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The role of the caseworker in vocational rehabilitation: A study of fifteen epileptic patients at the Boston Veterans Administration Hospital

BOSTON UNIVERSITY
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THE ROLE OF THE CASEWORKER IN VOCATIONAL REHABILITATION

A STUDY OF FIFTEEN EPILEPTIC PATIENTS

AT THE

BOSTON VETERANS ADMINISTRATION HOSPITAL

A thesis

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CHAPTER I

INTRODUCTION

Epilepsy which has the longest known medical history of any disease effects a large segment of our population. In the United States, there are about a million persons affected with this condition which is characterized by a seizure or fit. It has been said that about seventy five percent of this group can have seizures controlled by medication.[1] However, other studies have shown that with control of seizures, it does not follow that the problems of this group are solved. The difficulties besetting this chronically ill group seem at times to be almost insurmountable. Our society, because of its fears and lack of knowledge about the illness, discriminates against the epileptic in employment, education and other social activities. There are even discriminatory laws relating to his employment, marriage, and driving a car.

The challenge of meeting the complex and changing needs of people handicapped by chronic illness has given rise to increasing interest in the field of rehabilitation. The epileptic is perhaps one of the most difficult to rehabilitate because of the nature of his illness and the attitudes of the public towards the illness.

Rehabilitation can be thought of as a concerted dynamic process that involves the use of professional skills and community resources when and as they are necessary to help handicapped people achieve the maximum of func-

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1. Jerome N. Merlis, M.D. Lecture at Boston Veterans Administration Hospital, 1955.

tioning of which they are capable.[2]

The purpose of this study is to determine the role of the caseworker in the vocational rehabilitation of the epileptic patient, and to evaluate the factors affecting his employment. Employment is one area in which the epileptic maintains or regains his feelings of worth and satisfaction. Thus he can become a social asset rather than a social liability. In years past when the general defeatist attitude toward epilepsy prevailed, the majority of persons subject to seizures were either supported by the family or the public.[3] Providing for the early treatment, education and training of young persons of fair to good intelligence, we can prevent chronic epilepsy and dependency.

In order to understand the problems besetting this diagnostic group, it is necessary to have some background information regarding the nature of the disease and some of the limitations and misconceptions regarding this illness.

Epilepsy is characterized by a convulsion or a seizure which can be defined "as a spontaneous, paroxysmal, temporary loss or impairment of consciousness."[4] A seizure is a symptom of disturbance in the workings of the brain. The "cerebral dysrhythmia" is considered the fundamental cause of epilepsy as determined by a study of records made of the brain waves with the electro encephalograph. These records indicate that there is a

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2. Celia Benney. "The Role of the Social Worker in Rehabilitation," Social Casework, 39:118, March, 1955.

3. William G. Lennox, "Harvard's Contribution to Epilepsy." Harvard Medical Alumni Bulletin, June, 1950.

4. Tracey J. Putnam, M. D., Convulsive Seizures, p. 4.

predisposition to seizures in many but this does not necessarily mean all of this group will have seizures. The ultimate factor in most bodily disorders is predisposition or susceptibility to the disorder.[5] Therefore it is important to look at the conditions which may precipitate seizures:

(1) An injury to the brain,

(2) Bodily disorder such as kidney disease or a glandular disturbance,

(3) Emotional upsets by acting on an already disordered part of the brain.

There are four main types of seizures: grand mal, petit mal, psychomotor, and jacksonian.

Grand mal seizures are usually preceded by an aura or premonition such as difficulty in concentration, episodes of jerkings, headaches or malaise. These warnings usually occur in half the cases and may be vague. They are usually auditory, visual or uncinate hallucinations in some cases. In generalized seizures, the aura is followed by a cry and loss of consciousness. With loss of consciousness, the patient falls if unsupported and the tonic phase of the seizure begins. There is muscular rigidity with body and extremities flexed or extended. This tonic phase may include deviation of head and eyes upwards or downwards, or to either side. Cyanosis, drooling of saliva, incontinence of urine and feces, involuntary ejaculation are frequent concomitants of the seizures. Investigation of the aura suggests abnormal firing of one section of the cerebral cortex from which the generalized attack may ensue. After the seizure he may sleep heavily for hours.

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5. Herbert Yahries, "Epilepsy - The Ghost is out of the Closet," Public Affairs Pamphlet, No. 98, p. 17.

Petit mal seizures are of three types: (1) a sudden dropping of objects or falling of the patient; (2) a short stare in which there is a short break in the stream of consciousness; (3) there is a break in stream of consciousness, together with jerking movements of head, eyes or extremities at the rate of three per second. It lasts only a few seconds.

Psychomotor seizures are also characterized by a break in the stream of consciousness but psychic or motor activity is carried out. This activity, while purposeful, is irrelevant for time and place. Disrobing whether alone or in public is a frequent manifestation of psychomotor seizures. Bizarre behavior is common. There is total amnesia for the events after the seizure but patient may remember the aura. This type usually lasts only a few moments but may last for days.

Jacksonian seizures are usually motor in type. The movements are clonic only and begins in one part of one extremity and march to include a part of, or the entire extremity, plus other regions of the same side of the body. Loss of consciousness occurs only when the attacks become bilateral. These seizures begin in the thumb, great toe or angle of the mouth.[6]

Certainly the nature of the attack, that is loss of contact with one's environment and complete disorganization of the individual can be very threatening and the possibility of its occurring any time is disturbing. The attacks may occur day or night. The unpredictability of the attacks sometimes creates withdrawal and feelings of inferiority or dependency

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6. Francis M. Forster, M. D., The Diagnosis of Epilepsy, p. 100.

as the individual is embarrassed by making a public spectable. Sometimes family and friends by an overprotective or rejecting attitude can foster these feelings of dependency and worthliness. Therefore seizure control is important in reducing the limitations and making it possible for the patient to adjust more easily to the realities.

There are many effective medicines and new ones are being discovered daily. Following diagnosis the patient is usually treated by medication or surgery to control his seizures. The emphasis is upon control rather than cure because there is no known cure although in some cases seizures seem to have ceased.

Surgery is effective in jacksonian and psychomotor seizures for removal of tumors or scars resulting from brain injuries. The individual may have many fears and some resistance to surgery and this seems to be an area in which both doctor and social worker can help to allay some of his fears by giving him an opportunity to voice his feelings and by interpreting the need for surgery.

Medication is effective in the large majority of cases to control seizures. Dilantin is used widely for all but petit mal seizures which seem to respond to a new drug tridione. Sometimes there are disagreeable side effects; however, the drugs are not habit forming. A doctor needs to determine the dosage of the type of medicine for a particular patient. Proper medication may take some time and depends upon the patience and cooperative effort on the part of the doctor and patient. The patient needs to understand that he needs continuous daily medication. He may have strong feelings as may his family in relation to his dependency on drugs and the side effects. Some patients complain of general malaise and sexual impotence.

They may have conflicts in the sexual area not necessarily related to the illness. This might be subject for another study.

Along with drug therapy, it has been found that patients can also benefit from casework and psychiatric treatment because it is recognized persons afflicted with this illness have problems similar to patients with other chronic illnesses. Any sort of handicap - or a run of bad luck, or membership in a minority group that is looked down upon - is likely to interfere with a person's feelings of security and well being.[7] These are normal people, but many are psychologically disturbed as a result of their life situation or their reactions to the prejudices of a misinformed and superstitious public. The prejudices of society have made his lot an unhappy one. He may be shunned by many, and a seizure may cost him his job and present a barrier to getting another.

Epileptics, like other persons, have a right to be hired on the basis of what they can do. Work is necessary for support of self and family. It is also a form of treatment, for pride in personal achievement can compensate to some extent for difficulties in other areas.[8] It may be an outlet for tensions and anxieties. It is an opportunity for friendly relations with others. Creative activity may satisfy basic emotional needs and bring prestige and recognition.

Epileptics are found in all the professions and they are usually conscientious. Their accident rate is no higher than that of other workers;

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7. Herbert Yahres, "Epilepsy - the Ghost is out of the Closet," Public Affairs Pamphlet, No. 98, p. 17.

