The Vocational Rehabilitation Evaluation: Individuals with an Established Work History
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The vocational rehabilitation evaluation of clients with an established work history involves three basic steps: interviewing the client, vocationally assessing the client with the help of various standard tests, and reviewing the medical facts of the case. Its purpose is twofold: 1) to determine the areas of vocational damage and their economic value and 2) to develop a realistic plan to return the client to his or her maximum vocational potential. Although standardized methods of interpretation exist, the personal involvement and insight of the rehabilitation professional is essential to making the evaluation effective. Keeping the client informed as to the aim of the evaluation and its role in the litigation process is also an important factor.

Regardless of the particular approach used by the rehabilitation professional, the client interview, vocational assessment (in part based on standard tests of intelligence, achievement, and aptitude), and review of relevant medical facts are all necessary components of the evaluation. Although hypothetical case evaluations are possible, direct contact with the client is far more informative. Because any individual case may present a broad range and combination of special circumstances, it is difficult to make generalizations about evaluations. It can be safely stated, however, that nothing can replace an actual interview with the client. An interview provides the professional with an opportunity to assess the spectrum of subtle verbalizations and behavior patterns of the client, as well as his or her performance on the tests administered. It also provides an opportunity for the development of rapport between the client and the rehabilitation professional and may facilitate an assessment of the client’s motivation (although purely on a subjective basis). The interview enables the professional to assess the client more thoroughly and to make a more accurate determination as to the type of rehabilitation plan, which will be most amenable to the client's particular needs. Moreover, the fact that an interview has taken place can positively affect the weight of the rehabilitation professional's testimony in court, while the absence of an actual client interview certainly diminishes the weight of the testimony, particularly where very subtle or intricate aspects of the case must be considered.

If a client interview is not possible, a hypothetical case evaluation can be constructed by the rehabilitation professional, using the relevant medical facts and information gathered from the client.

The Client Interview
The client interview should be more than simple gathering of data for the evaluation process. It should help orient the client to goals, anticipated outcomes and the part the evaluation might play in the litigation process. It should also allow for direct observation of the client's behavior and performance while providing an opportunity for the development of a rapport between the client and the rehabilitation professional.
Whether referred to as the client interview, clinical history, intake interview, or any of several other terms, the initial interview with the client is an integral part of the counseling process, regardless of the interviewer’s area of specialization (e.g. clinical psychology, counseling psychology, educational counseling, or rehabilitation counseling. On the surface, it appears that its primary purpose is the gathering of information, but the interaction between the rehabilitation professional and the client during the interview process goes far beyond the simple accumulation of data.

Three basic steps should be followed during the interview: 1) orientation and rapport building, 2) direct observation of the client’s behavior and performance, and 3) information gathering. They represent integral stages in the development of the evaluation.

Orientation and Rapport Building
The initial interview provides an opportunity for the rehabilitation professional to build a rapport with the client. If the client can be put at ease, the time needed for the evaluation will be lessened and the likelihood of obtaining complete and accurate information will be increased. As part of the orientation, it should be explained to the client that the purpose of the evaluation is both to assess the areas of damages and to develop a rehabilitation plan.

The initial orientation should be seen as the first major step taken by the rehabilitation professional toward building a rapport with the client. Without such a rapport it can become difficult to complete a sufficiently accurate and thorough evaluation. The evaluation should include a brief explanation of the professional background and present role, as well as a description of the rehabilitation evaluation and explanation of its purpose. The goals, which are to be met by the evaluation, should be discussed, as to what the client may anticipate in terms of outcome. Finally, the rehabilitation professional should explain how the evaluation fits into the overall litigation process, and what the client can expect during the course of the evaluation.

The orientation usually requires no more than 15 to 20 minutes at the beginning of the evaluation process. If a rapport can be established and the client put at ease during this short period over all time necessary for information gathering may be significantly reduced simply because the client has become more comfortable. All of the aspects of the evaluation process should be reviewed with the client, especially the purpose of the evaluation, and what can be expected as an outcome. Whenever possible, the evaluation should be relatively specific rather than general. Communication made by the rehabilitation professional regarding the evaluation goals, and anticipated outcomes should be tied to the individual’s particular case.

