Chapter 15

VOCATIONAL REHABILITATION AND COMMUNITY REINTEGRATION OF THE WOUNDED COMBATANT

PAUL W. POWER, SC.D., CRC*; AND DAVID B. HERSHENSON, PH.D., CRC†

*Professor and Director, Rehabilitation Counseling Program, University of Maryland; 3214 Benjamin Building; College Park, MD 20742
†Professor and Director, Counselor Education Program, University of Maryland; 3214 Benjamin Building; College Park, MD 20742

INTRODUCTION

Though the collapse of communism indicates a diminishing probability that the United States will be engaged in global wars, there is still the possibility of limited conflicts involving U.S. troops. Any military action, of course, brings casualties, and these injuries have immense personal, social, and economic consequences. Moreover, even in peacetime, military personnel may suffer service-connected disabling injuries. One implication of traumatic injuries that is beginning to receive attention from healthcare providers is the manner in which an effective vocational rehabilitation process can be used to facilitate the soldier's return to duty, or assist in optimal life adjustment when resumption of military service is not possible.

This chapter will identify and discuss the different components or steps for an effective vocational rehabilitation process. The context for this discussion will be the two phases of vocational rehabilitation, namely, the in-hospital and outpatient/post-discharge periods. Planning for different career options should begin as soon as possible after the soldier's injury. Early intervention can assist the individual in making a personal commitment to reestablish a sense of order in his life; the person's level of motivation to recover can be stimulated and maintained more effectively than if sick-role behavior is allowed to establish itself; and early availability of rehabilitation opportunities can ease the process of coping and adjustment.[1]

IN-HOSPITAL PHASE FOR THE INJURED SOLDIER

If vocational rehabilitation is to benefit the wounded soldier, three areas must receive attention as the soldier receives in-hospital medical treatment. These areas are: (1) recognition of the individual's emotional reaction to the injury, (2) short-term counseling that addresses emotional and related career-adjustment issues, and (3) vocational assessment. Many disabilities may not stabilize sufficiently during the in-hospital course to permit a completely accurate assessment of future capabilities and opportunities. Nevertheless, vocational evaluation initiated within the hospital can still assist the soldier in learning about posthospital discharge career possibilities.

Emotional Reaction to War-Related Injuries

Determinants of Emotional Reaction

Battle wounds not only inflict damage to a person's body; they also affect an individual's emotional life. To neglect what is happening emotionally to a soldier after an injury can considerably endanger the timely and appropriate development of vocational rehabilitation plans. There is frequently a close relationship of the physical condition to the psychological condition, and there is evidence that addressing psychological issues can speed physical recovery.[2,3] A war-related injury has important psychosocial dynamics that are distinguishable from the psychosocial dynamics of other disabilities of similar sudden onset.

These dynamics can consist of (*a*) the military service's expectations that one will make every effort, when appropriate, to return to duty; (*b*) the dependence factor that may be integral to a large part of the person's military life before injury onset, a dependence that was fostered to ensure that orders would be obeyed promptly; and (*c*) expressed feelings of courage that may mask a denial of the injury's implications for independent living. Courage is earnestly promoted as an important characteristic of a soldier, and is conceptualized as perseverance in the face of recognized difficulties. All three of these dynamics can influence the soldier's emotional adjustment to bodily injuries and losses incurred during war. Expectations required during military service may exacerbate the individual's anxiety and fear that he may not again be an effective soldier, dependence may inhibit the assumption of personal responsibility for one's career outcomes, and denial with the mask of courage may cause the soldier to ignore important health measures and vocational rehabilitation interventions.

How the individual responds emotionally to the injury can also depend on the following factors:

- The nature of the injury, especially its visibility and severity.
- The age of the person.
- The degree of satisfaction with military life prior to being wounded.
- The person's level of dependency needs as well as his philosophy of life.

- Whether early counseling or vocational rehabilitation or both occurred.
- The circumstance of injury onset (whether the injury happened on the battlefield or in a support unit).

Each, or a combination of these factors, may influence the person's postinjury behavior. For example, if the soldier is accustomed to being dependent on others for most daily needs and has always been reluctant to show initiative or independent behavior, then he may react to the threat of disability by increasing this prewound mode of behavior.

The nature of the injury, such as those that are disfiguring, disabling, painful, or on a body region that carries special importance, like the eyes or reproductive organs, may have a psychological significance that has little to do with biological factors related to survival.[4] If the individual's military responsibilities provided continued dissatisfaction, then the person may find in the injury an excuse not to return to active duty. Finally, the age of the wounded soldier can have a decided impact on motivation and even on the level of willingness to appreciate possible benefits accruing from return to duty. A person with many years of service who is looking forward to retirement usually has different concerns than a soldier early in his career. The latter, while coping with young adult issues, may have a different perception of injury-related implications.

Emotional Reactions and Needs

Following the injury, the wounded person may have a variety of different emotional reactions, such as anger and hostility, frustration, feelings of damage and powerlessness, fear of the unknown future, depression, and perhaps guilt. Identifying these distinct emotions helps in understanding the person's response to war-related injuries. Another approach is to view the wounded soldier as undergoing sequential, reactive stages to the unexpected event. The stages in the process of adjustment to disability are usually transitional and temporary in nature, and the stages themselves are not necessarily discrete and categorically exclusive. They may fluctuate, blend, or overlap with one another.[5]

Roessler[6] has conceptualized that successful adaptation to a disability is the result of two adjustment processes: acknowledgment and goal setting. Acknowledgment encompasses two steps, *appraisal* and *reappraisal*. Appraisal consists of an immediate positive or negative affective reaction, followed by a cognitive evaluation in which the individual assesses the seriousness of the event, its impact on return to military life, and the immediate ratio of personal deficits to personal resources. Reappraisal involves the injured person in such mental processes as the consideration of self beliefs, values, expectations, and perceived incentives and disincentives.[6] If the individual is going to adapt successfully to the injury, then the injury event must be interpreted using cognitions associated with internal control and positive self-esteem. Finally, goal-setting involves *remotivation* and *restructuring* processes that include the use of such positive coping mechanisms as (*a*) neutralizing the perceived negative implications by controlling the meaning of the event; (*b*) minimizing personal discomfort; or (*c*) using the problem-solving behaviors of generating alternatives, selecting a solution, and monitoring the outcomes of a selected strategy that leads to return to duty or a service discharge with optimal utilization of residual capacities in civilian employment.[6]