8. William G. Lennox, Science and Seizures, p. 2.

however, employers frequently are reluctant to hire epileptics or other handicapped people because they feel insurance companies prohibit it. This is erroneous thinking. The companies recognize that when properly placed, handicapped people are satisfactory workers.[9] The risk in employment is that seizures may be dangerous in certain types of work and because compensation laws make employers liable for personal injury during a seizure. Rates however are not based on who does the job but rather on the accident record of the firms. This would seem to point out the importance of a realistic work objective and placement of the epileptic. He should be placed according to his abilities and should not be exposed to hazards of machinery, heights, etc.

He is also limited by the law which says he cannot drive a car. Driving a car seems to have the psychological significance of adequacy to some as well as its being a necessary mode of transportation especially when convenient public transportation is lacking.

The writer has selected for study fifteen patients known to the National Veterans Epilepsy Center of the Boston Veterans Administration Hospital. All of these patients had referrals to Social Service and Vocational Counseling Service, because of employment difficulties. The group includes male and female patients between the ages of 21 and 39, known to the Epilepsy Unit between March 1952 and March 1955. The writer chose this particular age group because it was felt this was the period in life when people are most concerned with making decisions for the present and future. The severity of the illness varies. There were 13 white and 2 negro pa-

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9. William G. Lennox, Social Therapy of Epilepsy, p. 2.

tients studied and no attempt was made to correlate cultural factors with adjustment.

The small number of cases places a definite limitation on the study. The findings are applicable only to the group studied. The writer generally used her own casework skill in determining attitudes of patients towards the illness and their motivation towards employment. Since these were not live interviews, much of the feeling tone is missing. Also to be considered are the differences in each worker's approach to the problem and recording. The records were not always clear.

Data were obtained from available literature on the subject, closed records of medical, psychological, social and vocational services. The patients continue to be followed by the Out-Patient Clinic of the Boston Veterans Administration Hospital or Veterans Administration Mental Hygiene Clinic for continued treatment and for research purposes.

CHAPTER II

THE SETTING - THE EPILEPSY UNIT

The National Veterans Epilepsy Center was established in 1947 at Cushing Veterans Hospital in Framingham, Massachusetts, as a result of the Veterans Administration's recognition that the epileptic veterans, who number about 75,000, needed special facilities manned by specially trained personnel. It is the only one of its kind in the Country and accepts patients from all sections of the Country. It devotes its efforts to diagnosis, treatment, rehabilitation and education, and research. In 1952 the Center was moved to the Boston Veterans Administration Hospital where its program has continued. This is a general medical, surgical, and neuropsychiatric hospital. The Epilepsy Center functions as a part of the Neurology Section of the Hospital. Each patient receives a detailed neurological examination followed by various special studies and laboratory tests.[10]

Role of the Social Worker

Because he may be fearful about the procedure and have feelings about separation from his family and responsibility, it is felt social service can be an enabling factor in the patient's hospital adjustment and response to treatment and rehabilitation. She gives casework service to the patients and their families to aid them in understanding the nature of the illness and to adjust to it. If the patient feels helpless, frightened, threatened

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10. "The National Veterans Epilepsy Center," The Minute Man, IX, No. 8, July 27, 1952, p. 15.

and intimidated or resentful, his physical condition and his response to treatment will be accordingly affected.[11] The social worker is usually asked by the ward physician to obtain a social history including a description of the seizures from the patient and family. The worker also may be asked to explain further the medical regime to help with social and vocational problems, participate in case conferences contributing her knowledge about a particular patient for matters of treatment or research. She is responsible for teaching members of other professions about social work with the epileptic and may act as a member of a research team studying a particular aspect of the illness.

Through the casework relationship, the patient receives supportive therapy. This means helping him to feel he is accepted and his strength and abilities recognized for meeting his problems and making his own decisions. Through the techniques of clarification, he gains perspective about the situation and understanding of his own motivations. The worker uses the same generic casework skills and techniques as in working with any other group.

The worker's role may also be in the area of preparing the client to use other services either within the hospital or in the community. She must be aware of the appropriate resources for meeting the particular needs of her client and be able to interpret the situation to the outside agency. Within the hospital the patient may be evaluated psychologically by the clinical psychologist whose findings contribute to understanding of the

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11. Minna Field, "The Role of the Social Worker in a Modern Hospital," Social Casework, XXXIV, November, 1953, p. 399.

patient's personality and to the formulation of realistic plans for rehabilitation. Psychological tests have shown the epileptic to have the same intellectual capacity as any other group of veterans. A psychiatric consultant from Psychiatric Service is available on request of the Medical Staff of the Center. Vocational Counselors at all Veterans Administration Hospitals are required to be trained psychologists. They help the patient to assess his abilities and set a realistic work objective. It is to be expected that sometimes services will overlap. This may be in the area of assisting the client to modify emotional attitudes that result in social maladjustment with the patient being aware of the personality reorganization through which he is going.

The doctor's responsibility is mainly in the area of medical treatment, and the social worker works closely with him to interpret psychosocial aspects of the case.

All of these specialists work individually and together as a rehabilitation team with their common focus the epileptic patient. Best results are achieved where all work together. With the patient as the focus professional competitiveness is avoided. Roles are delineated thereby giving each a better understanding of his own and other contributions as well as the inter-relatedness of the services. Close cooperation avoids confusion in planning. It may be that sometimes the patient can work with one person at a time and the other team members need to be aware of the direction of the service active with the patient.

Research

The Epilepsy Center strives to increase general awareness of the problems in epilepsy and eliminate ignorance by means of lectures, pub-

lished articles, a movie called "Seizure," and correspondence. It is not enough to educate the epileptic and his family. The public must be educated so that public attitudes may be modified. It is recognized that in epilepsy, the attitudes of people towards the disease have far more reaching effects than the disease itself. Certainly the nature of the illness would tend to produce many fears and misconceptions. This calls for increased effort on the part of those familiar with the illness, such as social workers and others, to acquaint the public with the latest knowledge about epilepsy, for when families, employers, teachers, social workers and others are educated regarding epilepsy they can do much to foster a positive attitude towards those afflicted individuals.

Hospitalization

The average period of hospitalization for diagnostic work at this hospital is about three weeks. It may vary in individual cases depending on type of treatment necessary. The patient is usually followed in the outpatient clinic for regulation of his medication until control is established or seizures reduced and for research purposes. Unfortunately there are factors which hinder adequate medical and social follow-up treatment in the community following discharge. Many patients are not eligible for outpatient treatment at the Veterans Administration Mental Hygiene Clinic unless it is established that the epilepsy was related to injury while serving in the armed forces. Some communities do not have adequate resources for rehabilitation. These factors limit rehabilitation. Prejudice against the epileptic seems to carry over to some social agencies which are reluctant to give casework service or psychiatric service to the epileptic. This is indeed unfortunate as social workers realize

that "there may be factors existing in the individual's own personality not peculiar to an epileptic but to the individual person suffering from epilepsy that might serve as barriers to his adjustment to the realities."[12]

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12. Britta Hausman, "The Social Adjustment of Patients with Epilepsy," p. 7.

CHAPTER III

A DESCRIPTION OF THE GROUP

Age

The ages of the patients at the time of this study ranged from twenty-one to thirty-nine years. As can be seen in Table I, about seventy-three per cent of the group were between twenty-five and thirty-five years.

Age at Onset of Seizures and its Relation to Military Service.

Table II shows the relationship between age at onset of seizures and military service. Over fifty per cent of the group had their first seizures during service and before age twenty-five. Of those whose illness began after service, the seizures tended to occur between ages twenty-five and thirty-five. Of the total group the majority had their first seizures in early adulthood. It is possible that their training and employment experience were limited as all the patients had a period of military service from nine months to four years in early adulthood.

Type of Seizures

The type and frequency of seizures are important factors in adjustment. Persons having petit mal seizures which may go unnoticed are considered more employable than those having grand mal seizures which involves disorganization of the whole person and can be disturbing to others as well as the epileptic. However, when seizures of any type are controlled, the patient has more opportunities for employment and can be freer to make adjustment in all other areas. Twelve of those studied had grand mal seizures and three had psychomotor type seizures. Ten patients were considered controlled by medication. Control at this hospital means freedom

from seizures for a period of six months or more. If seizures occur after the six months period, then his seizures are not considered controlled until there is another six months seizure free period. Seizures of five patients were not controlled.