It is important for the client and the rehabilitation professional as well as all other
third parties involved, to understand that the rehabilitation evaluation always has a twofold purpose. First areas of damage vocationally, and the value (economically) of damages, must be determined. Second, and of equal importance, a realistic plan to return the client to his or her maximum potential should be developed. Such a plan must fully consider the client’s quality of life as well as his or her vocational development. It is important to make this clear to the client and, if at all possible, to communicate the rehabilitation plan both before and after the completion of the litigation process. Often the client fails to absorb all of the comments and recommendations involved in the rehabilitation plan if they are communicated only once, especially if this is just prior to trial. By keeping the twofold purpose in mind, the rehabilitation professional is not only fulfilling an important obligation to the attorneys and insurance carriers who require the information obtained from the evaluation, but he is also fulfilling an important professional and ethical obligation to communicate appropriate and realistic rehabilitation goals to the client.

Direct Observation of Behavioral and Performance Aspects

Direct observation provides considerable information about the client's behavior, abilities, and skills. Interpretation of test results alone will not yield as complete a picture of the individual and his or her capabilities.

During the course of the evaluation process (specifically, the client interview, the gathering of medical and personal history, and the administering of vocational tests), the rehabilitation professional has the opportunity to observe different aspects of the client’s character. Direct observation supplies information about the client's orientation, stream of thought, work attitudes, personal and vocational insights, and general approach to the evaluation, as well as his or her level of concentration and ability to attend to tasks over a sustained period of time. Remote and recent memory impairment, as well as delayed memory, can also be observed. These behavioral observations are very important in formulating a general opinion of the client. Moreover, the opportunity to observe the client in the actual performance of gross and fine motor skills tasks during the vocational assessment can provide information about the level of skills that may not be obvious from an interpretation of the test results alone.

Information gathering

The final step in the initial process is the gathering of information pertinent to the client's case file. The information obtained from the client interview comprises what is referred to as the client profile or master profile information, and can be divided into the following categories:
Identifying Information
General Case Information
Medical History of the Disabling Problem Physical Limitations
Influence of the Environment and Work Setting Present Medical Treatment
Activities of Daily Living
Social Activities
Personal Habits
Socio-economic Status
State or Federal Agency Involvement Education and Training History
Vocational History

Identifying Information
General identifying information includes the client's name, social security number, address, and telephone number. The address, include the county, borough, or parish of residence so that accurate information can be obtained from the federal or state agencies that publish statistical information. The individual's status as a citizen, marital status, and place of birth are also recorded. Equally important is the state where the client received his or her public or private school education. The client's sex, race, age, and birth must all be recorded accurately so that, again, proper use can be made of general statistical information obtained from state or federal publications and to facilitate accurate interpretations of results. Published statistical information is particularly important if a rehabilitation professional is not seeing the client, but is attempting to interpret tests administered by another professional.

General observations on the client's appearance, gait, and the use of any prosthetic, orthotic, or other assistive devices should be recorded. The client's pre-accident (pre-morbid) weight and any severe or significant fluctuation in weight post-accident along with the present weight should also be recorded, as well as the individual's height and the dominance of either the right or left hand. Miscellaneous identifying information including, for example, the client's use of eyeglasses and/or hearing aids should be noted, as well as the ability to speak other languages fluently.

General Case Information
General case information should be limited to facts directly pertinent to the case, including the date of accident, the job held by the client at that time, the pre-accident employer's name, and the names of any attorneys or other third parties involved. A very brief and general description of how the injury occurred and the initial treatment should be recorded. The events occurring after initial treatment, on the other hand, should be recorded in great detail in a chronological basis. Specific data regarding any work completed or attempted post-accident should include the dates of employment, earnings, location, and a job description. At this point, in addition to accumulating hard data, it should be possible for the professional to subjectively evaluate the client's level of career maturity and general vocational insight. In cases where the client has not been employed post-accident, it is important to determine whether or not he or she has made any attempt to look for work, or has considered work alternatives consistent with his or her interests and physical capacities.
Medical History of the Disabling Problem
The next area to develop is the history of disabling problems, including not only the limitations resulting from the accident presently under litigation, but also any history of earlier accidents that might have produced physical or emotional residuals. Specific information reporting the date of any previous accident or injury and the residuals resulting from that injury should be recorded along with any history of childhood, adolescent or adult illnesses resulting in long-term medical intervention or chronic symptoms. The client is then asked to provide a description of his or her chief complaints along with any secondary problems with might be apparent, whether they are directly related to the accident, related some other source of disability, or due to causes unrelated to either of these factors. Stress-related problems can be assessed on the basis of a history of blackouts, dizziness, nausea, vomiting, headaches, insomnia, or emotional problems such as anxiety, tension, or depression. Any history of such problems whether pre-accident or post-accident can provide significant insight into the personality of the individual and some of the factors which might prolong or exacerbate the disability or the chronic pain process. Additional information should also be gathered as to the range of conservative medical treatment modalities employed since the accident, as well as details of any surgical procedures or hospitalizations.

