

VOCATIONAL REHABILITATION IN TORTURE SURVIVORS

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Vocational Rehabilitation Webinar Objectives

Be able to...

- Recognize ways in which vocational issues contribute to overall health
- Identify vocational barriers specific to the experience of survivors of torture
- Describe cultural considerations around work
- Locate Vocational Rehabilitation Services available in your community

What is Vocational Rehabilitation?

- Vocational rehabilitation is a set of services offered to individuals with mental or physical disabilities. These services are designed to enable participants to attain skills, resources, attitudes, and expectations needed to compete in the interview process, get a job, and keep a job.



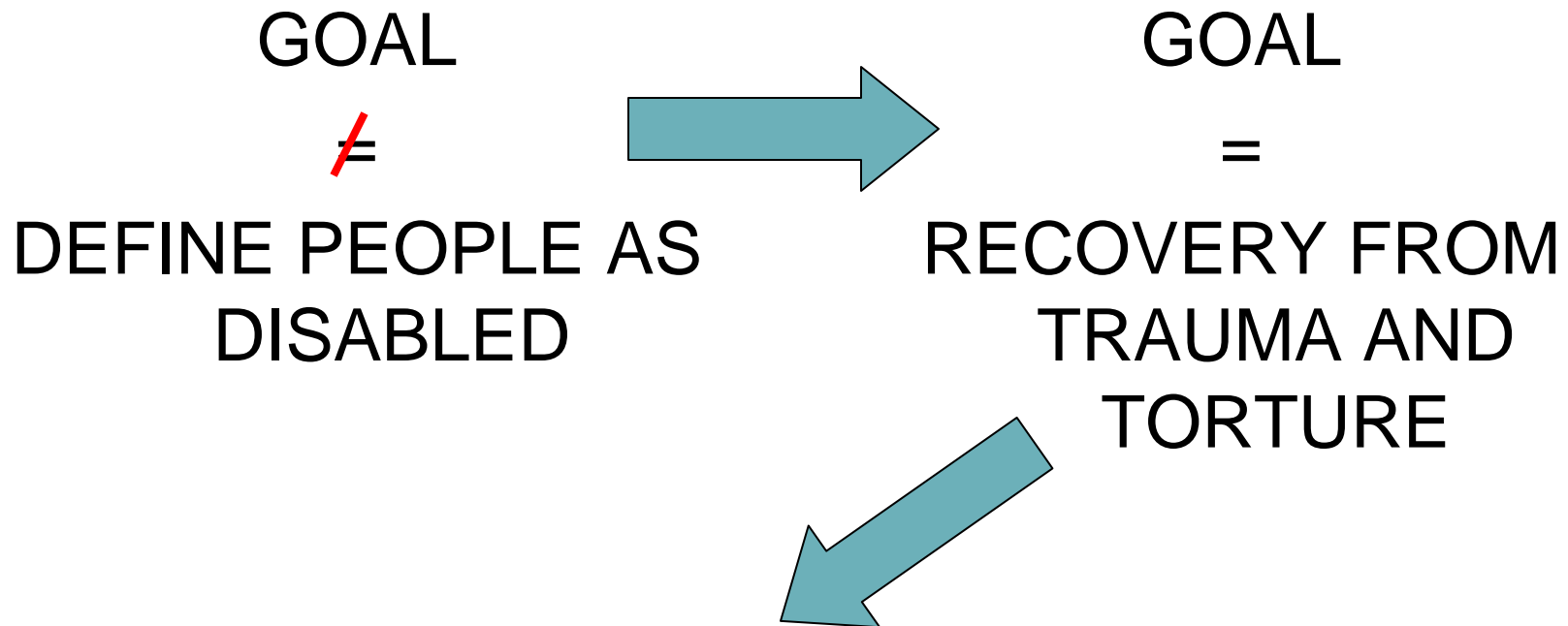
Vocational Rehabilitation Act of 1973, Title 5

- Put in place to correct the problem of discrimination against people with disabilities
- In the context of the Vocational Rehabilitation Act, the term "**disabled individual**" means, "any person who:
 1. has a physical or mental impairment which substantially limits one or more of such person's major life activities,
 2. has a record of such impairment, or
 3. is regarded as having such an impairment."

