Assisting the client with post-traumatic epilepsy in his or her attempt to find suitable employment can be one of the more difficult responsibilities of the rehabilitation counselor. While studies have proven that such clients are often able to perform as well as the general population, the preconceptions about the epilepsy alone held by both the employer and the client can greatly increase the problems associated with this aspect of rehabilitation.

It is crucial that the client with post-traumatic epilepsy have a clear understanding of his or her condition. For example, many clients do not at first realize that even persons who experience several seizures a month may pursue an almost normal vocational existence. Job preparation is also of key importance, often involving group counseling using interview role-playing exercises, videotaping, etc. The rehabilitation counselor may assist the client in some cases by contacting employers directly and by maintaining active client follow-up during the first year of employment.

**Psychosocial Concerns**

In addition to potential behavioral and affective changes, the person with post-traumatic epilepsy will have some additional concerns. Some clients will not, at first, understand the nature of epilepsy, especially if they have never seen a seizure. Specific information on epilepsy, including film or slide presentations, common question and answer brochures, etc. can be extremely helpful. The client may already be having difficulty grasping possible ramifications of the brain injury, in which case the epilepsy may seem only to add to the difficulty and must be carefully explained by the rehabilitation counselor. Family intervention can be a critical aspect in the adjustment of the client to the disorder and should include an emphasis on understanding:

1. the seizure condition;
2. the prognosis for gaining seizure control;
3. basic safety precautions that may be helpful for the client and;
4. the importance of monitoring medication compliance.

It is important to realize that for many clients with post-traumatic seizures, the epilepsy is of more concern than
the brain injury. This can particularly be the case when the seizures are random and there is no warning aura. Some individuals with a few seizures a year will think that they need to establish complete seizure control before rehabilitation planning can begin. It is important for the client to feel understood and supported; however, a reasonable expectation of vocational self-sufficiency can be established for clients experiencing as many as several seizures a month – particularly when they do not occur during the workday.

Most people with epilepsy are employable and with very basic safety precautions (such as wearing a bracelet with identifying medical information, protection from work site hazards – etc.) the existence of the seizure condition should not preclude enjoyment of a very satisfying life. For those with post-traumatic epilepsy it is the effects of the brain injury itself, and not the epilepsy that are usually the primary impediments to successful employment and require the intensive accommodation and rehabilitation efforts.

Cognitive-behavioral counseling approaches are generally applicable with this population. Much of the client-counselor interaction will involve identification of specific life activities and situations, which lead to negative or self-defeating thoughts and outcomes, as well as the development of pertinent coping strategies. Coping strategies can involve thought stopping, use of coping statements, progressive relaxation, scheduling pleasant events, etc. – all assisting to modulate mood, specifically anxiety and depression. In a number of instances, this can be done effectively in a group setting with the utilization of closed circuit television for role-playing following didactic sessions. For a review of this type of group-oriented intervention, the reader is directed to the descriptions in Fraser and Smith (1982). Studies are now available using home-based video counseling for those in rural areas (Glueckauf et al., 1998).

If return to the work force or initial work access is a primary goal of the patient and rehabilitation counselor, the problems involved in independent living may, at times, have to be addressed. The rehabilitation counselor will need to be directly involved in this type of training or activity. In a number of cases, however, the independent living skill training of the client or assistance in establishing a home in the community is conducted by a trainer from another rehabilitation facility or a job coach. Areas of concern associated with independent living
include the choice of living arrangements, purchase of home equipment, house-keeping and home maintenance, grooming and upkeep of physical appearance, management of funds and nutrition, food shopping, meal ration, transportation, health-care/anticonvulsant management and the selection and care of clothing. A number of these issues may be addressed by a community-based independent living-oriented program or an external case manager often based in a brain injury service unit. It must be emphasized, however, that the rehabilitation counselor will often need to be involved in these activities due to the unavailability of community facilities and occupational therapists, developmental disability trainers, case managers, and similar personnel.

**Job Preparation**

In some cases of post-traumatic epilepsy, the community work assessment period or job station program will be mandatory. Whether requiring this situational type of program or not, almost all clients with epilepsy will benefit from vocational group or job club preparatory activity. It should be noted that for this population, vocational group activity as routinely presented by rehabilitation professionals will have to be modified. Group activity of this type demands considerable effort and dynamism on the part of the group facilitator. Due to issues with problem-solving, mental flexibility, memory deficits, medication side effects, etc., group members will often have some difficulty interacting and maintaining group dialogue. The use of stimuli such as media presentations of the employment interview, presentations by community employers, videotaping, and other video instruction can stimulate group discussion and encourage full attendance at the group sessions.

In addition to completion of application forms and resumes, identifying job leads, and other activities, traditionally a part of these kinds of groups, a significant amount of very basic behavioral rehearsal should be mandatory for the participants: for example, the behavioral rehearsal of three or four specific positive self-statements with which to begin an interview. The statements can then be repeated at a number of group meetings to insure that the participants have successfully learned them.

Another example of a group activity is the use of specific scripts for making telephone calls to employers to establish a job lead or secure an interview, informational
or otherwise. Clients are taught how to develop targeted mass mailing campaigns and follow-up as above in order to secure that interview. A general suggestion is that clients not indicate their disability on the application form. Clients then may review a disclosure matrix and decide if and when they might disclose their condition (Epilepsy Foundation of America, 1991). In any case, this will be after discussion of their assets in relation to the position followed by any accommodations that they might need, in order to perform the "essential functions" of the job. According to the Americans with Disabilities Act, discussion of the actual disability is not required and accommodations are referenced only if necessary - the Job Accommodation Network (JAN) at West Virginia University being an excellent resource. In some cases, counselor follow-up or the consultation of an assistive technologist can be important (funded by State Vocational Rehabilitation) in order to carefully assess the environment and recommend valuable accommodations.