Physical Limitations
An extremely important part of the interview process is the patient's own subjective evaluation of his or her physical limitations and residuals arising since the onset of disability. The client should be asked questions, touching on a broad range of physical capacities and residual problems. It is important to question the client and his or her capacity to sit, stand, and walk, both in terms of time and, where appropriate, distance. Questions regarding these physical capacities should establish the individual's ability to perform such tasks throughout an eight-hour day. When recognizing the few, if any, jobs that require an individual to stand or sit for a full eight hours, it is nonetheless important to establish the effect of standing, sitting, or walking on the client's pain or discomfort. It is especially important to note whether standing can reduce the residual effects of prolonged sitting, or whether sitting can reduce residual effects caused by standing. A distinction should be made between the ability to stand still and the ability to stand in a general work environment where the individual can shift weight and move around relatively freely within a confined area. The client's ability to lift should be established, which can be done best by determining what types of items the individual has actually lifted since the accident. A distinction should also be made between occasional lifting and frequent or repetitive lifting, and between lifting from tabletop height as opposed to bending forward to lift from ground level. The client's ability to move upper extremities through a normal range of motion and the effect, if any, that reaching or stretching has on pain, discomfort, or balance should also be assessed. Any extremity numbness or loss of sensation should be reviewed. The client's ability
to demonstrate normal grip strength, manual dexterity, and finger dexterity should be determined along with his or her ability to close and open the hands fully. Restrictions on bending forward from the waist, twisting the upper torso, kneeling, stooping, or squatting should be noted.

The effect on the client of climbing stairs and working on or near unprotected heights, ladders, or scaffolding should also be reviewed. If extremity impairments, back impairments, spinal cord injuries, or any other type of impairment, which might affect balance, is evident, questions regarding work on uneven terrain or near open or hazardous machinery should be asked. The existence of any history of blackouts, dizziness, or problems with equilibrium and balance should be determined, as well as any impairments of vision or hearing. Information about bowel or bladder dysfunction and pulmonary dysfunction should also be sought. Any history of shortness of breath, severe or unusual headaches, and speech problems must be reviewed. The rehabilitation professional should make observations on the ability of the client to communicate in an articulate manner especially with regard to vocabulary level, and the ability to communicate his or her own thoughts and ideas clearly and concisely.

One aspect of the evaluation, which the rehabilitation professional should develop in great detail, is the ability of the client to work a normal eight-hour shift without the need for bed rest periodically during the day. If the client must be able to shift position on an as-needed basis during the day, or if he is restricted by a physician’s recommendation to sedentary, light, or moderate work due to his or her physical condition, these are also important factors. The individual's ability to operate a motor vehicle can be evaluated at this point with specific questions regarding any restrictions or limitations on driving which may be an outgrowth of residual physical problems.

**Influence of the Environment and Work Setting**

It is not uncommon for client’s suffering from a variety of personal injuries to complain of an exacerbation of pain or discomfort as a result of exposure to certain restrictions in environmental and/or work settings. For this reason, specific questions should be asked about any problems the individual might have with respect to exposure to air conditioning, heat, cold, wet, or humid environments, sudden or marked temperature changes, indoor or outdoor work settings, or work settings which might expose the client to excessive noise or prolonged periods of stress. Any problems the client might have with respect to exposure to fumes, dust, odors, or poor ventilation should also be reviewed. The above list represents most of the more commonly encountered environmental or work setting restrictions, but is not meant to be a complete list; therefore any other exposure problems that are encountered should also be noted.

**Present Medical Treatment**

A review of the client’s present medical treatment is an extremely important part of the evaluation. The names of the attending and consulting physicians along with their present treatment programs should be carefully reviewed in developing this part of the evaluation. Included in such a review would be any changes in
treatment under consideration and likely to occur in the foreseeable future, such as invasive surgical techniques. A complete list of medications being taken by the client and the purpose for which each is prescribed (according to the client) should be noted, as well as the frequency with which the client is actually taking the medications. Specific questions regarding any residual effects the client may be experiencing as a result of the medication should be asked. If the client is also taking over-the-counter medication this should be taken into consideration. When medication is being received from a variety of sources, it is important to determine if the physicians are aware of the other prescriptions and if an assessment has been made as to how the different medications interact.

**Activities of Daily Living**
A review of the activities that make up the client's daily routine can provide important information about his or her physical capacities, interests, and work values. Sleeping habits in particular may provide important clues in evaluating disability. Difficulty in sleeping may suggest that the client is experiencing depression, anxiety, or tension, but may also be indicative of new habits that reflect changing work attitudes. The client's performance of self-care chores and general household maintenance are among the other activities that should be considered in the evaluation.

**Social Activities**
The manner in which the individual spends his or her time (e.g. with or without social interaction, watching television, reacting, or practicing a hobby) provides very important clues into the disabilities process. The client who tends to restrict social interaction, spends little time in leisure or hobby-type pursuits and spends much of the day watching television or idling away the hours is frequently a candidate for the development of a severe or exaggerated focus on physical trauma. Social activities such as club membership involvement in social organizations, volunteer work, church attendance, or personal hobbies also provide very important insight into the individual. A complete list of hobbies and activities, which the individual enjoyed previous to the accident along with a list of present hobbies, should be obtained.

**Personal Habits**
Cigarette smoking, alcohol consumption, and any history of alcohol abuse or drug abuse are among the personal habits, which should also be noted.

**Socio-economic Status**
The individual's socio-economic status can play an important role in the rehabilitation process. Some of the information obtained regarding socio-economic status may be inadmissible as evidence in court testimony, but it should not be eliminated from the interview data, as it can be important in the development of rehabilitation decisions and recommendations. The socio-economic evaluation should include the name of the spouse along with his or her age and occupation. The number of children from the present marriage.
and the number of previous marriages should be recorded as well as the number of people presently residing in the same home as the client. A complete history of any disability present during the client’s early childhood development or any role models for disability in his or her family background should be considered. In addition, the client’s general description of his or her family environment during formative years can be helpful. For example, an individual who comes from a rigid, hardworking, and moralistic family environment where work was be central focus of the family life and few, if any, leisure activities or hobbies were pursued represents a classic demographic background which, when taken along with specific personality traits, can contribute to the professional's understanding of the client’s development of chronic disability or chronic pain syndromes. Under the socio-economic status category it is, of course also important to develop the individual's present source of income. A frequently used but not exhaustive list might include income from be following areas: wages, disability policies, Veteran’s Administration, workers' compensation, the Division of Vocational Rehabilitation, Social Security Retirement, Social Security Disability Insurance, Supplemental Security Income, Aid to Families with Dependent Children, and food stamps. It is also helpful to establish the individual's monthly expenses and current financial status to help determine if a financial motivation for a return to work exists.

**State or Federal Agency Involvement**
The involvement of any other State or Federal agencies, such as the Division of Vocational Rehabilitation, the State Employment Service, the State Children’s Medical Services Agency, or rehabilitation nurses from the State Department of Commerce or the Workers' Compensation Bureau should be determined. If the individual is evaluated as being eligible for such services and has not applied, the appropriate persons involved in the case should be informed. It is important to consider if services are being received and/or if contact with these agencies has been attempted and if a determination has been made regarding the client's eligibility or ineligibility for services.

**Education and Training History**
A review of the client's education and training should be an integral part of the rehabilitation assessment. The level of formal education the person has achieved through public or private school programs should be noted, indicating classes or grades actually attended and any high school diploma obtained through a GED (General Educational Development) program under state or military guidelines. Specific information regarding the last school attended and any history of vocational or technical school training after high school should also be noted. Any history of formal on-the-job training programs, apprentice programs, or skills learned through on-the-job experience should also be reviewed. Additionally licensure or certifications held by the individual in a specific area may also be important in determining transferable skills. The client's history of military service including the branch, service dates, type of discharge, and whether or not any service connected disability exists should be listed along with the it, the rank
achieved, the duties performed during service, and any specialized training provided by the military. This will help in the development of transferable skills as well as in an assessment of the training programs, which can be considered in the post-accident rehabilitation process.

Vocational History
Detailed vocational history is essential to a proper rehabilitation evaluation. Specific information as to the name(s) of the employers and the state and city where located should be obtained with the client’s job title(s) and a complete or detailed list of job duties. The client’s rate of pay and length of employment along with specific starting and ending dates should also be established. Complete analysis of the employment history will later be made for transferable skill purposes.