized by two or more of the following symptoms:

* delusions (false beliefs);
* hallucinations (seeing, hearing, or smelling things which are not present);
* disorganized speech;
* grossly disorganized or catatonic behavior; and/or
* negative symptoms such as flattened affect, alogia (speechlessness), and avolition (inability to make a choice or decision) (DSM IV p. 277).

The more common disorders in this category are schizophrenia, schizoaffective disorder, and delusional disorder.

#### Schizophrenia

Schizophrenia is a serious brain disorder that affects how a person thinks, feels, and acts. It is a disease that makes it difficult for a person to tell the difference between real and imagined experiences, to think logically, to express normal emotional responses, or to behave normally in social situations. The causes of schizophrenia are believed to be

* an imbalance in the brain's chemistry,
* hereditary, and/or
* complications during birth.

Some of the more common symptoms are

* delusions,
* visual or auditory hallucinations, and/or
* disordered thinking.

See a National Mental Health Association article titled, "[Schizophrenia: What You Need to Know](http://www.nmha.org/infoctr/factsheets/51.cfm)."

#### Schizoaffective Disorder

Schizoaffective disorder is a disturbance in which a mood episode (depression, manic, or mixed episode) and the active-phase symptoms of schizophrenia occur together and were preceded or followed by at least two weeks of delusions or hallucinations without prominent mood symptoms, (DSM IV p. 274).

See more information on [schizoaffective disorder](http://www.mayoclinic.com/health/schizoaffective-disorder/DS00866/DSECTION=symptoms).

#### Delusional Disorder

Delusional disorder is characterized by at least one month of non bizarre delusions without other active-phase symptoms of schizophrenia (DSM IV p. 274).

* See more information on [delusional disorders](http://www.mayoclinic.com/health/paranoid-schizophrenia/DS00862/DSECTION=symptoms).
* See information on [psychotic disorders](http://www.findarticles.com/p/articles/mi_g2699/is_0002/ai_2699000282).

### 42.1.2 Typical Functional Limitations

Even when an individual with a psychotic disorder is considered to be in remission, there often continue to be residual symptoms. Some of these include the following:

* Mild flat affect can be perceived as lack of motivation.
* Decreased interpersonal or socialization skills can interfere with supervisor and coworker relations.
* Avoidance of stressful situations can interfere with production.
* Difficulty with authority figures can interfere with supervisor relationships.
* Break-through hallucinations can distract the person with a psychotic disorder and those around them.
* Break-through delusional thinking can hinder coworker and supervisor relationships.
* Suspiciousness of others can consume the time of coworkers and supervisors.
* Feelings of being persecuted can consume management time.
* Marked increase or reduction in energy can delay task completion.
* Marked mood changes can distract others in the work environment.
* Poor concentration can impede work quality.
* Grandiose ideas (unrealistic beliefs of their abilities and powers) can result in job termination.
* Sleep disturbances can result in absenteeism, tardiness, and low production.
* Irritability can result in interpersonal conflicts and possible legal actions.
* Poor judgment can result in coworker, supervisor and/or legal conflicts.
* Disorganized thoughts or speech can impair communication.
* Thoughts of death or suicide can result in time away from work and/or hospitalizations.
* Some individuals can have symptoms of violence towards themselves or others.
* Medication side effects that can impact on work production include
  + akinesia (slowed movement),
  + akathisia (restless limbs),
  + tardive dyskinesia (permanent, irreversible movement disorders),
  + sensitivity to sunlight (easily sunburned) can reduce job opportunities,
  + dry mouth,
  + blurred vision,
  + drowsiness, and/or
  + liver malfunctions.

## 42.2 Assessment

In addition to documentation of a psychotic disorder, obtaining records from the treating psychiatrists and therapists combined with the applicant's perspectives of their disability can help determine if the individual is mentally and emotionally stable enough to benefit from VR services toward an employment outcome. These records may help identify patterns of instability, compliance with treatment or other conditions the applicant did not disclose or is unaware can impact on employment (e.g., alcohol abuse, drug abuse, medical conditions, learning disabilities, etc.). If these records are not forthcoming to the point of delaying services, purchase necessary diagnostic information to document the disability, stability and needed services.