Aspects of a Community Rehabilitation Program

Medical, Psychiatric, Social, VR and Psychological services under one management	Testing, fitting and training for prostheses or orthotics	Recreational therapy
Physical therapy and occupational therapy	Speech, language, and hearing therapy	Psychiatric, psychological, social services including positive behavioral management
Assessment for establishing eligibility and vocational rehabilitation needs	Rehabilitation technology	Job development, retention, and placement services
Evaluation or control of specific disabilities	Orientation or mobility services for individuals who are blind	Extended employment
Psychosocial rehabilitation services	Supported employment services and extended services	Services to family members when essential to VR of the individual
Personal assistance services	Services similar to those described above	

Goal of Vocational Rehabilitation



Satisfaction and success in preferred vocational environments while achieving vocational goals.

Barriers to Employment

Inability to transfer qualifications

Lack of sufficient skills

Poor health or Mental health

Difficult living situations

Immigration issues

Varying culturally informed work ethic

English language fluency

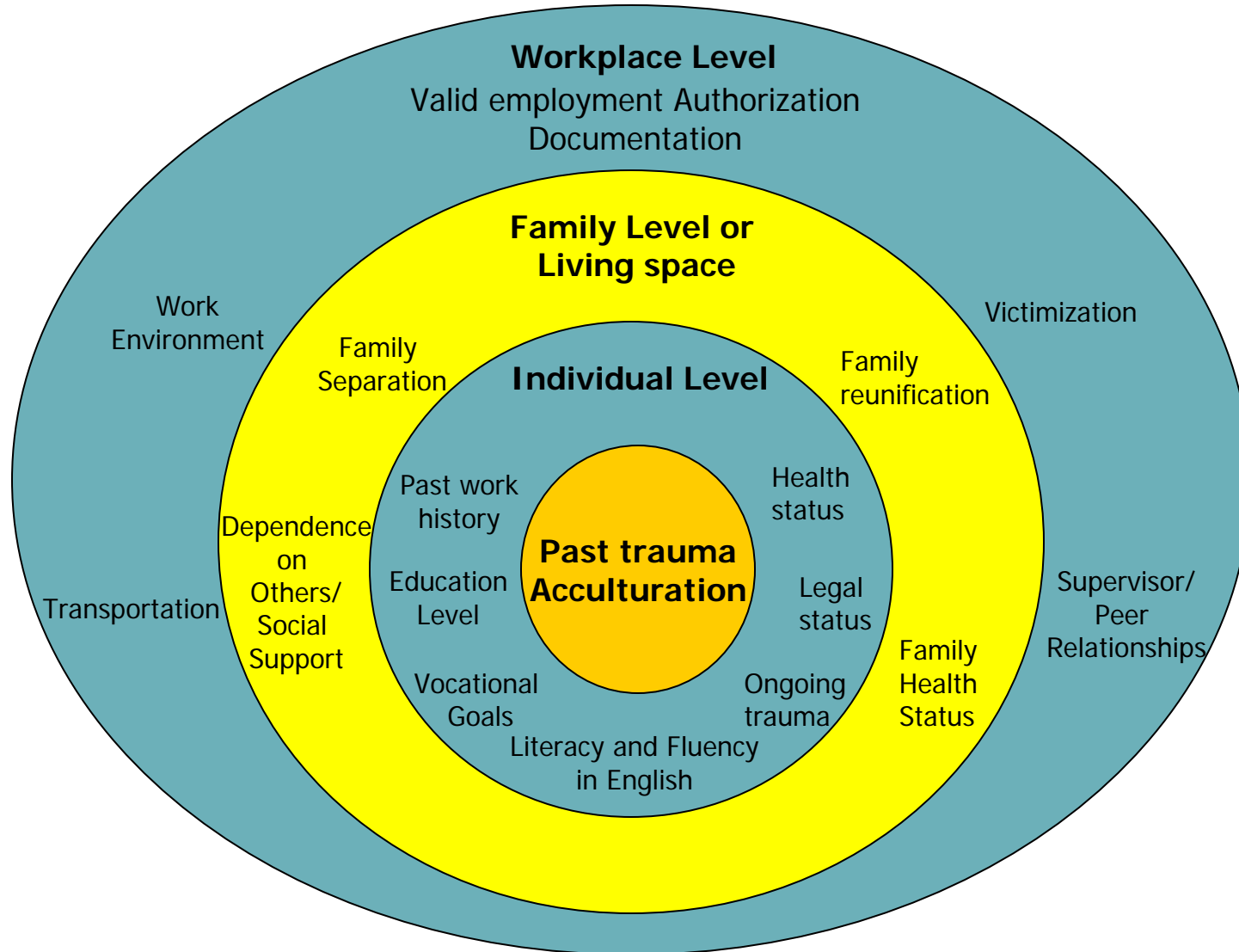
Acculturation

Family expectations or lack of support

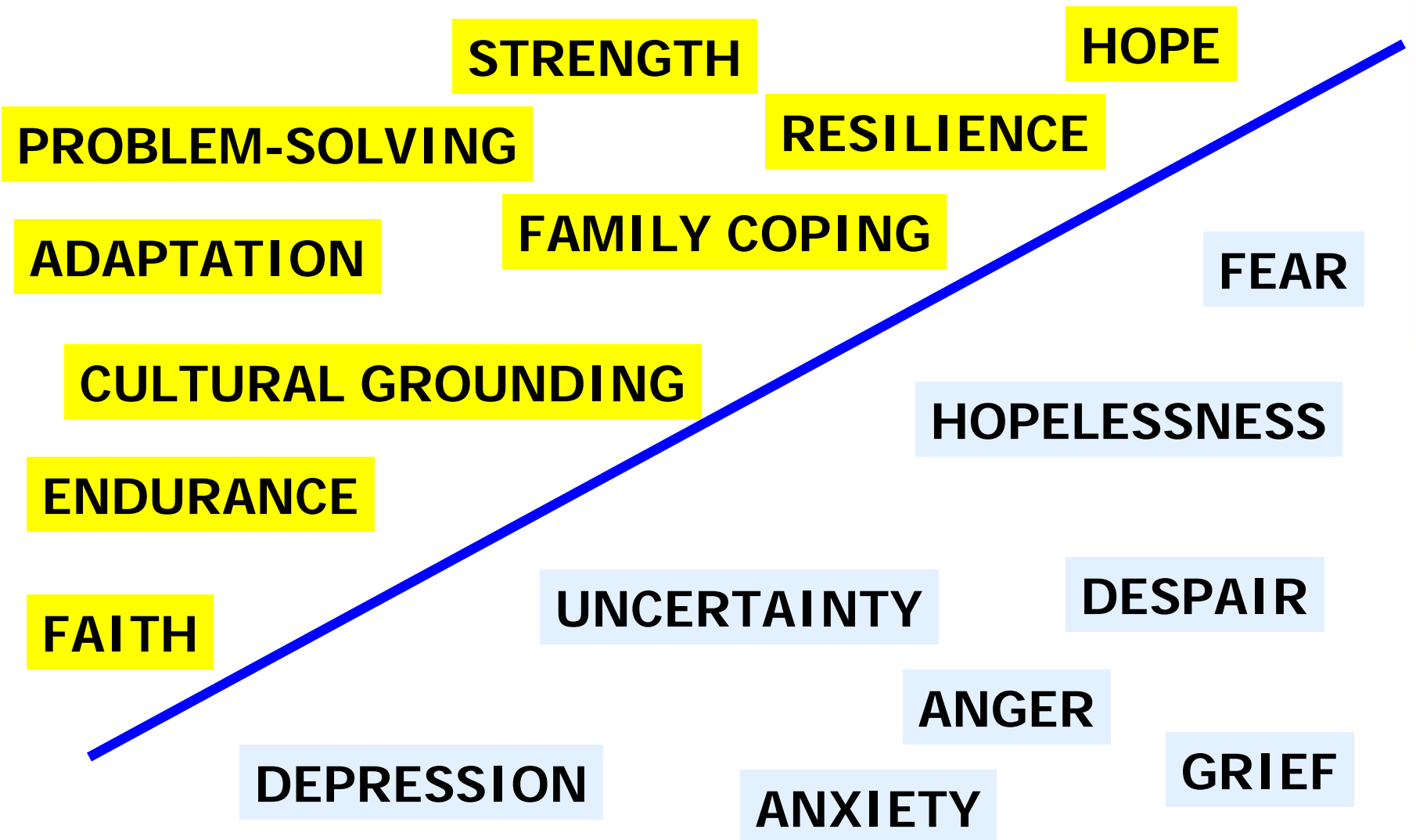
Differences Between Traditional Resettlement and Vocational Rehab

© BCRHHR, 2008	Traditional Resettlement Employment Services	Vocational Rehabilitation
Time of Support	Wilson-Fish, 4-8 months	Indefinite related to clinical needs
Job Choices	Maximized by established relationships with employers	Person-centered
Exploration of Trauma	Often No	Necessary for assessment, proper job choices and job maintenance
Source of Control over Vocational Process	Resettlement staff	Client
Job Preparation	More focus on short-term goal (accept first job offered)	More focused on long-term goal and career growth
Goal	Job acquisition	Recovery
Focus	Singly focused on work	Part of a treatment plan, more holistic

BCRHHR Vocational Wheel Assessment Considerations



Refugee & Immigrant Experience



Common Psychological Responses Following Torture

- Posttraumatic Stress Disorder
- Depressive Disorders
- Substance Abuse
- Neuropsychological Impairment
- Psychosis
- Somatic Complaints of Pain and Headaches
- Personality Change
- Generalized Anxiety Disorder
- Panic Disorder
- Acute Stress Disorder
- Somatoform Disorders
- Bipolar Disorder
- Phobias

Overlapping Symptoms: PTSD and Head Injury

- Memory problems
- Concentration difficulties
- Irritability
- Sleep disturbances
- Depression
- Trouble controlling emotional reactions
- Trouble controlling arousal

Spectrum of Effects

- Trouble learning new information
- Trouble processing new information
- **FOUNDATION OF COGNITIVE PROCESSING IS ATTENTION**
 - Without attention information cannot be processed
 - Without attention information cannot be organized efficiently for later recall
 - Attention can be affected by intrusions of traumatic thoughts, images, or emotions
 - Hypervigilance influences the information we see
 - Flashbacks and dissociative experiences influence our sense of present time

Deficits in Abstract Reasoning

- Difficulties with acquiring knowledge, planning, prioritizing, decision-making, organizing, executing, self-monitoring
- Rigid thinking
- Problems with cognitive set
- Experiment, modify and act in novel situations



Vocational implications
Reduction in transferable skills

Mild Head Injury

- Post concussion syndrome
 - Memory difficulties
 - Problems with attention and concentration
 - Lassitude
 - Disturbances of sleep
 - Irritability
 - Depression and headache
- Anxiety, impatience, sleep disturbance, recent memory disturbances, lack of organizational skills, problem solving skills, denial, problems with slowed thinking, concentration, informational processing
- Headaches, fatigue, dizziness, blurred vision, sensitivity to noises, changes in appetite, vertigo
- May persist 6-12 months
- Usually permanent reduction
- Self-doubt
- Usually look fine

Moderate Head Injury

- Motor impairments – motor weakness and visual impairment
- Problems with memory, concentration, language skills and problem-solving
- Latency in processing information
- New learning is extremely difficult
- Problems with emotional outbursts and inappropriate language
- Often loss of jobs, friends, and support systems

Severe Head Injury

- Severe physical impairments
- Problems with cognitive-communicative skills
- Problems with emotional and social behaviors
- Hospital and rehab settings → custodial care
- Often in need of help of decision-making or physical functioning
- May need lifelong assistance

Unique Considerations with Torture Survivors

- Issues of mistrust can impact every step
- Head trauma, malnutrition, and asphyxiation may influence memory, concentration, problem solving, and new learning
- Untreated depression or PTSD can impact on job performance or absenteeism e.g. insomnia
- Psychotropic medication may also impact on functioning if not properly prescribed
- Torture may have been related to one's occupation
- Certain jobs may trigger PTSD symptoms, for example, jobs where security guards are present

Unique Considerations with Torture Survivors, continued

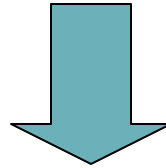
- Avoidant behavior can result in passivity
- Working with supervisors can be challenging due to the power dynamics
- A job interview may feel like an interrogation
- Being a leader at home to a position of dependency is often confusing and painful
- Chronic pain can impact on job performance
- Torture survivors are at 10.4 X greater risk for hunger than non-tortured asylum seekers
(Piwowarczyk et al. International Migration, 2008)
- Work can be a way to find meaning and hope by identifying and mobilizing strengths

Vocational Rehabilitation Strategies

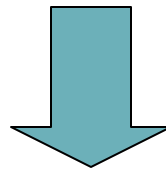
- Keep goal in mind
 - Recovery
 - Empowerment
 - Sustainability, Reduce Dependency
- Ability know when to refer to Vocational Rehabilitation Agency
 - State program eligibility is often related to deficits in two domains
 - For instance, in Massachusetts, priority given to people with disabilities in areas such as communication, mobility, work tolerance, work skills
(Center for Psychiatric Rehabilitation, Boston University, 2003)
 - When accommodations are needed (example: assistive technologies, schedule adjustment, etc)
 - For rehabilitation therapies (occupational therapy, physical therapy, psychopharmacology, etc)
 - For assessment or clinical diagnosis