This cycle of appraisal, reappraisal, remotivation, and restructuring assumes that the usual adaptation to a disability involves a temporal sequence of psychosocial developmental stages.[5] The cycle also provides an understanding of how someone wounded in combat can achieve successful adaptation, and it identifies the specific needs that an individual may have during the in-hospital recuperative or rehabilitation periods or both. For example, Table 15-1[5] illustrates the relationship between the particular cycle of the individual's response and selected, emerging needs.

A wounded soldier's emotional reaction to an injury can be understood, consequently, as a cycle of stages during which individual needs, coping styles, and dominant emotions emerge. These needs and emotions can become the focus of initial rehabilitation efforts. This is illustrated in the following case study.

Case Study 1

Corporal Anderson was injured during the Vietnam War. When he was blown off a bridge by a mortar shell and landed in a gully, he incurred shrapnel wounds in his back. During the in-hospital phase of his treatment, he began to consider his career options. He was very upset that he might not be able to return to duty because of the severity of his injury. Anger and frustration were the dominant emotions at this time, which he showed in frequent, verbal outbursts to the healthcare staff. But as he learned more about the effects of his injury (fragments had caused

TABLE 15-1

ADAPTIVE STAGES TO A DISABILITY EVENT[5]

Stage	Need
Appraisal	To obtain information about career options
	To receive emotional support
	To be acknowledged as a worthwhile person
Reappraisal	To obtain information about residual assets and social and vocational role opportunities
	To assume personal responsibility
	To identify new life goals
	To accept others and their support
Remotivation	To receive information about effective coping strategies
	To develop career goals that include realistic options
	To receive support
	To review personal resources and responses and how they can be used in expected, stressful situations
Restructuring	To identify stressful situations related to implementing goals
	To identify additional, personal skills needed to reach goals
	To implement useful coping strategies
	To receive support

severe nerve damage, resulting in difficulty for prolonged standing or sitting), he began to consider new career goals. This process was nurtured by continued information about career opportunities, the support of his family who was pleased that he had survived the war and was returning home, and by his physicians who continually stressed new, challenging opportunities. The corporal's anger and frustration began to subside, and the appraisal and reappraisal stages progressed to a remotivation period. This stage was characterized by a review of his personal resources during which he gradually acknowledged his limitations and strengths. Anger continued over his situation but with an absence of verbal outbursts, and a formulation of new career goals was achieved.

A key point in this soldier's transition to the remotivation stage was early intervention in regard to his emotional concerns, particularly to his feelings of uncertainty and frustration about the future. With wounded soldiers, early attention to these concerns can make a decided difference in whether the person will have, during hospitalization, a positive or negative orientation to the resumption, when possible, of military responsibilities.

Short-Term Counseling

The onset of a war-related injury can lead to many dramatic changes in a person's life. Not all of these changes may be immediately apparent; some present themselves to a person and to health-care providers over a long period of time. Some of the immediate changes include (*a*) adjusting to an awareness of new limitations of body or mind, (*b*) learning how to deal with a possible modification in career plans, and (*c*) engaging in a resocialization process when friends or family relate to the person in a different way, especially before the injury has stabilized and more definite life plans can be formulated. In-hospital rehabilitation then becomes a process of assisting the individual to live with the injury in the hospital environment, and helping him to prepare to follow a career option after gaining information about possible opportunities.

Counseling is part of this dynamic process of learning and exploring new career directions. The goals of counseling are many and include the following:

- Assisting the person to understand the emotional reactions to the injury and to learn how to deal with any negative reactions caused by personal frustrations or the attitudes of others.
- Identifying personal resources, such as educational background, work experience, and definite occupational interests that can be

developed for vocational opportunities, either with the option of return to duty or of civilian adjustment, including employment.
- Providing support to the individual as adjustment attempts are made during hospitalization and vocational plans are developed.
- Educating the person with sudden-onset disability to develop effective coping mechanisms and to set appropriate priorities for each. These include the use of assertive responses; relaxation procedures; redefinition of personal, social, and vocational goals; and problem-solving techniques.
- Ameliorating feelings of alienation and isolation, and modifying denial beliefs that would hinder rehabilitation efforts.

To achieve these goals, counseling for the individual involves communicating information with respect and support, and educating the person to appreciate his capabilities. This understanding can stimulate feelings of responsibility, optimism, and worth. Counseling may also demand periodic confrontation when the soldier is pressured with diverse, but necessary, options and urged to explore each direction carefully.

These supportive efforts, however, should be directed toward working within the person's lifestyle, and must include an awareness of the cultural values of the soldier and the impact of these values on career choices.[7] The armed services represent many different ethnic and cultural groups, and some members of these groups may be less comfortable than others with the traditional counseling approaches that emphasize verbal interaction and disclosure of emotionally loaded personal information.[8] The modes of interaction and patterns of authority, decision-making processes, and roles of military service personnel are in large part determined by ethnic and military cultures. Counseling strategies that recognize the importance of differences generated by both military life and ethnicity provide valuable support for the development of intervention strategies built on patterns familiar to the individual. For example, research[9,10] has suggested that as a group, Hispanics and African-Americans who are in counseling tend to be less introspective, less introverted, and less concerned with self than what is considered the cultural norm for middle-class white Americans on whom traditional counseling approaches were developed. Substantial differences also exist in attitudes, expectations, and general lifestyles, and the counselor must be prepared to deal with them.[11]