### 42.2.1 Asking the Right Questions

During the intake interview, the counselor may wish to explore the following areas:

* Are your medications helping?
* If they are not, does your doctor know?
* Do you have any side effects?
* Have you talked to your doctor about the side effects?
* How are you paying for your medications and therapies?
* Are there job situations you should avoid?
* Are there cycles to your disability?
* If you lost your last job because of your disability, what is different now?

### 42.2.2 Medical and Psychological Assessment

In some cases, medical and psychological records may be unobtainable, outdated, or there is a suspected change in the disability. It may then be helpful to purchase new diagnostics. If additional medical or psychological evaluations are needed, sending previous psychological and medical records can assist the examiner in identifying progress and stability. Also, asking pertinent questions of the examiner can help with plan development. These can include the following:

* Is this person stable enough for employment at this time?
* Is the consumer's selected vocational goal appropriate or realistic?
* What is the individual's best learning style (e.g., academic, on-the-job, etc.)?
* Are there significant changes or differences from the consumer's previous assessments?

### 42.2.3 Vocational Assessment

By reviewing the diagnostic reports together, the consumer and the counselor can target jobs that will not compromise stability while also considering interests, previous jobs, and transferable skills. This can help identify what services and goals are needed to optimize employment success. Other considerations include the following:

* Is the expressed vocational goal realistic and compatible with the disability? This is important when there are identified delusional thoughts that can lead to job terminations.
* If the person is currently employed, can reasonable accommodations or job modifications be made to maintain employment?
* Is the person cooperating with treatment sources and willing to engage in realistic job choices? Since emotional and medical stability are key factors to the individual's employment success, it is important they maintain close contact with their treatment sources and follow their recommendations.
* Also are they "setting themselves up for failure" by selecting an inappropriate job?
* What behaviors, stressors, or medication side effects will interfere with employment?
* What strategies or job modifications are needed to make the next job successful?
* Is the person ready for competitive employment at this time?

Purchasing a vocational evaluation can help

* identify appropriate vocational objectives;
* determine if consumer's expressed job goals are feasible;
* identify behaviors, stressors, or medication side effects which will interfere with employment;
* identify the person's cooperation with treatment sources and willingness to engage in realistic job choices;
* identify services needed to obtain and maintain competitive employment; and
* determine readiness for competitive employment.

A situational assessment can also be purchased to help determine the individual's readiness for employment by observing the person's stability over a period of time.

## 42.3 Planning

### 42.3.1 Typical Services

Typical VR services provided to individuals with schizophrenia or other psychotic disorders are

* counseling and guidance,
* skills training,
* employment services,
* job placement,
* Job Quest Training,
* work adjustment training,
* personal social adjustment training,
* job coaching,
* supported employment services, and/or
* mental restoration.

### 42.3.2 Counseling and Guidance

The following are often counseling concerns in working with individuals with psychotic disorders:

* **acceptance of the disability** - The counselor may need to help the individual come to terms with the functional limitations of their disability and make different job choices to remain employed
* **lifestyle changes** - changing patterns that jeopardize employment and stability (e.g., stopping medication, changing jobs frequently, reacting to delusional thoughts, reacting to hallucinations, or relapsing to drug or alcohol use, etc.)
* **adjustment to medication** - The counselor may need to remind the consumer to consult with their physician regarding possible side effects or benefits of their medications. Frequently, people with psychotic disorders will stop their medications due to side effects, feelings of others trying to control them, or they feel they are "cured". It is important they consult with their physicians regarding medication concerns such as the following:
  + some medications require several weeks to reach therapeutic levels,
  + some side effects are expected and may subside, and
  + just because the symptoms are controlled does not mean they are "cured."
* **disclosure of disability** - Some considerations regarding disclosure of the disability to employers are that
  + certain jobs require drug screening, and medications may trigger a false positive;
  + some medication side effects or residual behaviors may be obvious enough to require an explanation; and
  + [reasonable accommodations](http://www.bu.edu/cpr/reasaccom/index.html) may need to be requested to avoid triggering symptoms.
* **continuing treatment** - Since emotional and medical stability are key factors to employment success for persons with psychotic disorders, it is important they maintain close contact with their treatment sources and follow treatment recommendations. Medications can be expensive and have unpleasant side effects. Therefore, the consumer may need encouragement and reminders of how the benefits of medications out weigh the monetary expenses and side effects.
* **family counseling** - When there are family members or significant others actively involved in the consumer's life, they need to be included in the rehabilitation "team." This is to assure everyone is guiding the consumer in the same direction and to reduce enabling behaviors or patterns which can jeopardize jobs. Connecting them with support groups can provide them better understanding of the disability and ways to help the consumer.
* **community resources** - Connecting consumers and their families with community resources can help maintain stability and reduce the consumer's out-of-pocket expenses until they obtain insurance benefits. Medication and treatment expenses are major reasons many people stop their medications and their conditions become unstable.

### 42.3.3 Training

Skills training or academic training may be appropriate for individuals who are stable and need to acquire skills in order to obtain appropriate employment.

### 42.3.4 Employment Services

People with psychotic disorders can work in a variety of occupations by following treatment recommendations and working around symptoms and medication side effects. Obtaining the consumer's input regarding interests, previous employment, and transferable skills can help identify what services and goals are needed to optimize employment success.

Job placement sometimes can be conducted through the counselor.

The counselor can use the Web site [WorkInTexas.com](http://www.twc.state.tx.us/jobs/job.html) to assist the consumer in finding an appropriate job.

Job development and job placement services can assist with individuals who may not present themselves well at an interview, or need assistance to locate potential job opportunities.

Job Quest Training can assist with preparing to meet employers and apply for jobs. This can also prepare the consumer for answering questions regarding past employment or gaps in employment history.

Work adjustment training and personal social adjustment training can assist with increasing work stamina, modifying behaviors which can compromise employment, and building self-confidence. This can also help determine what supports and working conditions will be needed at a job site.

Job coaching can assist an individual who may require the assistance of someone experienced in working with persons with disabilities to help learn their job duties, routines, and better problem solving skills on a job site.

Supported employment services may be appropriate for individuals with severe psychotic disorders when the nature and severity of their mental illness requires intensive services leading to employment, and ongoing support services in order to maintain employment.

### 42.3.5 Mental Restoration

In most cases, mental restoration is already being provided by treatment sources such as local mental health mental retardation centers, or is available through other resources. In some instances it may be necessary for the counselor to purchase "short-term" mental restoration. Examples are when the consumer

* has a new diagnosis and no income to pay for medication,
* does not qualify for comparable benefit programs, and/or
* needs a medication change and has no way of paying for the medication or therapy until the consumer obtains income and or medical insurance benefits.

### 42.3.6 Service Provider Considerations

When placing consumers in adjustment training or obtaining placement services through a provider, it may be helpful for the providers to be experienced in working with persons with Mental Illness and be aware of specific symptoms, behaviors or triggers for the disability. This can avoid placing the consumer in inappropriate jobs, or the service providers reinforcing inappropriate thoughts or behaviors.

### 42.3.7 Comparable Services and Benefits

The following are potential resources for comparable benefits for medications, treatment, etc.:

* [Mental health centers](http://www.dshs.state.tx.us/mhcommunity/default.shtm)
* [Mental retardation centers](http://www.dads.state.tx.us/services/stateschools/index.html)
* [Medicaid benefits information](http://www.cms.hhs.gov/home/medicaid.asp)
* [The Medicine Program](http://themedicineprogram.com/)

# Substance Abuse

### 44.1.1 General Information

#### Alcohol and/or Drug (Substance) Abuse

Alcohol and/or drug (substance) abuse is a maladaptive pattern of substance use leading to clinically significant impairment and distress as indicated by one or more of the following within a 12-month period of time:

* recurrent substance use resulting in failure to fulfill major role obligations at work, school, or home (e.g., repeated absenteeism, poor work performance, suspensions or expulsions, or neglect of children or household due to substance use)
* recurrent substance use in situations in which it is physically hazardous (e.g., driving an automobile or operating machinery when impaired by substance use)
* recurrent-related, substance-related legal problems (e.g., arrests for substance-related legal problems)
* continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance (e.g., arguments with spouse about consequences of intoxication, physical fights; DSM IV p.182)

#### Alcohol and/or Drug (Substance) Dependence

Alcohol and/or drug (substance) dependence differs from substance abuse by being a maladaptive pattern of substance use leading to clinically significant impairment or distress, as manifested by three or more of the following in the same 12-month time period:

* development of tolerance (more of the substance is needed to achieve intoxication)
* withdrawal symptoms when the substance is stopped or reduced
* the substance is taken in larger amounts over a longer period than was intended
* there is a persistent desire or unsuccessful efforts to cut down or control substance use
* a great deal of time is spent in activities necessary to obtain the substance, use the substance, or recover from effects
* important social, occupational, or recreational activities are given up or reduced because of substance use
* substance use is continued despite knowledge of persistent or recurrent physical or psychological problems that are likely to be caused or exacerbated by the substance (e.g., use of cocaine despite recognition of cocaine-induced depression, or continued drinking despite recognition that an ulcer was made worse by alcohol consumption; DSM IV p.181)

See more on [alcohol abuse and dependence](http://www.nmha.org/infoctr/factsheets/02.cfm).

See the Department of State Health Services [Community Mental Health and Substance Abuse Strategic Prevention Framework](http://www.dshs.state.tx.us/sa/SPF).

See [current substance abuse news](http://www.jointogether.org/news/).

### 44.1.2 Typical Functional Limitations

Typical functional limitations for substance abuse include

* poor work history interfering with acquiring new employment;
* criminal justice involvement limiting job opportunities;
* difficulty with authority interfering with supervisor relationships;
* poor affective coping skills causing job termination;
* deficits in interpersonal skills interfering with coworker relationships;
* poor impulse control interfering with work habits and jeopardizing employment;
* low frustration tolerance interfering with keeping a job;
* blaming others (not taking responsibility for own behavior);
* unrealistic goals delaying achieving stable employment;
* brain damage and memory lapses interfering with production;
* manipulative behavior delaying completing tasks;
* sleep disturbances reducing productivity or causing absenteeism;
* health problems with liver, kidneys, or other organs limiting job opportunities or resulting in excessive medical leave; and/or
* inability to delay gratification interfering with job longevity.

It is not uncommon to see substance abuse accompanied by other disorders, such as

* depression,
* mood disorders, and/or
* head injuries, etc.

Some of these additional disabilities can be directly related to the substance abuse, while others can be separate disabilities altogether.

### 44.1.3 Treatment

Detoxification (detox) is a process used to assist the recovering individual through the acute effects of the substance they were using. This usually consists of hospitalization, medication, and nutritional assistance. See more information on [detox](http://cancerweb.ncl.ac.uk/omd/contents/D.html).

Twelve-step meetings are designed to assist individuals in remaining clean and sober (drug and alcohol free) by attending support meetings and working through a series of 12 steps to make necessary thinking and life changes. See more information on [Alcoholics Anonymous (AA)](http://www.alcoholics-anonymous.org/?Media=PlayFlash) and [Narcotics Anonymous (NA)](http://www.lsrna.com/areas.htm).

Methadone treatment utilizes daily doses of methadone to replace the drug in order to prevent withdrawal symptoms and relapse. This is usually performed at medically supervised clinics. Methadone treatment does not include AA or NA practices. See more about [how methadone works](http://www.methadone.org/).