TABLE I

AGE DISTRIBUTION, AT TIME OF STUDY, ACCORDING TO SEX

Age	Female	Male	Total
20 to 25		2	2
25 to 30		7	7
30 to 35	1	3	4
35 to 40		2	2

TABLE II

AGE AT ONSET OF SEIZURES IN RELATION TO MILITARY SERVICE

Age	In Service	After Service	Total
Under 20	3		3
20 to 25	3	1	4
25 to 30	1	4	5
30 to 35	1	2	3

Employment Status

Table III shows occupational status before and after onset of illness and after treatment. None of the patients was unemployed before the illness but thirteen per cent were unemployed after onset of seizures and forty per cent were unemployed after treatment. Forty-six per cent were in the skilled and semi-skilled occupations. There is a slight decrease in this group after onset of illness and treatment. The large number of unemployed after treatment indicates there may be factors other than seizures interfering in adjustment because thirty-three per cent of the group unemployed after treatment had worked after onset of seizures. Perhaps these unemployed veterans needed more casework help and counseling in vocational direction or new training as many of these were exposed to hazardous conditions such as machinery or chemicals.

TABLE III

OCCUPATIONAL STATUS BEFORE AND AFTER ONSET OF ILLNESS AND AFTER TREATMENT

Type	Before Onset	After Onset	After Treatment
Professional	2		1
Clerical and Sales	2	2	
Skilled	5	3	3
Semi-skilled	2	3	2
Unskilled	1	2	1
Service occupations	2	2	1
Agricultural		1	
Unemployed		2	6
Unknown	1		1
Total	15	15	15

Education

One patient had completed college and law school. Five patients were high school graduates and three of these had specialized training beyond high school. Nine patients had from 6th grade to 11th grade education and some specialized training. Thus, about one-half of the group had adequate educational background.

Sources of Income

Patients provided for their own and family needs in various ways. Many who had conditions considered related to military service received service connected compensations. The condition might be other than epilepsy. One patient received compensation for rheumatoid arthritis, two for psychoneurosis, four for epilepsy, one for hearing loss, one for rheumatic heart disease. There was one patient receiving a non-service connected pension. This type of pension is available for disabled veterans whose condition is not related to service but is a barrier to regular full time employment.

Table IV shows sources of income before illness, after illness and after treatment. Before the onset of seizures about fifty-three per cent depended upon income from employment. Twenty per cent were dependent upon parents because of youth, and the rest of the group had income in addition to earnings.

After onset of the illness, there was greater dependency upon resources other than income with only thirteen per cent continuing to depend solely on earnings.

After treatment of the illness, sixty per cent were independent of parents and/or public grants other than veterans pensions.

TABLE IV

SOURCES OF INCOME BEFORE AND AFTER ONSET OF ILLNESS AND AFTER TREATMENT

Source	Before Onset	After Onset	After Treatment
Earnings	8	2	3
Earnings and pension	2	1	4
Earnings, pension and wife's pay	2		2
Pension		1	
Pension and wife's pay		1	
Pension, wife's pay and other grant		1	
Pension and parents		1	2
Parents	3	3	1
Other grant		5	3
Total	15	15	15

Marital Status

Of the group of fifteen, fifty-three per cent were married with one to three children. Forty per cent were single and without dependents. One patient was divorced before onset of seizures and had no dependents. Fifty-three per cent of the married group married after seizures.

The responsibility of having dependents indicates a relationship between employment status and marriage.

Table V shows that seventy-five per cent of the married group was employed whereas forty-three per cent of the non-married group was employed.

TABLE V

EMPLOYMENT STATUS IN RELATION TO MARITAL STATUS

Marital Status	Total	Employed	Unemployed
Married	8	6	2
Single	6	3	3
Divorced	1	0	1
Total	15	9	6

CHAPTER IV

CASE PRESENTATIONS AND ANALYSIS OF DATA

The following cases were referred to social service by the Medical resident in the Epilepsy Unit for exploration of the employment problems or for employment history. They were referred also to the Vocational Counseling Service for evaluation of abilities and selective job placement. Usually the patient was unemployed or needed help in the area of vocational direction.

The first five cases have been discussed fully to give a picture of the kind of information secured in casework interviews. The ten remaining cases have been summarized briefly indicating the negative and positive factors in the employment of these epileptic patients and showing the role of the social worker in the vocational rehabilitation of these patients. Follow-up interviews with the patients by the caseworker and/or by the medical resident gave some further indications of the patient's adjustment.

No attempt was made to rate the vocational and social adjustment of these patients after discharge because it was felt that rehabilitation had just begun and that patients needed more service and time in which to work out their difficulties. This study simply showed the patient's adjustment to his illness and other factors in his environment.

The goal of the social worker was to make a psychosocial diagnosis of the patient in order to offer appropriate casework service for optimum vocational and social adjustment. The worker kept in close contact with the medical staff and usually had some contact with other personnel within the

hospital and agencies in the community.

CASE I

Medical Information

Mr. P, a thirty-two year old white male was subject to grand mal seizures which began in 1951. There was loss of consciousness about three times per year either in the day or night. He also had a rheumatic heart condition. Seizures have been controlled by medication.

Social Economic Situation

This patient was married and lived with his wife and three children in a suburban community in Connecticut. His social activities centered around his family and he planned recreation during the day as he had been working on the night shift. He was employed prior to hospitalization as a rubber mill worker making tires and tubes. His income consisted of his earnings and a service connected compensation of $54.00 per month for rheumatic heart disease. He was able to provide adequately for his family and was buying his own home. While hospitalized, Veteran's Services provided for his family.

This patient completed the tenth grade and had no formal specialized training.

Inter-personal Relationships

The patient's discussion of the joint planning and recreation with all members of his family indicated good family relationships. He told of closeness to his parents and siblings.

Nothing was known of his work relationships but perhaps it could be assumed from the fact of his stable work history that work relations did not interfere with employment.

Attitude of Patient and Others Towards the Illness

The patient felt "stagnated" and questioned whether he really had epilepsy because of having had three "spells" in which he merely fainted. He had fears about the fatal aspects of his illness and requested contact with an attorney to make his will. He also brought out concern that he might harm his children during a seizure. This man was reluctant to discuss the epilepsy with an employer because of not knowing how the employer would feel about the illness.

As the social worker had no contact with the employer or the family, it was not known how they felt about the illness.

Attitude of Patient and Others Towards his Employment

His past steady employment record showed that the patient had had good motivation to work. His realistic reason for working was to provide adequately for his family. The subjective reasons were the satisfactions of his job and the fact his working hours on this last job allowed him more time with his children. The job was still open to him and he wanted to return. The nature of his seizures, fainting spells two or three times a year, was not a problem physically or otherwise. The family expected he would return to his former job. His employer knew of his spells but not the diagnosis of epilepsy. He expected the veteran to return to work.

Employment History

Prior to military service the patient worked two years as a construction worker in an aircraft factory. Since discharge, he worked seven years making tires and tubes in a rubber factory.

Social Service Contact

Although the patient was referred by his ward physician because of a work problem, his major concern at the time of admission was financial support for his family during the long period of hospitalization. The worker's immediate goal was in the area of helping him find resources in his community for financial aid. Her long range goal was helping in his vocational problem. He was adequate to handle his own problem and refused the worker's offer of a contact with his employer to discuss his situation.

The worker accepted his fears about the illness as natural and helped him to understand the illness and to face separation from his family. She reassured him that the possibility of control was good in his case. She helped him to focus on his achievements and his ability, thereby motivating him to be realistic about his work objective. He decided to return to his last job. The social worker kept in close contact with the medical staff contributing her knowledge of the patient and with outside agencies regarding the financial problem.

Vocational Counseling Contact

Unfortunately the patient was referred at the point of discharge to this service so that a thorough assessment of his capacity was not made. The counselor did feel that this was a patient who could handle his problems adequately. There was no contact between social worker and counselor.

Adjustment

This veteran, after his fears about the illness were dealt with and allayed, and provisions worked out for the support of his family, was able to adjust to the hospital situation. When

seen by the social worker in follow-up clinic three months and six months after discharge, he had been working in his last job making tires and tubes and getting satisfactions in his work. Seizures were controlled.

Interpretation

This man was disturbed about separation from his family because they were deprived of his support. He also had many fears about the illness that seemed to have been dispelled to some extent by his contacts with the social worker who gave him an opportunity to express his fears and assisted him in finding financial resources for his family.

The problem relating to his work was whether his illness might necessitate a change in jobs. However, the most realistic plan seemed to be for him to return to his last job where his same skills could be utilized and where he got satisfactions. There were no hazardous conditions on the job that precluded his returning there.

The patient's inter-personal relationships as we knew them were positive factors in his adjustment and indicated ego strengths on his part, that he could relate to people in a positive manner. He was seen early in the illness before his fears about epilepsy were fixed. Seeing the patient, and if it had been possible his family, so early in treatment made rehabilitation an easier process for the social worker and patient. Assisting with external problems, such as financial resources for his dependents, made him more amenable to treatment.

CASE II

Medical Information

Mr A, a thirty year old white male, suffered from grand mal seizures which began in 1943 while he was in service. These seizures were monthly then gradually increased to three per week. The precipitating factor was a severe head injury in 1942 when he was accidentally shot in the head while hunting. His face was badly disfigured and he wore a plastic eye.

Medication had not controlled his seizures.

Socio Economic Situation

This patient was the seventh of nine siblings. He was single and prior to hospitalization was living with a married sister but expressed discontent at being dependent on her when he became ill. His income from his last job as a rack maker in an electroplating firm was more than adequate to cover his needs. He had also developed a special technique for repairing tanks and this augmented his income.

He left school in the tenth grade at age sixteen to go to work to supplement the family income. He had no specialized training.

He had withdrawn from social activities since his accident and derived major satisfaction from his work.

Inter-personal Relationships

According to the patient, family relationships were always poor and he talked of not having enough food and clothing as a child because of his father's unemployment which was related to alcoholism. He told of the father's cruel behavior towards the children and mother. There was a good deal of conscious hostility towards the father for not meeting his needs. Recently the father became ill with a terminal disease and since the illness, the patient's attacks had increased. This indicated unconscious fears of retaliation for his anger toward the father. This conflict between the patient and the father carried over in other relationships. He had difficulty with authority figures. He was resentful towards and suspicious of the motives of his employer and others. His relationships with siblings were strained because he believed they wanted him in their houses not for himself but because he could help them financially.

His mother was dead.

This veteran felt unacceptable to people because of his facial disfigurement.

Attitude of Patient and Others Towards the Illness

The patient denied epilepsy and felt it was more acceptable to consider his condition as due to shock and damage to nerves. He was reluctant to think about seizures and resisted keeping a record of them as suggested by the medical staff. He did not want to tell a prospective employer about the epilepsy.

Although he saw his siblings and others as exploiting him, and there might have been reality in this, their willingness to have him in their homes and their visits to him at the hospital, indicated that they were accepting of the illness and were trying to help and understand the patient.

His last employer accepted the diagnosis and urged the patient to get medical attention.

Attitude of Patient and Others Towards Employment

The patient was motivated to work out of his desire to earn enough money to pattern his technique of tank repair. He was creative and got satisfactions in his work which he saw as a deterrent against anxiety about his condition and background. He never had a seizure on the job. He had qualities of leadership as indicated in his involvement in establishing a union in his last job and interest in improving working conditions. He decided to return to his former job where his abilities were recognized and where adjustments could be made to protect him from work hazards.

His family, according to the patient, saw his working as financially beneficial to them.

His employer knew of his seizures and was willing that he return to his old job and encouraged him to pattern his tank repairing process.

Employment History

When he left school, he worked four years in a dental laboratory along with other family members, doing general maintenance work. After military service and the onset of seizures, he worked five years as a rack maker in an electroplating firm where he devised a technique of tank repair. He was suspended due to absences for illness.

Social Service Contact

This patient was referred to social service by the physician for an employment history. The worker recognized that the patient was emotionally disturbed as a result of a deprived background, his physical disfigurement, and his fears related to epilepsy. Her goal was to support his ego by focusing on his abilities, giving him an opportunity to express his feelings about his appearance, his illness, and his family relationships. By a warm accepting attitude towards the patient, the worker was able to give him a sense of his own worth so that he could move in the direction of a realistic employment goal. She accepted his feelings of hostility towards his father as natural and perhaps could have helped him to see his reactions to fellow workers as similar to his family conflicts. He certainly must have had anxiety about his father's illness and his own hostile attitude towards his father. It was very significant that seizures increased markedly since his father's illness.

By getting the patient to describe his seizures, the worker helped him to face the reality of them and the need for regular medication and medical supervision.

Vocational Counseling Contact

The patient was referred by his ward physician for vocational evaluation and placement. Early in the contacts the patient expressed feelings of depression and discouragement socially and vocationally. The counselor helped him by focusing on his present and past achievements as indicating a more hopeful future than he expected. The patient was able to accept the fact that he could be employed under certain restrictions, such as not climbing ladders or working over open vats. He had never had a seizure on the job and was able to recognize that seizures increased as tension and anxiety increased.

He brought out the fact that his past employer had offered him work with the knowledge of his epilepsy.

The patient responded to the interest and understanding of the social worker and counselor and was freer to seek employment and new living quarters. He was referred to his local state employment service where he had a good relationship with the placement worker should he decide not to return to his old job.

There was no communication between social service and vocational counseling service.

Adjustment

The patient benefited from casework and vocational counseling contacts as shown in his beginning acceptance of his own worth, his illness and its limitations. He was able to begin to plan realistically for his future before leaving the hospital.

There was no follow-up contact.

Interpretation

This patient's difficulties in adjustment stemmed from unsatisfactory inter-personal relationships. He had a deprived family background and was disturbed by extreme hostility towards his ill father who had never provided adequately and abused him as a child. He was in conflict about his dependency and became anxious when he was unemployed and had to depend on a married sister. Although he felt unacceptable to his family and others because of an ugly facial disfigurement, he functioned adequately in his work. Work was his main source of satisfaction and a defense against dependency.

Both the caseworker and the vocational counselor had to consider the emotional component interfering in his adjustment. Both gave emotional support and accepted the patient as an individual with ability to succeed. When he was helped to face and deal with the epilepsy, the disfigurement and poor interpersonal relationships, he was freed to move in the direction of employment. His development of a special technique to repair tanks was a positive factor in his motivation for employment, as was his good work history and his last employer's willingness to give him a job.

The negative factors were his poor family relationships. He was not getting the emotional support he sought from his family members with whom he never had good relationships. If his own dependency needs were

not so great he probably could have accepted living with his married siblings.

His deprived background is of paramount consideration in his adjustment.

The epilepsy is secondary. He needed social therapy for help in self-understanding. The caseworker should have worked in the area of enabling him to use the Mental Hygiene Clinic for continued therapy for his emotional difficulties.

He is, however, on the way to rehabilitation.

CASE III

Medical Information

According to the medical records, Mr. B, a twenty-five year old white male had grand mal seizures secondary to hemangioma of the vessels of the brain. His first seizure occurred in 1947 while in the army, a second in 1949 and a third and fourth in 1952. His seizures were characterized by jerking motions and loss of consciousness. In April 1953, surgery was done but it was impossible to remove the damaged tissue. Medication had not controlled seizures.

Socio Economic Situation

The patient was the oldest of seven siblings, two of whom died in infancy. Both parents are living. He left school in the ninth grade at age sixteen to go to work.

At present he is living with his twenty-one year old wife and two children, nine months and three years of age. He supported his family by his earnings as a cab driver. During his illness the family received financial aid from Veterans Aid, and his parents took responsibility for outstanding debts like payments for his cab.

Inter-personal Relationships

Both parents were interested in the patient's welfare and helped him to carry his responsibilities. There was a close feeling between patient and parents. Both mother and wife noticed a personality change in him since seizures began. He became irritable, critical and withdrawn. The marital relationship was strained as a result of the patient's perfectionistic demands upon his wife and the three year old daughter. He was sadistic towards this girl who had become tense and fearful in his presence. At times he was loving towards her.

Nothing was known of relationships with siblings or employers. He told of disharmony between his mother and the spouses of siblings.

Attitude of Patient and Others Towards the Illness

Mr. B was apprehensive, anxious and tense about his condition and fearful of medical procedures. He also realized his illness made him irritable towards his family, and others, and that it interfered with his motivation.

His family were accepting of him and the diagnosis but were

very concerned about the personality change.

Employer's attitudes were not known.

Attitude of Patient and Others Towards his Employment.

The patient's request for vocational counseling indicated some interest in and motivation to work. However, he blamed his illness for his fatigue and lack of ambition and was reluctant to accept that he could not continue as a cab driver because his seizures were not controlled. He had no other vocational interest.