Since many individuals with epilepsy prefer to discuss their seizures with at least one co-worker on the job, they should be coached to discuss their seizures clearly and succinctly. Such a discussion might include a brief description of the seizure, its duration, any dependable warning signs, and whether any assistance can be provided by those nearby during a seizure.

Discussion of seizure activity for some clients is relatively easy. For example, clients with partial seizures (partial varieties being common for post-traumatic epilepsy) simply discuss the tremor of a limb for a short period of time with no loss of consciousness. Clients with partial complex seizures may simply state during a seizure they look as if they are daydreaming for a few seconds, might clutch at their clothing or tap a pen, and recover very quickly. Again, many clients epilepsy will not need to discuss the seizure condition at all because their seizures occur consistently in the early morning or at night and in no way affect the work day.

**Approaching the Employer**

It is often the rehabilitation counselor or placement specialist, with the approval of the client, who initially contacts specific employers. Generally, the rehabilitation counselor begins by presenting the program and emphasizing the positive aspects of working with the agency he or she represents (availability of pre-screened job applicants, possibility of on-the-job training subsidies, availability
of tax credits for job applicants referred from their agency, etc.), then working toward a presentation of a specific applicant (or applicants) with epilepsy. Emphasis should be placed on the client's special job-related assets. The counselor should also review the job site to determine potential difficulties, particularly in the case of an industrial or manufacturing site. For many clients with a seizure condition, no job site accommodations are required. Some individuals will benefit from procedural accommodations (e.g., some individuals with post-traumatic epilepsy may benefit from a job coach or paid co-worker as trainer - see below). Job site accommodations can include rubber matting for safety, machine guards (although often standard), or a palm top computer to assist with memory and other organizational issues. In other cases, minor portions of a job involving driving or climbing can be reassigned to another employee - also procedural accommodations.

The rehabilitation counselor might be prepared to deal with employer objections, which specifically concern a client's seizure condition after being brought up by the client. In some cases, simply explaining what a seizure involves, the dependability of a warning sign as a seizure begins, or other aspects of the seizure pattern are enough to assuage the employer's concerns. It can also be beneficial to cite the Epi-Hab sheltered work system which established that persons with epilepsy in a manufacturing business have no greater risk of being involved in job-related accidents than other employees. In fact, the Epi-Hab organization of Los Angeles has had insurance premium reductions due to their outstanding safety record.

Other Epi-Hab studies (Epi-Hab Phoenix. Inc., 1971; Risch, 1968) indicate that their sheltered work clients time loss due to seizures approximated one hour or every thousand hours worked and these were individuals with relatively active seizures. In another study (Sands, 1961), examining workers compensation cases over a thirteen year period in the state of New York, it was noted that coughing and sneezing accounted for twice the number of accidents as could be attributed to seizures. In New York State there was an average of only eight seizure-related work accidents in any given year. People with epilepsy are generally abstinent from recreational drugs and alcohol further rendering them good employees.

It can also be important to note that hiring persons with epilepsy does not increase workers' compensation premiums or health insurance rates. A seizure condition may not, however, be covered on account of its being a pre-existing
condition. In a number of states, workers' compensation second or subsequent injury funds limit the employer's liability to the amount of accident compensation that is not related to the effects of a pre-existing seizure condition.

**Vocational Rehabilitation Costs: A Perspective for the Life Care Planner**

As discussed earlier, the life care planner needs to review with the neurologist the costs of epilepsy treatment or probable epilepsy treatment costs depending upon risk factors as reviewed and established by the neurologist or neurosurgeon. The costs of vocational rehabilitation assessment, job preparatory activity, placement, and follow-up will all have to be considered. If there are significant seizure, cognitive, and other associated issues, the costs of undergoing this vocational rehabilitation process several times across the lifespan will need to be considered.

Depending upon the severity of cognitive issues, the costs of job coaching or a paid - co-worker to job stability and over a follow-up year will need to be considered (Fraser et al., 1997). Neuropsychological assessment/consultation will also need to be considered, and again, perhaps several times if the person with a brain injury is a youth or an adult with recurrent, severe seizures. The cost of any assistive technology (equipment) or work site modifications will also need to be considered. The life care planner will need to consult a rehabilitation counselor who works within a brain injury vocational rehabilitation unit in order to establish these costs or their probability.

**Conclusion**

The stigma popularly associated with the word epilepsy can be a particularly damaging aspect of the disorder. It is the responsibility of the rehabilitation counselor to see that both the client and the potential employer (with the client's permission) are informed of the statistics related to the management of seizures and the employability of most clients with post-traumatic epilepsy.

Many individuals who experience a seizure following brain injury immediately or early thereafter will not have a reoccurrence of the seizure event. Others may experience seizures periodically over the years, but there can be long intervals between occurrences. The rehabilitation counselor
must work closely with the treating neurologist to develop a seizure prognosis that takes into consideration specific risk factors and then understand the treatment approach. Life care planners in addition to gripping the range of treatment relating to the brain injury may need to understand the potential range of seizure-related treatment and intervention. Together, these disabilities present an additive problem. The rehabilitation counselor has a range of vocational rehabilitation strategies from which to choose, success will become less probable with increased cognitive severity and seizures that are unmanageable even with the benefits of the latest anticonvulsants and technological intervention.

Works Cited:


