



VOCATIONAL REHABILITATION MONTHLY

ENVIRONMENTAL CONSIDERATIONS: CONDUCTIVE MEASURES IN PROMOTING VOCATIONAL REHABILITATION SUCCESS.

Theoretical similarities certainly exist between medical and vocational rehabilitation activities. Whether medical or vocational, both rehabilitation processes involve implementing formal procedures geared towards improving one's level of personal gain following a traumatic incident. Whether actively involved in physical therapy to strengthen muscle, or vocational therapy to assist injured workers utilize or develop new transferable skills, each process involves meticulous planning. In turn, this process exposes rehabilitation clients to varying levels of stress and anxiety. The level to which this stress and anxiety is managed may be more closely related to vocational rehabilitation success than previously thought.

Although not completely inclusive, the environmental dynamics of the meeting place is an important factor in building relationships that may actually influence the level of vocational rehabilitation success. Whether involved in assessment or independent evaluation activities, the environment in which the meetings take place may actually have an effect on the degree of client participation. More specifically, it may actually affect the extent of the client's self-disclosure, anxiety, and sincerity.

Face-to-face or "personalized" meetings between vocational counselors and injured workers are standard practice when conducting initial assessments and vocational testing activities. If a worker is determined a candidate for vocational rehabilitation, additional bi-weekly or monthly meetings are encouraged in order to discuss and exchange useful information, as well as, provide feedback about the client's job seeking experiences. Most importantly, it allows the counselor to begin to develop the counselor-client relationship by employing trust and professional disclosure. The accuracy and reliability of the information gathered at these initial meetings are crucial in vocational rehabilitation planning and proper assessment.

As implied earlier, without a positive and conducive environment this "trust" building process can be obstructed. Negative environments, if perceived by the injured party, can increase the probability that antagonism and hostility will develop. It is understood that injured workers have already been exposed to high levels of fear and uncertainty as a result of being displaced from their previous employment. Their family social structure may have changed, leading to additional stressors that the worker is struggling to accept.

Once a certified medical doctor has diagnosed a level of medical improvement that allows the injured party to return to work, they should be afforded every opportunity to explore new employment. When vocational counselors become involved, their first responsibility is to clearly and concisely explain their role and responsibilities to the worker, and how their expertise will help facilitate their rehabilitation. This is an ongoing process which involves rehabilitation planning, setting goals, and the building trust, and should be conducted in a conducive and positive setting.

The "teamwork" philosophy that is emphasized in vocational rehabilitation cannot be nearly as effective if subjected to non-conductive environments. Ideally, vocational rehabilitation environments should be free of diversion and distraction. If possible, additional vocational resources, such as training manuals, job searching handbooks, and computers, should be readily available for reference. And it's a good idea to limit third party interaction to observation only unless they can positively contribute to the building of relationships that is goal-oriented towards finding employment.