The parents' willingness to help him keep the cab might be considered as an indication they felt he could return to that kind of job. The wife questioned whether he could work in view of his personality change.

Employment History

Mr. B had no special skills and depended upon trucking and cab driving. He worked one year prior to army service as a busboy. Since discharge from service, he has had an erratic work history as a truck driver. He worked as a maintenance man for a year prior to getting his own cab which he had had less than a year.

Social Service Contact

The medical resident referred the patient to social service for a description from his family of the patient's seizures and also for vocational history. The caseworker interviewed the patient's mother and wife and interpreted the illness to them. She gave support to the wife in the area of the wife's concern about the patient's demands upon the wife and daughter. The wife accepted a referral to a family agency for counseling. The patient also brought out his concern about the daughter's nervousness but had no insight into his own part in her problem. He expressed a desire for help with the child's problem and accepted the referral to the family agency but never followed through even though the agency made efforts to contact patient and his wife.

When surgery was recommended, the social worker gave emotional support and explanation when the patient expressed fears about the surgery. Through the casework relationship, he was better able to face the painful medical procedures.

There was contact between services, namely, medical, psychological, social and vocational. The psychological and psychiatric evaluations described him as having a character disorder. His strong dependency needs were of long standing and he seemed in conflict regarding the passive feminine traits of his personality.

His major defenses were denial, repression and avoidance. The writer felt this patient was probably too disturbed emotionally to be able to use intensive casework treatment. However, he was able to respond to casework therapy in the area of adjusting to the hospital setting and facing the painful aspects of treatment. In the hospital situation his dependency was acceptable and could be met to some extent. However, when called upon to carry adult responsibilities, he was too disturbed to do so.

Vocational Counseling Service

The patient was referred by his ward physician for evaluation of employability. He was encouraged to give up his cab and return to his former job which was more suitable in view of his diagnosis. The patient was not able to plan realistically and probably needed more time to work through his feelings about his illness.

Adjustment

When seen by the medical resident in out-patient clinic seven months after discharge from the hospital, patient was employed as a gas station attendant. He had not had any "black outs." A year later he was unemployed having lost his job due to a seizure. His adjustment was questionable. He was unable to hold a job due to the seizures. Neither he nor his wife has responded to the family agency's offer of counseling for problems relating to the child and his inter-personal relationships.

Interpretation

The so called personality change or emotional difficulties interfered with this veteran's optimum adjustment. The personality problems were possibly due to the brain tumor which was inoperable and also to dependency needs of long standing. He was the oldest of seven children and probably never felt he received enough attention and support. He therefore resented his children who were representatives of his rivalry with his siblings for the attention of the mother. His recognition of family problems was a factor in attempting a referral for casework service. He asked for help in coping with the child's problems. His failure to follow through on the referral indicated his inability to look at his own part in the child's difficulty.

The caseworker gave support and interpretation to the patient and his family regarding the nature of his illness, and helped the patient to face surgery.

In relation to the work problem, the worker in cooperation with the vocational counselor tried to help the patient be realistic about his employment plans. It was not feasible for him to continue as a cab driver because of the danger to himself and others should he have a seizure while driving. He was reluctant to give up driving until his seizures were controlled.

The positives in this patient's situation were the positive parental relationship, his wife's concern for him, and his response to casework service in the hospital. He was able to face many unpleasant and frightening medical procedures and seemed to derive some sense of his own worth by the acceptance of his family and hospital staff.

He certainly needed therapy for his emotional difficulties which interfered with his inter-personal relationships and employability. The emotional component could have been a factor in his seizures for it is known that stress situations can precipitate seizures.

This patient was not considered rehabilitable, although he did make some gains as shown in his positive response to medical staff and the social worker. He needed help to prepare him to use resources in his community for treatment to improve his mental health.

CASE IV

Medical Information

Mr. M, a twenty-eight year old negro veteran, had a diagnosis of psychomotor seizures which began in the navy in 1945. His seizures did not respond to medication. Drinking was a problem and was considered to be a factor in his seizure control as it is known that alcohol is one of the precipitating factors in seizures.

Socio Economic Situation

The patient was one of four children. The others were married and lived away from home. The patient lived with his parents who owned their home and were economically secure. Prior to hospitalization, this veteran worked at various jobs and paid room and board to his parents. His last job was ward attendant in a Veterans Hospital. He had a service connected compensation of $109.00 per month for epilepsy.

He enjoyed social activities such as dancing and sports with young people his own age.

He graduated from technical high school. He had good average intellectual capacity when evaluated psychologically.

Inter-personal Relationships

Family relationships were close. However, his mother was inclined to be over-protective of him and his father, a lay minister, somewhat strict with rather rigid moral standards. He objected strongly to the patient's drinking and associations. Both parents gave emotional support and encouragement during hospitalization. He felt close to them. He enjoyed doing household repairs and painting at home.

Early in his hospitalization, he expressed concern because his girl friend was unable to accept his diagnosis. He had gradually withdrawn from social contacts with companions acceptable to his family.

Relationships with siblings were good and he enjoyed their children.

Attitude of Patient and Others Towards the Illness

The patient was very discouraged and resentful because he was unable to hold a job due to seizures and unable to hold his girl. He tried to deny his depression but his affect revealed his distress. His eyes watered as he talked about his predicament.

His parents and siblings were accepting of him and concerned about the diagnosis. At one point his mother withdrew the medication because she felt patient should not become dependent upon drugs. When it was explained that medicine could control seizures, she accepted this. His was a very religious family that viewed dependency upon drugs as sinful. There was some mention by the mother of the patient's being addicted to heroin.

Employers were not accepting of epilepsy although the patient reported that one did give him a transfer to a safer job after a seizure but discharged him following another seizure.

The patient accepted most limitations related to epilepsy with the exception of alcohol. He reluctantly agreed to try to control his drinking.

Attitude of Patient and Others Towards his Employment

Mr. M, if one can judge by his past efforts to secure work, was motivated to work but quite resentful that seizures interfered with his employment. As his resentment increased, he seemed to withdraw and was not actively seeking work. He liked doing household chores so that it could be inferred that work was satisfying and gave him a sense of his worth.

His family encouraged him to work about the house. They too felt discouraged about his inability to hold jobs. One employer was somewhat accepting of the patient's condition and transferred him to another job but fired him after a second seizure on the job. The majority of his employers did not allow him to continue to work after a seizure.

Employment History

Starting in high school the patient worked as a bellhop and then as an electrician's helper in a shipyard for six weeks prior to entrance in the navy in 1943. After the war, he worked as a clerk in a war surplus office and had other odd jobs until 1948 when he was hired as a ward attendant in a hospital. He was discharged three months later when he had a seizure on the job. He did not work after this.

Social Service Contact

The goals of social service were to help this patient and his family to understand and accept the illness with its medical regime and its limitations. She gave the patient an opportunity to verbalize his feelings about epilepsy and by warm acceptance of him as a worth while person, he was able to move in the direction of vocational planning. She helped him to focus on his assets, stable family situation, good intellectual capacity and the availability of training through the Veterans Administration

Rehabilitation Program. Patient seemed somewhat more optimistic about his future after this contact.

Vocational Counseling Contact

The counselor assessed the patient's capacities and medical feasibility of training was evaluated with the medical staff. The patient was referred to Vocational Rehabilitation for training to prepare him for suitable employment. There was contact with social service for joint planning.

Adjustment

This patient did not make optimem adjustment for lack of employment opportunities and good control of seizures. There was an element of passivity as he had a tendency to give up easily and withdraw from painful situations. When seen in follow-up clinic, he was unemployed and reported that he was getting psychiatric treatment at the Mental Hygiene Clinic as a result of disturbed reactions to drugs.

Interpretation

This young man had emotional difficulties as a result of his inability to accept his diagnosis and his rejection because of it by employers and his girl friend. He wanted a normal way of life, marriage and economic independence. Although his parental relationships were close, this did not compensate for his disturbed relationships in other areas, social and employment, which have a good deal of meaning for him. He tried to deny problems and could not reveal his condition to friends or employers. He felt inadequate and insecure.

The caseworker sought to support his ego strengths by pointing out the positives in his situation, past motivation for work and good intellectual capacity. By helping him to express and deal with his feelings related to his diagnosis, the worker helped him to be able to accept some of the limitations of his illness such as not taking alcohol and finding suitable employment.