If such conclusions are applicable to today's soldiers from African-American or Hispanic backgrounds, more appropriate counseling strategies should be used, that is, those that (*a*) do not ask for extensive self-disclosures, (*b*) are short term, and (*c*) emphasize communication that is related to the person's current experiences and practical options.[12–14] The use of concepts such as "self-esteem" or "self-insight" is minimized during counseling interactions. The dialogue concentrates more on what is happening to the individual, the personal meaning of what has occurred, and understanding what the future offers. Counseling effectiveness with soldiers representing different racial and ethnic backgrounds depends, however, on the type of presenting problem and characteristics of the counselor that may override racial and ethnic differences.[11]

To maintain a supportive approach that recognizes the importance of the individual's lifestyle, the most promising medium for communicating may be group counseling. Remotivation and self-understanding can often occur because of the influence of one's peers. Through the facilitation of the group leader, the injured person's peers may be able to communicate that it is permissible to feel angry, frustrated, and even guilty over what has happened, and that one can profit by mistakes. Military personnel, particularly those who experience injury in a noncombat position, may blame themselves for the casualty. Yet in a group counseling setting, where opinions are respected and feelings shared, the individual may gain another perspective on his beliefs and perhaps acquire new convictions that there are realistic, attractive career options.

Sharing information, active listening, and showing support can all assist the individual in awareness of personal resources, varied obstacles, modified life goals, and effective coping strategies to deal with war-injury implications. In turn, understanding and utilization of coping methods assist the person to become an invaluable partner with the healthcare provider for the achievement of rehabilitation goals. This partnership is absolutely necessary if the soldier accepts the implications of the injury and is to have energy to take responsibility for tasks directed either to the return to duty or to military discharge with optimal career placement. As stated earlier, a war-related injury brings personal loss, a loss that can be minimized by the sharing of the experience, the opportunity to talk about and work

through the sense of loss, attention to personal strengths, and a realistic projection to the future.

Even though counseling may be designed to meet individual needs, resistance from the injured person may be a dominant factor during hospitalization. A reluctance to explore career options, or to respond to other rehabilitation interventions should be identified as soon as possible. Frequently, this reluctance to any counseling or vocation assessment is to be expected. Someone may require a period of time to work through feelings associated with the injury event. During this time, support in the form of listening and showing respect and acceptance of a person's emotions is necessary. If reluctance for any rehabilitation assistance continues during the later phases of the person's in-hospital recovery period, the counselor should identify the cause of the reluctance, convey to the person that he is aware of the reluctance and its cause, and then develop a strategy to deal with the resistance. An example of reluctance is illustrated in the following case example.

Case Study 2

Specialist Smith had been a robust, athletic army medic until he stepped on a land mine during combat. He was lucky to be alive, and to have had only a below-the-knee amputation. But his physical system had undergone a severe insult, and the surgery to reconstruct his stump had been a nightmare of pain and sleepless nights. He had served as a medic for 3 years. Prior to entering the military service, he had graduated from high school and earned an Associate of Arts degree as a veterinarian assistant from a community college. Personal history indicated that he was well liked among his service peers, had advanced quickly in rank, and was considered by the doctors to be a "top-flight" medic.

Specialist Smith had lived on a farm before his military service. Although he believed that his combat injuries would not leave him totally incapacitated, he felt different about himself and seemed depressed and distracted. The nurses recognized that it was not unusual to be depressed, but sensed that Smith's reaction was more pervasive than was typically the case. He frequently yelled at any nurse, doctor, medic, or ambulatory patient he could see. He ate little and refused almost anything except the ice cream sodas his doting mother brought every day. In the doctor's mind, Smith seemed to be questioning his identity and showed an inability to say what kind of a person he was prior to the injury event. During an initial visit with a counselor, he revealed that there was a strong parental expectation that he take over the family farm after his father was too old to work it. He had acquiesced to this expectation, which was largely unspoken but assumed, because he had great difficulty in communicating with his parents. Before his hospitalization he had learned to deny his feelings, but the counselor surmised that there was an apparent naiveté about the world, his career options, and what was required to achieve a realistic, vocational goal. He did not wish to discuss much about his life with a counselor or related healthcare provider, and remarked to a patient that "I don't know what to do. Before this happened, I had planned to stay in the service. I like to work with animals, but I don't want to be a farmer."

To deal with Smith's apparent reluctance for counseling intervention and exploration of career options, the counselor should convey support for Smith's dilemma, and give a listening ear to the different life and career-related issues. The mother, as a possible reinforcement for the son's current acting-out behavior, must also be monitored and redirected. Group counseling should also be considered because his peers might have an influence on minimizing the angry behaviors. If the counselor shows respect for Smith's career dilemma, and understands and shares this knowledge of how the recent combat injury might be aggravating the dilemma, this acceptance could convey the important message: "You are not alone. There are attractive options, and there are both your own and environmental resources to assist you." The availability of additional data on career alternatives and new information about his remaining functional capacities will assist Specialist Smith in his reappraisal of the injury event. In addition, if the counselor helps him to become aware of the core problem related to his current behavior and teaches him problem-solving skills that can alleviate the personal difficulties associated with decision making, this assistance can facilitate Smith's own remotivation to career and life adjustment goals.

Vocational Assessment

While the soldier is undergoing in-hospital rehabilitation and treatment, this third area of intervention effort could be considered the most important. If the individual receives feedback about remaining postinjury strengths (early in the recuperative process), this knowledge may stimulate a motivation to recover. The process of adjustment to a disruptive life event has been extensively studied by social scientists.[1] The preferred mode of intervention with recently injured persons is a highly individualized and flexible approach characterized by early assistance for any possible alterations of cognition that may be harmful to the mental health and career adjustment of the soldier, and by extreme sensitivity to the particular emotions that each wounded person is experiencing.[5] Knowledge acquired from an individualized assessment approach can help the solider to counteract feelings of frustration, guilt, and even hopelessness over return to duty or, if that option is not possible, over a satisfying, civilian job placement.