### 44.1.4 Enabling

Enabling consists of behaviors conducted by friends, family members, or other acquaintances which reinforce the substance abusers' habit or keeps from accepting responsibility for themselves. These behaviors are usually done with good intentions; however, they become a part of the problem. Some examples include the following:

* denying the problem (they say "he or she is not an alcoholic or addict" or accepting the blame for their drinking or using)
* drinking or using with the individual
* justifying their disability (e.g., "It's not his or her fault their job is so stressful it drives them to drinking or using," or "He or she would not drink or use if everyone would stop getting on their case")
* avoiding or minimizing the problem (e.g., saying "It's not so bad", or "things will get better")
* protecting the image of the person by covering up for them and not allowing them to learn from the consequences of their actions
* blaming, criticizing, or lecturing the individual
* taking care of the person, such as
  + treating them like a child;
  + rescuing, bailing them out of jail, paying their fines;
  + paying their rent after they spent their money on alcohol or drugs;
  + loaning them money; and/or
  + replacing tools they have sold.

## 44.2 Assessment

### 44.2.1 Reviewing and Evaluating Records

(Revised [03/08](http://darsnet.dars.txnet.state.tx.us/bookshelf/rev/drs/cdr/revlog2008.htm#rev0308))

The diagnosis of a substance abuse or dependence disorder alone does not necessarily indicate eligibility or a need for DRS services (see [Rehabilitation Policy Manual (RPM), Chapter 3: Eligibility, 3.8.2 Policy](http://darsnet.dars.txnet.state.tx.us/bookshelf/drs/rpm/ch3.htm#3.8.2)). Some persons recovering from substance abuse function well vocationally because of the following:

* Having a history of substance abuse is not a functional limitation to their jobs.
* Their active participation in treatment and/or recovery programs have eliminated or controlled functional limitations.
* They have made necessary changes in their lives to remain clean and sober and cope without drugs or alcohol.
* In many cases, obtaining records from treatment sources and a physician or psychologist, combined with probation or parole information are sufficient to determine if VR services are needed and develop an Individualized Plan for Employment.
* These records may also identify other conditions the applicant did not disclose or is unaware can impact employment (e.g., medical conditions, mental disorders, learning disabilities, brain damage from substance abuse or head trauma, etc.).
* If these records are not forthcoming to the point of delaying services, purchase necessary diagnostic information.

### 44.2.2 Asking the Right Questions

* Where are you receiving treatment?
* How often do you attend meetings or treatment?
* How long have you been clean or sober?
* Who is your sponsor (person who assists a recovering individual through the 12 steps in an AA or NA program)?
* What step are you on (referring to the 12 AA or NA steps)?
* What services do you need to obtain a job or maintain your current job?
* If you have lost past jobs because of substance abuse, what is different now?
* Are you on probation or parole?

### 44.2.3 Determining Eligibility

Examples of documented evidence of sobriety may include **verifiable**

* records from treatment sources,
* AA and/or NA logs,
* documentation from the sponsor, and/or
* information from the probation or parole officer.

Thirty consecutive days of sobriety is defined as 30 days uninterrupted without relapse of substance use (alcohol and/or drug use). For example, maintaining sobriety for 29 days then relapse on the 30th day will require the period of sobriety to start over.

For policy on eligibility and IPE considerations for selected disabilities, see [RSM 5.3 Alcohol Abuse or Dependence](http://darsnet.dars.txnet.state.tx.us/bookshelf/drs/rsm/ch5.htm#5.3) and/or [RSM 5.13 Drug Abuse or Dependence](http://darsnet.dars.txnet.state.tx.us/bookshelf/drs/rsm/ch5.htm#5.13).

If additional medical or psychological evaluations are needed, sending previous psychological and medical records can assist the examiner in identifying stability and services needs. Also, asking pertinent questions of the examiner can help with plan development. These can include asking whether

* the consumer's selected vocational goal is appropriate and realistic,
* the consumer's best learning style (e.g., academic, on-the-job, etc.), and
* the consumer is actively participating in the recovery treatment.

### 44.2.4 Vocational Assessment

By reviewing the diagnostic reports together, consumer and the counselor can target jobs that will not compromise stability while also considering interests, previous jobs, and transferable skills. This will help identify what services and goals are needed to optimize employment success. Other considerations include the following:

* Is the expressed vocational goal realistic and compatible with the disability? This is important regarding the person's recovery. This can include the consumer's requesting to obtain employment where drugs or alcohol are available, which can trigger a relapse (a return to substance use (e.g., bartending, pharmacy jobs, or medical jobs).
* If the person is currently employed, is a job change needed? Can reasonable accommodations or job modifications be made to maintain employment?
* Is the person actively participating in recovery treatment and willing to engage in realistic job choices? Since remaining clean and sober (free of using alcohol or drugs) is the key factor to the individual's employment success, it is important they regularly attend meetings or treatment and obtain a sponsor. A sponsor is a key person to help the recovering individual make the necessary changes in their life and work through their recovery steps to stay clean and sober.

The counselor may want to watch for the behaviors in the table below.

|  |  |
| --- | --- |
| **In Recovery** | **Not in Recovery** |
| Flexible | Insist on their way |
| Humble and grateful | Impatient and entitled |
| Honest | Dishonest |
| Accepts responsibility for their mistakes | Blames others for their mistakes |
| Follows instructions | Takes shortcuts |
| Realistic vocational goals | Grandiose vocational goals |
| Asks for help | Demands assistance |
| Interdependent with support | Independent/dependent |
| Open about recovery | Secretive or ambivalent about recovery |

Purchasing a vocational evaluation may help when the consumer is unable to return to previous occupations and is unable to identify feasible vocational alternatives.

### 44.2.5 Therapeutic Program

An alcohol or drug abusive or dependent person must have been substance-free and involved in a successful therapeutic program for at least 30 consecutive days immediately before determining eligibility.

Ongoing services require that the consumer remain

* substance-free, and
* involved in one of the following types of therapeutic programs:
  + Mental Health and Mental Retardation (MHMR) Alcohol and/Drug Treatment Program,
  + Alcohol and/or Drug Maintenance Programs certified by Texas Department of State Health Services,
  + Alcohol Anonymous or Narcotics Anonymous (AA or NA).

The counselor continues to monitor and document involvement in a therapeutic treatment program and being substance-free throughout the vocational rehabilitation process.

## 44.3 Planning

### 44.3.1 Typical Services

Typical VR services provided to individuals with substance abuse disabilities are

* counseling and guidance,
* halfway house services,
* training,
* purchasing work tools, and/or
* employment services.

### 44.3.2 Consumer Responsibilities

Enter on this section of the IPE the consumer's responsibilities, such as

* frequency of contact with the counselor,
* active participation in counseling and guidance with the counselor,
* frequency of attendance and participation in therapeutic program,
* remaining substance-free (random drug screens),
* job seeking, and
* staying on the job, etc.

### 44.3.3 Counseling and Guidance

Sobriety and effective therapeutic treatment are the critical issues. Confidence building occurs more with successful life experiences than with talk therapy. Relapse is a constant threat to recovery, and when it occurs, consider if continuing services would be enabling. Consider developing and signing a [behavior contract](http://darsnet.dars.txnet.state.tx.us/bookshelf/drs/cdr/resources/behaviorcontract.doc) with the consumer.

The following are often counseling concerns in working with individuals with substance abuse disabilities:

* **acceptance of the disability** - The counselor may need to help the individual come to terms with limitations and characteristics of their disability and make different job choices to remain clean, sober and employed. This may be needed in cases where the consumer has a pattern of taking jobs that are inappropriate (e.g., working as a bartender, or working in health services where drugs are available).
* **family counseling** - When there are family members or significant others actively involved in the consumer's life, they need to be included in the recovery process and the rehabilitation "team." This is to assure that everyone is guiding the consumer in the same direction, and to reduce enabling behaviors or patterns which can jeopardize jobs. Connecting them with support groups can provide them with a better understanding of the disability and positive ways to help the consumer. Some recommended support groups for families are [Al-Anon](http://www.al-anon.org/) and [Nar-Anon](http://www.naranon.com/lake/beginr.html).
* **continuing treatment** - The consumer may need periodic reminders to continue or return to treatment when they think things are getting better. Their treatment and recovery process is a lifelong process. Obtaining the sponsor's participation in the VR process can help keep the individual attending treatment and focused on rehabilitation goals.
* **team building** - It is some times helpful if the VR counselor can incorporate the participation of treatment personnel, probation or parole officer, significant family members, or other persons who are actively involved in the person's life. This can again assure everyone involved is guiding the individual in the same direction. Additionally, by everyone working together, it can reduce confusion and manipulation by clarifying each persons role and responsibilities.