Vocational counseling also evaluated his ability and recommended that he seek specialized training under the Veterans Administration Rehabilitation Program. However, employability was not considered medically feasible due to poor control of seizures.

Follow-up contacts revealed he has had psychotic reactions to use of certain drugs and this personality disturbance was a prime factor in his adjustment. He was hoping to secure Veterans Training when medically feasible, in the meantime he received psychiatric treatment at the Mental Hygiene Clinic of the Veterans Administration.

His vocational rehabilitation was hampered by personality problems and poor seizure control; however, he was in the process of physical and emotional rehabilitation.

CASE V

Medical Information

Mr. D was a thirty-four year old white male with grand mal seizures which began in 1950 after military service. He had had rheumatoid arthritis since 1946 and also suffered with migraine headaches. His seizures were not controlled by medication but the severity of seizures was reduced following treatment. He was confined to a wheel chair because of crippling effects of arthritis.

Socio Economic Situation

The patient lived with his wife and three daughters, twelve, eight and five years of age, in a large industrial city. He had been unemployed since 1949 due to the arthritis condition for which he had a service connected pension of $63.00 per month. This was supplemented by Veterans Aid. One of the children had a rheumatic heart condition and appeared to be retarded.

Prior to 1949, the patient had worked steadily as a truck driver and provided adequately for his family.

His education was limited. He had completed the sixth grade and had had two years of training in carpentry.

His recreation included finger painting and reading science and detective fiction.

Inter-personal Relationships

The patient had a close relationship with his mother and his own family. However, his wife tended to be over-protective of him and shielded him from responsibility. She assumed a maternal attitude towards him.

The oldest daughter had nervous symptoms which might have been a reaction to the patient's illness as she helped to care for him.

Nothing is known of work relationships.

Attitude of Patient and Others Towards the Illness

Although the patient gave the impression of indifference to his epilepsy, he sought to deny the diagnosis and had resistance to consistent use of drugs. He focused more attention on the arthritis which, according to medical and psychology personnel, had a large emotional component. He was deriving secondary gains from the illness. His only expressed fear was that he might harm the children during a seizure.

His wife felt over burdened with the responsibility of caring for him in addition to the children. She felt his seizures were very disturbing to the children who were fearful and nervous as a result of seeing the patient's seizures.

His mother felt his condition was hopeless.

Attitude of Patient and Others Towards His Employment

The patient did not feel he could work because of the arthritis. He had been supported by Veterans Aid for four years prior to hospitalization and was not concerned about his unstable financial situation to be motivated to work. His emotional difficulties were considered to be interfering with employment. He had no vocational direction but did express interest in truck driving which was not suitable for epileptics.

His wife took a motherly attitude towards him and did not expect him to work, neither did his mother.

Nothing is known of employer attitude.

Employment History

The patient was employed prior to military service as a bobbin boy in a textile mill for two years. After service, he worked six years as a truck driver for a paper mill and had also worked as a shipping clerk in the same mill. He had a brief six weeks period of employment as a presser in a dry cleaning business but had to give this up because of his arthritis. He liked truck driving more than any other job.

Social Service Contact

The social worker's role with the patient and his family was supportive. Since he was not considered employable, the focus was on helping the wife to see that her need to protect the patient was harmful to him from an emotional point of view. Through an understanding of the psychogenic involvement, she might perhaps be able to help the patient to assume an adult role within the limits of his condition. Thus he may be motivated to work. Unfortunately the worker, who began with the wife, left and there was no follow-up casework service.

In the follow-up clinic sometime later, a second worker supported the wife in her need to be temporarily relieved of the burden of the patient's care. Talking out her feelings seemed to relieve some of the wife's tensions. However, nursing home care was not available.

Vocational Counseling Contact

The patient was evaluated vocationally. This service helped

the other services to be realistic regarding employability. This was considered a difficult case and plans for referral to the State Rehabilitation Board were considered. Patient accepted the referral.

Adjustment

There was some improvement in the patient's physical and emotional condition the first three months after discharge from the hospital. He had his own small business in insurance and as a Notary Public. Then he regressed to dependency possibly due to feelings of inadequacy. He complained of sexual impotence, depression and poor physical condition. He had progressed to walking with a cane, then as he became depressed, he reverted to the use of his wheel chair, and stopped working altogether.

Interpretation

The multiplicity of ailments were the realistic factors in this man's employment. He complained of arthritis of both hands and back, weakness in the right leg which precluded prolonged standing. His vision became blurred from reading and migraine headaches. Working near machinery made him nervous.

The social worker as member of the team assisted in getting a realistic social diagnosis to aid the other members of the team in understanding the needs of this patient. Her major service to the patient was in her work with the wife to help her understand the nature of the patient's illness and her own part in helping him to attain emotional health. The wife was actually fostering the patient's strong dependency needs by her overprotective motherly attitude. The goal of casework was to help the wife gain insight into her own and patient's motivation. She developed some awareness that she was harming his emotional development by shielding him from responsibility and not letting him assume an adult role. There was limited improvement as casework contacts with the wife continued with the worker giving the wife emotional support and understanding. However,

the wife was not able to follow through on the slight gains she made in casework therapy when the worker left the agency. It was highly probable that the wife might have been able to accept a referral to a family agency for counseling in relation to the marital problems and the children's problems. The children were reacting to the strained home atmosphere.

It was questionable whether the patient could have used casework because of his strong defensive system and long standing psychic problems. He denied problems relating to epilepsy but his dislike of regular medication would seem to indicate underlying feelings of apprehension and concern.

Psychological evaluation revealed him as a passive dependent narcissistic person who had a problem in expressing negative affect and whose needs were being met in the present situation.

Epilepsy was secondary to his emotional difficulties which were the result of possible early deprivation; however, not enough was known of his early history.

It was realistic to focus on the emotional problems as this patient was not employable from a psychological as well as medical point of view.

The results of casework really cannot be measured because of the worker's leaving the agency and failure to refer for continuous casework therapy for the wife. The patient had average intelligence and when emotionally ready might be able to use vocational training for suitable job placement. Perhaps later sheltered workshop might be a step in vocational rehabilitation.

This was a satisfactory case from the point of view of cooperation of services in the beginning rehabilitation of this patient.

The following are brief summaries of the vocational adjustment of ten patients with epilepsy with a brief discussion of the role of the social worker, vocational counselor and team participation in adjustment.

Mr. R, a 28 year old white single veteran had a diagnosis of psychomotor seizures which began in service in 1944 and for which he had a one hundred per cent service connected compensation. He insisted he accepted his condition and that the problem was in the attitude of others. Seizures were not controlled.

He lived with his parents in a southern state and his difficulty was in inter-personal relationships. He described a strained relationship with his father whom he felt did not understand or accept him. There was some rivalry with a married sister. He did feel that his mother understood him and he claimed to have gotten along with his boss and other workers on the job although he said he worked best when left to himself.

The patient's vocational problem was that emotional difficulties interfered with his adjustment. There was withdrawal from social contacts as a result of his having grabbed a female co-worker during seizures on the job. The vocational counselor decided it was best for him to develop his goal of fishing rod repair business in his parent's home. This choice would not be affected by epilepsy or aggravate his condition. He also could derive emotional satisfactions in enabling other handicapped veterans to become self-employed by assisting in their training.

The role of the social worker was to give the patient an opportunity to verbalize his feelings about epilepsy and the attitudes of others towards him. By helping him to face the limitations of his condition, he was freed to move in the direction of a realistic work objective continuing his fishing rod repair business. Although there was no communication between social worker and vocational counselor, the counselor supported the patient in his business goal. The patient was motivated by a desire for independence and also for acceptance by his father as a worth while person. There was no follow-up.

Mr. S, a thirty year old white married male suffered with nocturnal grand mal seizures which began in 1943 in service and have been controlled by medication.

He lived with his wife and three children and had good family and employment relationships although he complained that his illness had made him more irritable with his family. He had a

good work history and for the past ten years had been employed as a steelworker and foreman in a steel foundry. He lost this job due to a seizure. He was well motivated to seek employment to support his family and his participation in group therapy at the hospital indicated leadership qualities and motivation to bring about social action in behalf of epileptics. The problem was in his refusal in social service and vocational counseling contacts to accept any limitations in employment as he felt steel work was the only kind to which he could return.