Because rehabilitation for the injured soldier is a process of restoration—a way to help an individual toward practical goals where opportunities for self-

dependence and personal satisfaction are possible—it is a process based on productive output and productive living. Vocational assessment is then a comprehensive, interdisciplinary process of evaluating a war-injured individual's physical, mental and emotional abilities, limitations, and tolerance in order to identify an optimal outcome for the individual. It evaluates such factors as the soldier's vocational strengths and weaknesses, which in turn could be found in the areas of personality, aptitude, interest, work habits, physical tolerance, and dexterity.[15] Assessment is also prognostic because it attempts to determine whether someone will be able to return to duty and what kind of productive activity the individual will be able to do. An added evaluation goal is to identify those services needed to overcome the functional disabilities that are barriers to successful performance. The specific process of vocational assessment, therefore, is mainly one of diagnosis and prediction that can be integrated into the counseling process and the continued interaction between the hospital healthcare providers and the injured person.

Before varied approaches are used for the vocational assessment of a particular injured soldier, several factors must be considered: the nature of physical and emotional limitations, medication effects, educational experiences, physical tolerance, and the validity and reliability of the specific measures to be used during assessment.

Nature of physical and emotional limitations. These limitations can include communication difficulties, such as visual and hearing impairments, and motor and orthopedic problems. These possible limitations generate for the evaluator such questions as

- What is the extent of impaired manual ability?
- Because of physical limitations, does the manner of recording answers have to be changed? For example, a client may have no use of either hand or, even with use of one hand, may have great difficulty in correctly marking the answer space. Another person may be needed to record the answers to a specially designed answer sheet.
- Do persons with visual impairment have enough vision to handle large objects, locate test pieces in a work space, or follow the hand movements of the evaluator?
- Are assessment measures selected that are appropriate to the individual's level of understanding, particularly his or her reading ability?
- Because someone with an injury that causes serious emotional and cognitive problems will usually have a short attention span, are evaluation measures selected that require shorter tasks?

Medication effects. Specific medicines can hamper the soldier's sustained response to assessment demands, and medications should be checked for their side effects and for their potential impact on performance.

Educational experiences. Most servicemen and servicewomen enter the military with a high school diploma. It may have been many years between formal education or training and injury onset; nonetheless, an exploration of any prior educational successes, such as grades or awards, as well as any specialized training can provide useful data for career planning. The introduction of specific assessment measures, especially in the areas of aptitude and achievement, may cause anxiety which, in turn, could definitely influence vocational assessment outcome.

Physical tolerance. Though discussed earlier with physical limitations, an additional factor is the stamina of an individual as it relates to meeting prescribed time demands of many assessment measures. A person may not have the endurance to complete specific paper-and-pencil tasks. Energy levels and, as already mentioned, tolerance levels, should be explored before assessment commences.

The validity and reliability of the specific measures to be used during assessment. The evaluator, when reading the manual of a particular assessment tool, should explore the normative sample used to develop the measure. If the particular measure is going to be used for predictive, decision-making purposes, the evaluator should consider what the manual states about the reliability and validity coefficients. Many measures traditionally used in vocational assessment have not been normed on the population for which they are being used, for example, ethnic minority populations.[15]

All of these selection considerations imply that to achieve successful vocational assessment, the individual who is conducting the evaluation must work cooperatively with the other healthcare professionals. Information about medications and functional limitations, for example, may have to be provided by a person associated with the individual's care, perhaps in a multidisciplinary team conference.

Because vocational assessment is a comprehensive process that should explore a wide variety of the injured person's characteristics, such as career interests, personality functioning, living behaviors, and physical strengths, there are definite steps in

TABLE 15-2

A COMPREHENSIVE ASSESSMENT APPROACH

Steps	Specific Approach
1. Functional Assessment	Selected measures (Barthel Index - Granger Adaptation; Functional Assessment Inventory)
2. Interview Assessment	Selected questions
3. Family Assessment	Selected questions
4. Interest Assessment	Selected questions and measures (Interest Checklist; SDS; Kuder; CAI; IDEAS)
5. Transferable Skills Assessment	Selected questions and measures in adaptive/self-management, functional, and career content areas (career planning guide)
6. Situational Assessment	Selection of specific in-hospital sites for supervision and assessment feedback

CAI: Career Assessment Inventory; IDEAS: Interest Determination, Exploration, and Assessment System; SDS: Self-Directed Search

the evaluation process that emphasize this multifactorial approach. Career planning should not be based on the assessment of a single attribute such as educational or military service achievement. Other factors, such as family network, adjustment style to disability, or social relationships can be included to learn how an individual is going to adjust to return to duty or to a civilian job placement. This comprehensive approach is identified in Table 15-2 and discussed below.

Functional Assessment

Decisions must be made concerning whether the injured person is physically ready to return to duty, or whether military discharge is more feasible. This assessment includes the attempt to match a person's physical abilities to those required for return to military responsibilities. The functional assessment itself is a series of test activities designed to measure an individual's existing capabilities, limitations, and goals. A dimension often overlooked in the understanding of functional assessment is that this specific evaluation also involves the measurement of behavior. While functional assessment encompasses a very large number of techniques that are impairment oriented, such as the quantitative assessment of muscle strength, it can further include the measurement of behaviors that are involved in essential aspects of everyday life, including personal care (hygiene, grooming, and feeding) and locomotion.[16] These behaviors are collectively known as activities of daily living (ADL), and there are many ADL instruments reported in the literature of medical rehabilitation. Alexander and Fuhrer[16] believe that most available ADL instruments share five characteristics: (1) they measure ability rather than actual functioning; (2) they provide assessments within roughly the mid-range of the behavior spectrum, for example, ranging from the details of buttoning and zipping clothes to eating and ambulating; (3) the instruments are designed to be administered and interpreted by rehabilitation professionals employed in hospital or institutional settings, such as an occupational therapist, psychologist, or rehabilitation counselor; (4) the method of assessment involves ratings made by an observer; and (5) most provide some numerical measure of dependence as an indication of the severity of disability.