Stages of Vocational Rehabilitation

Choosing a Job



Getting a Job



Keeping a Job

Strategies: Choosing a Job

- Explore individual hopes and interests
(Center for Psychiatric Rehabilitation, Boston University, 2003)
- Accepting the natural course and limitations of recovery
- Identify and focus on cognitive strengths
- Movies: show occupational environments to people
(www.masscis.intocareers.org > login as “Other User”)
- Identify and research high vs. low stress work environments
- Reduce cognitive load: number of tasks
- Goal setting activities (followed by activities to validate goal is attainable)
- Prepare for rejection, prevent “giving up”
- Ensure proactive support system is in place before job searching
- Provide choice so they can take ownership/have control

Strategies: Getting a Job

- Environmental modification: Reminders on mirrors, labeling shelves, alphabetized cupboards, or specially structured work environments
- Accommodations for memory problems: External aids like checklists, written reminders, note pads, handheld personal digital assistants like palm pilots, calendars, buzzers, watches
- Avoid time pressures: Allow extra time
- Arrange schedule to minimize interruptions
- Facilitate self-reflection of strengths (example: post-interview reflections)
- Job carving
- Discuss choice making regarding disclosure of a disability
- Employer education
 - Work Opportunity Tax and Welfare-to-Work Tax (requires disclosure)
Title 26, Internal Revenue Code, Section 44
In Massachusetts, for example:
www.massworkforce.org/WorkforcePrograms/DCSProgramService/DCS/WotcWtw/Index.htm

Strategies: Keeping a Job

- Supported Employment
- Flashback coping (go somewhere safe and sit down, deep breathing and relaxation strategies)
- Anticipating lapses in attention; abstract difficulty: Reduce the size of tasks and number of steps
- Minimize overload
- Strategy to deal with impulsivity: count to 10
- Attention problems: Verbal self talk
- Take good care of physical health – diet and exercise, do not use alcohol or substances
- Pay attention to interactions with co-workers and supervisors to prevent retraumatization, etc.
- Focus on long-term goals and skill development to climb career ladder (reminder: goal=recovery)

Cultural Considerations

- Orientation to US job market (capitalism/ competition, “selling” oneself to employer in order to get hired)
- Extra effort needed to promote *self* – directed vocational approach
- Body language (eye contact, handshaking, etc) during interviews
- Orient to gender equality in workplace
- Incorporating religion into the workplace (uniforms, prayer during breaks, handling food, shaking hands with opposite sex, etc)
- Gender roles (impact of your gender on ability to facilitate rehabilitation)

Benefits of Work

- Affects Living, Working, Education, Social Environments
- [Financial] Independence (support separated family)
- Sense of identity – may have lost this through torture
- Provides structure to each day – may have been without structure due to lack of work authorization
- Contribute to society, sense of status – can help acculturate
- Interactions with other people, improved social environment – avoid isolation
- Increases self-esteem through acknowledgment of skill set and abilities – focus on the positive
- Opportunity to improve English language skills and computer literacy
- Form of motivation (to get out of bed, have future orientation, etc)

“A job gives me something to live for”

Vocational Rehabilitation in Your Community

- United States:
http://www.rehabnetwork.org/directors_contact.htm#MA
- Europe: <http://www.epr.eu/index.php/about-epr/members> (“best practice” members)
- Disabled Peoples’ International:
<http://v1.dpi.org/lang-en/index> (human rights)

Additional Resources from BCRHHR

- MANUAL

Piwowarczyk, et al. "Vocational Rehabilitation of Torture Survivors." BCRHHR. Boston, MA: 2004. (funded by the Office of Refugee Resettlement)

Download Here: <http://www.bcrhhr.org/pro/course/vocationalmanual.html>

- JOB KIT GUIDEBOOK

Simon, et al. "Job Kit Guidebook." BCRHHR. Boston, MA: 2008.

Will be available: www.bcrhhr.org; Contact corey.simon@bmc.org for distribution

- BOOK CHAPTER

Piwowarczyk, L., Clark, G., Caballes, N. Vocational Considerations in Immigrants (2007). In: Walker, P. & E. Barnett (Eds.) *Immigrant Medicine*. Saunders Elsevier: Philadelphia, 699-701.

- TRAINING DVD

BCRHHR. "Caring for Torture Survivors." 2007 (funded by the UN Voluntary Fund for Victims of Torture)

Contact erica.hastings@bmc.org to request your copy

THANK YOU

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