Contact with social service gave the patient an opportunity to ventilate his feelings about epilepsy so that he could begin to accept that another type of work was less hazardous and more stable. The caseworker discussed the social aspects with the medical staff and suggested referral for vocational counseling. This service tried to help the patient assess his abilities and to select a realistic job objective. This case could have been referred to a family agency to continue casework planning.

The patient gradually became less fearful of seizures due to control by medication and when seen in follow-up clinic was able to be realistic about employment. He had had experience in the past working for an orthopedic doctor and had applied for that work. The initial goals of rehabilitation were accomplished with the services working cooperatively.

Mr. H, a thirty-nine year old white married man, had grand mal seizures which began in service in 1946. Alcohol was a factor in his seizures as he was a chronic alcoholic. His seizures have been controlled by medication.

He lived with his wife and fourteen year old daughter in a large industrial city. There was a good deal of marital discord of long standing and they maintained the marriage because the daughter was opposed to divorce. They did not live as man and wife. He implied a good relationship with other relatives and it was assumed work relations were good because he had held the same job in a plating firm for nine years. He was discharged from the service following a seizure. He had limited education but good average intelligence. His objective was appropriate. He wanted to be a cook or kitchen worker as in the army. This tied in with his personality characteristics. He had feelings of personal inadequacy and a tendency toward feminine identification. His defenses could be held in tact by this kind of work or simple work not requiring responsibility beyond his ability.

He was economically secure. He had army retirement pension and his wife was employed. His motivation came from a desire to be occupied.

The goals of the worker were to provide the medical staff with pertinent social information and to aid the patient toward a realistic employment objective. She gave him an opportunity to express his feelings about the marital situation but he refused help with the marital problem because he had adjusted to the situation which did not impose more responsibility than he could carry. Worker was not able to give enough time to the patient (because of her absences) to understand his feelings about epilepsy, his family and his alcoholism as related to seizures. She did refer him to vocational counseling service; however, there was not sufficient time to evaluate the patient's employability and he was referred for this to the United States Employment Service. Factors interfering with his employment were his heart condition, emotional problems and alcoholism. His motivation and training in kitchen work were positive factors in successful vocational adjustment. When seen for follow-up after discharge from the hospital, he was employed as a kitchen worker and reasonably satisfied.

Mr. W, a twenty-nine year old white single male, had a diagnosis of psychomotor seizures secondary to a diagnosis of angioma. His first seizure was in service in 1944. He was treated by surgery and medication (mesantoin and phenobarbital). He had toxic psycotic reactions to mesantoin. Seizures were not controlled.

He lived at home with his parents who worked and four unemployed siblings. He was completely dependent upon his mother whom he believed was the only family member who accepted and understood him. His siblings and father, an alcoholic, taunted him. He shunned social contacts but got support from religious faith. He had difficulty with employers even before illness. He saw his illness as a social and vocational stigma.

He had a good work history beginning in high school when he worked as a golf caddy and then as a laborer until naval service. He was placed as a gardener through contacts with an employment agency that knew his diagnosis. He liked the job and never had a seizure on the job. He was motivated to work as a deterrent against depression. However, his emotional difficulties and dependency needs hampered employment. The attitudes of his family were an area through which this man could be helped. Certainly his adjustment was affected by their evaluation of him as a "maniac and a bum". He saw the relationship between emotional stress and seizures.

It was questionable whether he was employable. His seizures were not controlled. He had severe psychic problems due to family rejection. He was suicidal due to discouragement over the diagnosis. He had limited education and no specialized training. The medical staff felt he was too deteriorated to use help in the

area of employment and inter-personal relationships.

The role of the social worker was to give the patient emotional support while in the hospital by showing interest in him and giving him an opportunity to talk out his feelings about the diagnosis and family relations. It was not too clear as to what happened in interviews but certainly it would have been helpful to have had contact with family members to determine if their attitudes could be modified.

This patient had strong dependency needs which were met to some extent by his mother with whom he identified. He was probably in conflict in regard to sexual identification as he was extremely hostile to his alcoholic father.

The patient was not considered rehabilitable by vocational counseling. The writer questioned whether some effort might not have been made towards sheltered workshop placement as work however simple did bring satisfactions and was a defense against anxiety. He had a non-service connected compensation of $66.00 per month.

The patient continued unemployed following discharge and had two admissions to the hospital for mental disturbance. He was suicidal and had toxic reactions to the drug.

Mrs. T, a thirty-three year old white divorced female, suffered from grand mal seizures and had chronic brain syndrome due to epilepsy. She had a history of brain trauma due to numerous accidents dating from childhood to the present. Her seizures began in 1951. Control had been established by medication, (dilantin and mesantoin). She was a chronic alcoholic and had a severe character disorder.

She lived with her widowed mother and a married sister in a small community where fisheries were the major industry. She was supported by her mother, a cook, and had been unemployed for two years due to epilepsy.

This patient had a varied work history and had had specialized training as an x-ray technician which was her occupation in service and up to time of onset of seizures. Her family was accepting and concerned about her; however, the problem was in her own attitude towards epilepsy. She found it difficult to accept the diagnosis and any limitations such as abstinence from alcohol. She was confused and disturbed by the illness and by her past unhappy experiences such as the failure of her marriage and her feeling of not getting enough emotional support from her family. She was too disturbed to seek employment and complained of mental confusion.

Since the patient was not at this time employable due to emotional problems, the role of the caseworker was to help her to use resources for therapy such as the mental hygiene clinic. By a warm accepting attitude, the worker was able to help her verbalize her feelings about the illness, her problems and plans.

Although referred to vocational counseling service, this was too premature to be effective. This was a case in which all members of the team in conference could have determined how best to help this patient and what their individual roles could have been.

Alcoholism and mental deterioration, as well as lack of motivation, were factors in her social and vocational rehabilitation. She was able to maintain fair family relationships.

Mr. G was a twenty-one year old single negro male whose diagnosis was grand mal seizures which began two weeks after discharge from service. He was a social drinker and refused to accept that there was any connection between seizures and drinking. His seizures were controlled by medication (dilantin).

He lived with his mother and stepfather in a small apartment. Although he was a problem in behavior in his early years due to the separation of his parents and mother's absence from home to work, he now had good relationships with all of his family members except his own father who never showed interest in him. He was engaged to be married and was able to talk about the illness with his girl friend who had seen him in an attack and who was accepting of him.

He had above average intelligence and was well motivated to get training. Although he voiced resentment at racial prejudice in the armed services, this did not hinder his ambitions. He had ninth grade education and planned to complete high school and get vocational training to equip him for employment.

The social worker's goal was to get a picture of the social situation and to help the patient and his family understand and cope with problems relating to epilepsy. The patient and his family were adequate with good ego strengths. The worker supported these strengths and encouraged the patient in his social and vocational plans. Referral to vocational counseling was made by the caseworker and that service directed the patient to a Vocational Rehabilitation Program.

This patient adjusted to his illness. His inter-personal relationships were satisfactory; he accepted his illness reasonably well and was motivated towards employment and/or vocational training. He followed through on his educational plans by completing high school. Service connection was established for epilepsy that

made him eligible for training under the Veterans Administration's Rehabilitation Program.

Mr. O was a thirty-seven year old married male who suffered from grand mal seizures which began in 1944 in the service. His seizures were controlled by medication. He had a thirty per cent service connected compensation for psychoneurosis.

He lived at home with his wife and two children, ages three and five. At the time of admission to the hospital he was unemployed due to poor control of seizures. His wife was working as a hotel chambermaid and there was some supplementation by Veterans' Aid. Patient indicated positive inter-personal relationships with the exception of his employer relationship in his last job. The employer was not accepting of the diagnosis and fired him following a seizure. This was on the job training in furniture refinishing. He had a high school education and received three months' specialized training in x-ray and physiotherapy prior to service. He had good motivation as indicated in his desire to carry his responsibilities for his family.

The goals of social service were to obtain employment history, to help patient express feelings about the illness and to be able to accept the limitations of his illness so that he could set a realistic employment objective. When he was able to face and deal with his fears about the seizures and the industrial hazards, he was ready for referral to vocational counseling service for consideration of appropriate training.

This patient's adjustment was satisfactory following discharge. However, the choice of vocational training in jewelry work planned by the vocational adviser was questionable due to the patient's negative reaction to tedious work.