Importantly, functional assessment is performed from an environmental perspective; namely, the capabilities or limitations or both are evaluated relevant to the demands placed on the individual's return to military duty or to an appropriate placement in the civilian labor market. Rather than addressing diagnostic labels or individual traits, functional assessment in vocational evaluation examines the specific abilities of the injured person or problems of daily functioning that have direct implications for retraining and eventual return to military duty.

Recommended measures for a functional assessment are (*a*) the *Barthel Index-Granger Adaptation*,[17] an index designed particularly for persons with a physical disability, which includes 15 items that focus on self-care, mobility, and bladder and bowel control; and (*b*) the *Functional Assessment Inventory*, a measure that includes eight scales: cognitive function, motor function, personality and behavior, vo-

cational qualifications, medical condition, vision, hearing, and economic disincentives. Developed by Crewe and Athelstan,[18] it is useful for the beginning formulation of career plans.

Interview Assessment

After a functional assessment has been conducted by a member of the hospital staff, an in-depth, career-oriented interview with the injured person can be undertaken. This session can be the most valuable component of the in-hospital vocational assessment, especially if the individual has severe physical limitations that impede paper-and-pencil testing. The interview can provide insights into the person's understanding of the injury situation, interests, and expectations for a possible satisfying future. Information is frequently communicated during an interview that is often not provided from other assessment devices. Attitudes toward a possible resumption of military duties, for example, may only be learned through the evaluator's observations and insights gained during the interview.

After introductions and communication to the individual that the evaluator is eager to listen and respects the problems the injured person might have, the following areas should be explored:

- Perception of the injury situation and its impact on the development of future plans.
- Expectations the person has for vocational rehabilitation and posthospital discharge: What type of work do you see yourself doing 5 years from now?
- Family history and the injured person's perceived expectations from family members for the individual's resumption of military responsibilities.
- Educational history: subjects liked best and least; any particular achievements.
- Military history: duties liked best and least; any particular achievements.
- Any employment prior to military service: duties liked best and least.
- Leisure-time activities.
- Most difficult problems faced during military service: how were they handled?
- Self-esteem: What do you do well? What do you like about yourself? What do you think you have learned from the injury experience?
- Confidence level: How do you think things can be different for you? What can you do about it? Are you willing to take risks to make changes?

As the individual responds to these questions, the interviewer should observe the person's mood and affect, association of ideas, any shifts in conversations, and recurrent references. All of this information may provide indicators of the injured person's energy, his true feelings about the injury situation, motivation, and expectations for future military service involvement. Apart from the observations, however, answers to the questions identified above provide knowledge about the individual's emotional reactions to the injury, capacity, and confidence to face the problems associated with rehabilitation, and career interests.

The interview experience should assist the injured person to gain an understanding of career options and to appreciate his strengths for handling the injury situation. During this session, the interviewer does not simply ask questions and record information, he also provides verbal support. A skillful interviewer gives frequent "pats on the back" or reinforcement, never openly giving the appearance of cross-examining. Spontaneous comments by the interviewer further help to create a favorable climate for conversation.

Family Assessment

Soon after conducting the initial interview with the injured service person, an attempt should be made to have a brief visit with the person's available family. Family members are often the missing pieces for appropriate adjustment to a sudden injury. Yet, the family can be an important resource for rehabilitation efforts, or represent a major obstacle to their successful achievement. If a spouse or parent of a military service member injured in battle is strongly convinced that the individual should not return to duty, but return to duty is medically feasible, then the injured person is faced with tremendous pressure when making a career decision. Also, as illustrated in the case of Specialist Smith presented earlier in the chapter, a family member can engage in behaviors that actually may be deterrents to vocational rehabilitation. Often the family is not available, but when it is, the following areas can be explored during a family visit in the hospital:

- What information does the family have about the injury condition?
- What are the feelings and expectations of family members about the war injury and the career options for the family member?
- Does the family have any specific needs re-

lated to the war injury of the injured family member?
- What will the family be like if the injured person is discharged from military service, and do family members perceive any specific problems resulting from the injured family member leaving the armed forces?

Because of the briefness of the healthcare provider's opportunity to meet with families, assessment information needs to be obtained at only one meeting. To facilitate the family's verbal expression of important information, it is essential to exercise such basic communication skills as (*a*) attentiveness, (*b*) a nonjudgmental attitude, (*c*) using understandable words when talking with family members, and (*d*) phrasing interpretation tentatively to elicit genuine feedback from family members. The interviewer should not assume anything and should ask only what he believes the family members can answer so that the interviewee feels competent and productive.[15] In other words, the interviewer must create a setting during a family meeting in which people can, perhaps for the first time, risk sharing their emotions and seek information about their concerns. Also, family needs and expectations may change as the injured individual continues in the rehabilitation process. The assessment areas identified above can provide guidelines to help the family be useful partners to the helping professional and to the service member.

Interest Assessment

If there is a possibility that the injured person will not return to his former duties, then the next step in the vocational assessment process is exploration of the individual's interests. This can be conducted using both information and formal approaches, with the latter generally utilized after hospital discharge when the person receives direct assistance from those responsible for career planning. Yet, if an interest assessment is begun while the person is an in-hospital patient, evaluation feedback can be a source of remotivation as well as an initial development of career options.

Various approaches for measuring interests include self-estimation, interviews, checklists, questionnaires, and tests (known as inventories). The choice of assessment approach should be based on the kind of information the particular approach provides, and not simply on availability, low cost, or time required for administration. Prior to beginning interest assessment, moreover, the helping professional should recall any career interest-related information that was disclosed during the injured person's initial interview.