### 44.3.4 Halfway House Services

Halfway house services may include the following:

* personal social adjustment training - can assist with changing behaviors, which have led to relapse, and to reinforce participation in recovery treatment
* room, board, and supervised living - allows the person recently in recovery to have a supervised environment in which to maintain sobriety while also saving money earned on a job to obtain a new residence
* coping skills - help the individual in recovery learn to deal with work and social difficulties without drugs or alcohol
* connecting with local resources - helps the person become connected with medical and treatment programs to enable continued stability after leaving the halfway house and after DRS services are completed
* seeking employment - can assist the individual in recovery by providing
  + job leads,
  + job-seeking skills training,
  + job-interviewing skills training,
  + resume development, and
  + job placement services.

### 44.3.5 Training

Training may be appropriate for individuals who need to develop appropriate employment skills in order to achieve gainful employment. Depending on the consumer's needs, stability, academic ability, etc., this can include short-term skills training or college training.

### 44.3.6 Purchasing Work Tools

In many cases, consumers may be requesting and needing tools and/or equipment for their jobs. Frequently this need is due to having sold or pawned previous tools to support their previous habit. If tools or equipment are needed and appropriate for obtaining or maintaining employment, consider the following:

* Ask the consumer to provide a list from the employer of what tools they absolutely need.
* Emphasize to the consumer that the tools are property of DRS and they should not sell or pawn them (this is also listed on the IPE).

### 44.3.7 Employment Services

Job Quest Training can assist with preparing to meet employers and apply for jobs. This can also prepare the consumer for answering questions regarding past gaps in employment history, and the pros and cons of disclosing their disability.

Work adjustment training and personal social adjustment training can assist individuals who have mental or emotional disabilities in addition to their alcoholism. Goals can target: increasing work stamina, modifying behaviors which can compromise employment, monitoring sobriety, and building self-confidence.

Job placement sometimes can be conducted through the counselor utilizing the Web site [WorkInTexas.com](http://www.twc.state.tx.us/jobs/job.html) to assist the consumer to an appropriate job.

Job development and job placement services can assist with individuals who may not present themselves well at an interview or have secondary mental or emotional disabilities.

### 44.3.8 Service Provider Considerations

When purchasing job placement or work adjustment services, the counselor may want to insure that the staff in the facility are aware of the consumer's illness and are knowledgeable regarding working with individuals with substance abuse disorders. This can reduce inappropriate job placements and enabling behaviors.

### 44.3.9 Comparable Services and Benefits

* [Al-Anon/Alateen](http://www.al-anon.org/)
* [Community mental health centers](http://www.dshs.state.tx.us/mhcommunity/default.shtm)
* [Local AA chapters](http://www.alcoholics-anonymous.org/en_find_meeting.cfm?PageID=29)
* [Online AA Recovery Resources](http://www.recovery.org/aa/) - a collection of Alcoholics Anonymous and related information
* [Recovery resource links](http://members.tripod.com/~aarecovery/)
* [State mental retardation facilities](http://www.dads.state.tx.us/services/stateschools/index.html)
* [US Department of Health and Human Services Center for Substance Abuse Treatment](http://csat.samhsa.gov/)
* [DSHS Substance Abuse Services](http://www.dshs.state.tx.us/sa/default.shtm) - a collection of licensed treatment services by county can be found, including facilities that are funded by DSHS

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(800) 832-9623