Brief interest exploration approaches should usually be employed in a hospital setting because they require less time than more formal measures and can be scored quickly by the person recuperating from injuries or by the professional helper. Examples of these measures are the *Interest Check List*,[19] the *Vocational Interest, Experience, and Skill Assessment*,[20] and the *Gordon Occupational Checklist*.[21] Though limited in their scope of possible interest areas, these instruments can provide the individual with an early understanding of possible career interest directions. If, however, the service member has the physical and mental capabilities to respond to more detailed inventories, then such interest tests as the *Self-Directed Search*,[22] the *Strong Interest Inventory* (SII),[23] the *Kuder Occupational Interest Survey (Form DD)*,[24] and the *Career Assessment Inventory-Enhanced Version* (*CAI*),[25] could also be used. These tools give varied career options and should be more useful for planning. It should be noted that the SII, Kuder DD, and CAI must be computer scored.

There is still much work to be done for designing more effective interest-assessment instruments for those undergoing in-hospital rehabilitation treatment. But even apart from the difficulties presented by existing interest inventories, the interview can still be employed effectively to solicit information about a person's interests. An approach that could be quite useful in a hospital setting, employing an interview structure, has been devised by Friel and Carkhuff.[26] Their approach involves understanding the client's total functioning in physical, emotional, and intellectual areas, and encourages the person's participation in interest exploration and rehabilitation programming. Most of the steps are designed to elicit the individual's thoughts and feelings about past and future career activities. The six steps of the Friel and Carkhuff approach are presented here formatted for application in a hospital setting.

Step 1. Assist the individual in exploring interests by asking such questions as, From the duties that you have had, what did you particularly like or dislike? In those duties, what do you feel you did especially well? From the people whom you know in your life, what jobs do they have that are of particular interest to you? When you watch television and see people doing various jobs, what jobs do they have that are of particular interest to you? (It is important for the interviewer to understand the reasons behind an identified interest. Is it be-

cause of some external pressure, for example, what military superior, family members, or friends told the person he or she would like?)

Step 2. Assist the individual in exploring his values by asking such questions as, When you were performing your military duties, what do you feel was important to you? What is the reason that it was important to you? Was it important to work with your hands, for example, or to have close supervision; or to have the prestige associated with military service; or to know it was something you could do well?

Step 3. Categorize the information that has been generated about the individual's values. Friel and Carkhuff[26] suggest organizing these values into the physical, emotional/interpersonal, and intellectual areas. For example:

- Physical: Dressing well in a military uniform, being outdoors, and performing physical activities.
- Emotional/interpersonal: Having security with the military: having your buddies close by when you were performing your duties.
- Intellectual: Enjoying the opportunity to make decisions.

Step 4. Further categorize the information into:

- People occupations: Includes the areas of service, education, business (salesperson), and providing goods and services.
- Things occupations: Includes technology (providing mechanical services, for example, mechanic or electronic technician), outdoors, and science.
- Data occupations: Includes the areas of data entry and analysis, record keeping, and computation.

Step 5. Help the individual identify which of the people, things, and data interest categories fits his values. For example, if the person indicates that job security is the most important career value, an interest area previously identified within Step 4 and that is in harmony with offering job security, could be discussed.

Step 6. Identify the educational and occupational requirements demanded of particular career areas that are congruent with the individual's values.

Interest assessment is an integral part of vocational assessment and suggests which alternative courses of action are potentially satisfying for the rehabilitant. Within the hospital much information about these interests can be gained from an effective use of the interview.

Transferable Skills Assessment

With many battle injuries, it may take some time for a person's physical condition to stabilize and thus permit any predictive career assessment. But as the individual is drawing close to hospital discharge and a determination is being made about career directions, the person should participate in a transferable skills assessment. Even if the person is going to remain in the military service but have different responsibilities, this specific assessment can be especially valuable. If, however, the individual is going to be discharged from the military service because of his injuries, then an evaluation of transferable skills is all the more necessary.

Transferable skills can be grouped into three categories: adaptive/self-management skills; functional skills, and career content skills. Examples of each area are shown below.

Adaptive/self-management skills. Personal management in relation to authority, punctuality, dress, care of property, impulse control, dependability, initiative, and resourcefulness.

Functional skills. These comprise physical, intellectual, aptitude, and achievement skills the soldier has either as innate talent or acquired by specific educational, vocation, or avocational special training. Such skills could include effectiveness in dealing with many kinds of people, for example, being "a natural salesperson," or possessing artistic talent.

Career content skills. These skills focus on those abilities related to performing a job in a particular field, profession, or occupation, and usually are acquired through technical or specialized training prior to injury onset, whether in the military or a school before service entry.

An exploration of these skills with the individual is an identification of the specific ways that intellectual and physical abilities can be used to perform specific career tasks. There are different inventories available that simply require the person to check those skills which he believes he has and can utilize for other military service or career goals. Two inventories are particularly useful: *Operation Job Match*[27] and *Career Planning Guide Book 3*.[28]

With the use of inventories, questions can be developed for the interview that will provide information on the individual's perceived skills. Such questions are:

- What projects have you accomplished? What skills did they require?
- Have your military accomplishments made you aware of special abilities? What are they?
- What do other people recognize as your skills?
- While in the military, have you taken on especially difficult tasks, ones that others didn't want to do? Which ones?

Implied in these questions is that all people have some form of excellence within them that will be expressed in experiences they feel to be achievements or successes. Examination of these many experiences will reveal a pattern of skills that are used repeatedly. For a more comprehensive understanding of an individual's skills, usually both verbalized questions and a written inventory should be used together. Frequently, individuals will trivialize their experiences and accomplishments during the interview or take them for granted, but a checklist or inventory can act as a stimulus for information disclosure that indicates skill patterns and priorities. When available, service records of assignments and performance ratings should also be used as a source of information.

Situational Assessment

When an opportunity is available within the hospital setting to place the recuperating person into a work location where one performs designated tasks, the experience can provide valuable information about career-related behaviors. Situational assessment is essentially the observation of people in work situations, and is one of the most commonly used techniques for vocational evaluation.[15] This assessment emphasizes work behaviors that are observed over a period of time in an environment that is as closely realistic as possible to actual occupational demands. This type of evaluation permits the individual to learn again the role of the worker, allows the evaluator to assess many more work behaviors that can be explored with standardized vocational testing, and minimizes the typical test-situation anxiety.

For situational assessment to be effective, an appropriate, in-hospital site should be utilized, adequate supervision provided, and a means used to gather information that, in turn, can be translated into rehabilitation planning. Because the observational approach is the basis of situational assessment, these observations must be carefully planned and scheduled, and well-designed rating and observation forms should be used. This demands that the evaluator understands the possibilities for on-site assessment within the hospital and identifies supervisors who can reliably complete an observation form. If these requirements are met, the information gained from situational assessment is added knowledge for the person recuperating from injuries to use in developing realistic career options.

The components of an effective vocational assessment program within the hospital are functional ability, interview, family, interest, transferable skills, and situational. The approaches representing the understanding of functional abilities, using an interview, and obtaining family information can be implemented as early as possible after admission to the hospital, as can the process of obtaining the person's prior service record. Healthcare related personnel available in the hospital are usually capable of conducting any of the six suggested assessment areas. Rehabilitation counselors, occupational therapists, and counseling psychologists have all received training in assessment. With additional preparation in specific vocational assessment methods, especially in the use of transferable skills and situational observation techniques, they can perform an assessment that generates useful information.

Particular medical problems, such as head and spinal cord injuries, as well as injuries resulting in amputations, will present unique problems for an evaluator. The recovery period is considerably longer than that demanded by other war injuries, and the associated severe pain of these wounds can have a decided impact on career planning. Because of the physical limitations accruing from these injuries, the interview will most frequently be the method of choice for vocational assessment. The timing for any career assessment is another consideration. Reliable evaluation results will not be gained until these conditions have medically stabilized, and it is perceived by medical personnel that there will not be a drastic change in the individual's physical condition. Yet, traumatic brain injuries (TBIs) and their residual effects may still suggest an uncertain physical, intellectual, and emotional vocational adjustment for the individual. Interests and transferable skills can change during the course of recuperation, and perhaps the most feasible in-hospital assessment is a situational evaluation just before hospital discharge, followed by a more realistic vocational assessment during outpatient status. Frequently, the evaluations on persons with TBI cannot be conducted until 18 to 24 months after injury onset.

Another specific injury that offers particular assessment demands is a wound resulting in low back pain. This injury can bring persistent pain, even after intensive, medical treatment has ceased; and though the physical source of such pain may often not be identified, it is still real to the individual. All six assessment areas suggested in this chapter are applicable for the evaluation of the person with low back pain, with perhaps an added emphasis on functional and family assessment considerations. Persistent pain has a strong influence on personality and behavior, and functional assessment may identify some of the negative manifested behaviors. Additional assessment measures, however, that explore personality dynamics may have to be used. For this purpose the Minnesota Multiphasic Personality Inventory (MMPI-2)[29] is especially valuable. Also, because the individual's pain can additionally impact the person's family and family members may perceive that they will have to live with someone who is attempting to cope with a troublesome injury, family expectations and possible family disincentives should be explored. If family members believe that a return to duty or a particular career option may aggravate an existing injury, then they may thwart any career planning efforts.[30]

Following counseling and vocational assessment, plans are usually developed for an individual. In harmony with the importance of early intervention, career planning should be done before hospital discharge. Careful attention should be given to the development of these plans. Detailed career planning is a means of communicating that a career is feasible both to the individual recuperating from the war injury and to the one who will follow up on the person's rehabilitation after discharge.

The individual's career plan is formulated after evaluation results are shared and feedback received on the person's perception and meaning of the assessment results. The evaluator gathers all the information acquired from each of the six areas, or those areas that are utilized; assembles a career profile of the individual's strengths, needs, interests, and possible career-related obstacles; and explains this profile to the individual. Career goals are then identified, and a plan to reach these goals is developed. The guidelines for a career plan are shown in the Figure 15-1.

CAREER PLAN GUIDELINE

1. Major goal: _____

2. Subgoals (steps needed to achieve major goal): _____

   A. (Subgoal) _____

      Date of Implementation: _____

      Date of Completion: _____

      Resource: _____

      Monitor: _____

   B. (Subgoal) _____

      Date of Implementation: _____

      Date of Completion: _____

      Resource: _____

      Monitor: _____

   C. (Subgoal) _____

      Date of Implementation: _____

      Date of Completion: _____

      Resource: _____

      Monitor: _____

Fig. 15-1. An example of career plan guidelines.

POSTHOSPITAL PHASE

Earlier in this chapter, the vocational rehabilitation process for war-injured service personnel was conceptualized as taking place in two phases. However, it is difficult to view this process as really breaking down into two distinct periods. It has been emphasized that the vocational rehabilitation process should begin as early as possible after injury onset; and this process will continue after discharge from the hospital, though different issues should receive attention. A few of these issues are the same whether the individual is returning to military duty or is entering civilian life and preparing for civilian career placement. To be noted is that the Department of Veterans Affairs (VA) is aware of the importance of a continuity of vocational services, and has developed the Transition Assistance Program to respond to this need. A transition assistant specialist is now located in many service-related hospitals, and meets with the recuperating individual to begin planning options for after–military-service discharge. The program consists of vocational assessment and job search assistance. Within each area the individual receives information about vocational capabilities, with an emphasis on interests, transferable skills, and work-related values. More detailed information about how to conduct a job search, including the identification of potentially helpful community resources is also provided. Initial contact with military service personnel is usually made as the time for hospital discharge approaches.

There are four issues that frequently need attention after the individual leaves the hospital: (1) posttraumatic stress disorder, (2) work hardening, (3) return-to-duty transition, and (4) the coordination of necessary services. Langley et al[31] explain that many persons might be viewed as coping effectively with their posttraumatic stress simply because they have few if any reported vocational or job-related difficulties. In reality, duty or job performance may only serve as a defense against the nightmares, intrusive thoughts, and other symptoms of posttraumatic stress disorder. Over time, this defense may become less effective as the pressures arising from the individual's illness continue. Therefore, the need for professional assistance emerges.[31] Unfortunately, this illness may be exacerbated by a wide variety of causes, such as societal / community / family disapproval of the specific war or conflict, disappointment in a career, or guilt or shame over circumstances related to the injury. Whatever the cause or the intensity of symptoms, professional attention is needed that addresses the unique problems and conveys both understanding of the individual's pain and defense mechanisms and useful insights into problem resolution. The process of assessment is critical in posttraumatic stress disorder. The initial assessment interview conducted after hospital discharge, when the soldier's symptoms become apparent, is the first setting in which the real nature of the trauma can be confided and the process of unburdening distress can take place. The presence of another person can play an important role in evoking hope and trust; key factors for the soldier when beginning therapy for this life predicament.[32]

Work hardening is another issue for many individuals who may be completing the recovery process, but still are not ready for the full resumption of military duties or civilian career placement. A relatively recent service in the vocational rehabilitation process, work hardening emphasizes (*a*) work simulation as a primary component, which includes exercise, aerobic conditioning, and education, and (*b*) a multidisciplinary approach (physical therapy, occupational therapy, vocational counseling, and psychology). When work hardening programs are available, it is more conducive to a successful return to duty, or to an appropriate civilian job placement, if the program is begun as early in the recovery period as possible, before the individual is discharged from the hospital. There are several programs available in large, urban areas that can respond to the needs of the veteran.

A third issue is specific to the soldier returning to military duty and comprises the nature of the transition from in-hospital treatment to an outpatient status and perhaps light duty demands. Returning to duty may be a time of personal crisis for many soldiers. A soldier may still harbor guilt and anxiety over the circumstances of an injury, and his expectations for a successful military career may be changing. These expectations may be reinforced by a spouse or other family members who are disappointed in the resumption of a military career. Consequently, at the time of hospital discharge, the soldier should be given the opportunity to explore and to disclose any feelings about returning to duty, and arrangements should be made, when necessary, for support in the individual's unit. Support can take the forms of listening to concerns, reinforcing feedback related to duties performed, and indicating that professional help is available to the soldier for emerging difficulties. To encourage this support, communication is often necessary between the

medical staff and the person's military unit. Also, follow-up should be conducted to assess whether the soldier is following a posthospital, treatment regimen. When the details of the regimen were communicated at the time of hospital discharge, the soldier's anxiety about returning to duty may have inhibited the understanding of important information.[33]

The fourth issue thematic to both the individual returning to duty, or to the person leaving the military, is the coordination of necessary services. Vocational assessment and counseling will often reveal many concerns that will not be resolved during in-hospital recuperation from an injury. Several emotional concerns, such as continued feelings of anxiety, fear, and loss; family matters; and assistance for career planning or job search all demand coordination so that services can be delivered in a timely, organized manner. This coordination should be arranged by a designated person at the time of hospital discharge, or very soon thereafter.

Once it has been definitely decided, however, that the individual is not going to return to any military duties but will be discharged from the service, certain steps leading eventually to an appropriate career placement should be taken. These steps begin around the time of the individual's departure from the hospital and continue until after he leaves active military service. One of these steps includes contacting a Veterans Benefit Counselor at the nearest VA Regional Office. The veteran is eligible for the VA vocational rehabilitation program, which provides services and assistance necessary for service-connected disabled veterans to achieve maximum independence in daily living and to obtain and maintain suitable employment. Vocational rehabilitation can include college, technical school, or on-the-job training. Rehabilitation services include assessment, counseling, training, subsistence allowance, and employment assistance. The VA will assist in job placement; and while a veteran is enrolled in a vocational rehabilitation program, the VA pays the cost of tuition, fees, books, supplies, and equipment. The VA may also pay for special supportive services, such as medical and dental care; prosthetic devices; and lipreading, signing, and training for those who are hearing impaired.

A veteran with other than a dishonorable military discharge is entitled to vocational rehabilitation benefits if the VA determines that the veteran needs vocational rehabilitation to overcome a medical problem that affects his ability to prepare for, obtain, or retain employment consistent with abilities, aptitudes, and interests. The veteran's service-connected disability must contribute to this employment handicap.

Eligible veterans who are disabled may receive rehabilitation services for a designated period of time. Generally, the veteran must complete a rehabilitation program within 12 years from the date the VA notifies him of entitlement to compensation benefits.

CONCLUSION

This chapter has explained a proposed process of vocational rehabilitation for the person injured during a military conflict, who is recuperating in a military hospital. The emphasis during this process is on attention to the emotional effects of the casualty, counseling, and vocational assessment. Important for the success of the individual's return to military duties, or to civilian placement following service discharge, is early, in-hospital intervention. Resources have been made available by the military services to assist the person in making an appropriate life adjustment. It is suggested that the existing career resources be implemented as soon as possible after injury onset. In some locations, some of these resources for career development may have to be modified or created, but the provision of timely, comprehensive intervention is necessary to fulfill the legal and moral obligation to those who have served.

Equally important to successful vocational rehabilitation outcome is the soldier's positive motivation and emotional investment in the process. Here again, the sooner after injury work begins with the soldier toward these goals, the easier and more effective their attainment will be.

Finally, the earlier that the rehabilitant's family, social support system, and eventual career placement setting (in or out of the military) can be brought into the planning process, the easier the posthospital discharge transition will be. Our society has gone a long way toward defining the rights of all citizens with disabilities, and those with service-connected disabilities and their advocates should become aware of and ensure compliance with these rights.

In final analysis, successful vocational rehabilitation requires a motivated client and a facilitative environment. These are best achieved by early intervention and carefully planned coordination of services.

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