Mr. N, a twenty-eight year old white single male, had his first grand mal seizure following a head injury in the service in 1943. Medication controlled seizures. He was a social drinker.

He lived with his mother and up to one year prior to admission to the hospital was employed as an assistant clerk in Superior Court. He had left the job following a seizure although he had a warning and was able to lie down without anyone observing his distress. He had earned $7200.00 annually in his last job.

Family relationships were strained as a result of his drinking and association with women of questionable reputation. The family had arranged for him to get the court job and had done much to help him and to protect themselves from embarrassment.

Motivation was hampered by emotional difficulties. Although his past employment record and educational background were good (he was a law school graduate and also had a degree in sociology), he was unable to think in terms of employment but sought to establish a service connection for his epilepsy. It was possible that the death of his father and fear of seizures had broken down his defenses and he was regressing to a dependent state.

The social worker helped him to express his fears about his diagnosis and helped him to face the realities of his situation. He gained some emotional support from the worker's acceptance and interest. He tried to manipulate the worker in relation to his claim for compensation and his use of medication. She referred him to the appropriate resources thus helping him to carry some responsibility for himself. No communication took place between social worker and vocational counselor.

When seen six months after discharge, he was employed as manager of a rent-a-car station and was contemplating marriage. His seizures were well controlled and his symptoms had cleared up. He made optimum adjustment in the short period following hospital care.

Mr. C, a twenty-nine year old white married veteran, had been subject to grand mal seizures since 1951. He had dizzy spells and hallucinatory episodes as well as severe headaches. His seizures were eventually controlled by medication. However, he complained of mental depression since control was established.

He was the eighth of ten children. Both parents were living and had a close relationship to the patient. He lived with his wife and two children, nine and five years of age. He had been steadily employed as a television repairman. Employment relationships were good until diagnosis of epilepsy was established. He began to feel employers' expectations of him were unrealistic and that fellow employees disliked him. He had developed a sense of failure. However, he was motivated to work out of economic necessity to provide for his family. He had service connected compensation of $53.00 per month for nervousness.

This patient was considered employable due to the fact that he is a skilled worker and his seizures were controlled. His difficulties in inter-personal relationships came about since his illness and he felt unacceptable and inadequate. This hindered employment.

The social worker gave supportive casework to him to enable him to understand and live with his diagnosis. She focused on his abilities and encouraged referral to vocational counseling service for vocational direction as his illness prevented his climbing

on stagings to repair television antennas as he had done in the past.

Vocational counseling also helped him to recognize his abilities and advised application for training through the Veterans Administration Rehabilitation Program.

The patient was helped in his attitude towards the illness and his ego strengths supported. He entered on a program of training in carpentry, earning $80.00 per week. He was depressed in mood and seemed to feel this was due to medication but he continued his medical regime.

Mr. E, a thirty-five year old white married male, suffered from psychomotor seizures which began in 1951 following an automobile accident in which he suffered a head injury. He was a social drinker. Seizures have been controlled by medication.

He was the fourth of seven children with good family relationships. He lived with his wife and three sons, two, eight and ten years of age. He was sometimes irritable with the youngsters and could not be left alone with them. There was a personality change since 1951 with patient being depressed and unable to sustain effort. He had engaged in odd jobs in warehouses and in heating and plumbing. He had a service connected compensation of sixty per cent for hearing loss. In early childhood he was well motivated to work; however, since discharge from the service he found it difficult to adjust to the hearing loss and was frustrated because he was unable to get training in plumbing. He constantly feared failure. It was possible his physical condition intensified his dependency needs which were long standing.

He had dull intelligence and his physical and emotional difficulties interfered with employment.

The social worker had contact with the patient, his mother and his wife to help them accept and understand the nature of his illness. The worker gave emotional support and suggested work as helpful therapeutically. This he was able to accept. Referral was made to vocational counseling service but he did not keep his appointment.

When seen three months after discharge, he was working as a steam fitter for a plumbing concern and deriving satisfactions in his work. It was possible the casework service to patient and his family, plus the family's accepting attitude, were positive factors in his adjustment.

Analysis of Data

It can be seen from these fifteen cases that various factors operated in the vocational adjustment of the epileptic patients.

In five of the cases the patients were not considered employable from a medical point of view. One patient had had brain surgery for a tumor which was found to be unoperable. There was mental deterioration in his case as well as in the case of the female patient who had had numerous traumatic head injuries and who was also an alcoholic. Another patient, also an alcoholic, had toxic reactions to medication. The fifth unemployable patient had surgery and also had toxic reactions to medication. In this group there were other factors operating as barriers to vocation and social adjustment. Four of the unemployable patients had difficulties in inter-personal relationships and rather severe personality problems which were of long standing. None had seizures controlled.

Of the ten patients who were employable, eight had seizures controlled and two did not. This indicated some relationship between medical control and employment. The two whose seizures were not controlled had conflicts over their father's rejection and sought to prove by work that they were adequate and worth while individuals. One of these had recognized ability in his work and a good work history beginning before military service. The other had a poor work history of frequent changes in jobs not up to his capacity. He went into business for himself and got satisfactions from the fishing rod repair work.

In the matter of referrals to social service, all were referred because of work problems. Eight were referred for help in planning a realistic vocational objective. They were uncertain as to whether to return to

former jobs or what kind of work they wanted to do. Four patients were in work unsuitable for an epileptic, such as cab driving, television antenna repair, electroplating which involved machinery, and steel work in a foundry. Three patients were referred because of having difficulties in getting and holding jobs. Two of these were found not to be employable due to lack of control and mental deterioration. The other was able to establish his own business.

The social worker found there were problems other than in the area of employment that influenced each patient's adjustment. Emotional difficulties of long standing due to deprived backgrounds hampered interpersonal relationships and the illness intensified dependency needs and caused some patients to derive secondary gains. Some like Mr. D and Mr. W were unable to assume adult roles. Mr. D's wife shielded him from responsibility. Mr. W's mother was over-protective and employment was not medically feasible due to poor control of seizures in both cases. He did work briefly after discharge from the hospital perhaps due to casework help.

One patient had difficulty in separating from his family to be hospitalized because it meant that they lost his support. Another needed help to be able to face the various medical procedures during hospitalization.

Limited education and the need for training in a suitable occupation were problems in five cases. One of the patients had only a ninth grade education and had worked a year as a Western Union Messenger before going into the service. He had no special skills and needed vocational training. Two patients who were exposed to hazardous conditions on the job

needed training in other more suitable work. Two were unable to hold jobs and had no special skills. All of the fifteen had had some work experience prior to military service; however, those with stable periods of employment of three or more years in the same job tended to make optimum vocational adjustment after the onset of the illness. Of these, four were married and their work records were probably related to responsibility for dependents. The one single patient had worked since adolescence to provide for his own and family's needs.

The social worker's role in relation to the referral was to obtain a psychosocial diagnosis of the patient in order to determine how best to help the patient towards optimum adjustment. She started where the patient and his family were. The immediate goal in the majority of the cases was to help the patient and his family understand the illness. This was in all the cases as the patient's attitude and that of the people in his environment were important considerations in his adjustment. As in Mr. M and Mr G, the attitudes of the parents towards the medication had to be dealt with. As the parents understood medication on a regular daily basis controlled seizures, they were able to accept its use.

Some patients or their relatives brought out a concern about interpersonal relationships as noted in Mr. A. One of the worker's services was to give the patient an opportunity to talk about disturbed family relationships. He was then helped to see his abilities and move towards realistic planning.

In the case of Mr. B, the patient's wife was referred by the social worker to a family agency for casework service in relation to the children's problems and marital difficulties related to the patient's reaction

to his illness. The patient recognized the need for help with his child's problems. By helping patients to resolve emotional difficulties, the caseworker aided them in readiness for employment.

Another necessary aspect of social service was communication with vocational counseling service. In many cases such as Mrs. T and Mr. A, it would have been helpful to client and services to have pooled their information about the patient and have been aware of the goals of each other's service. Mrs. T was not employable. Mr. A's case, in spite of there being no communication, is a good example of how both services can and should overlap in some areas particularly in relation to the patient's feelings about the illness in relation to work and relationships. Unfortunately as in cases where timing of the referrals to either service was almost at the point of discharge, the goals of the services could not be realized. There were three cases of patients' referral at point of discharge. There were six cases in which there was communication between services and six cases in which there was no communication.

The goals of vocational counseling were evaluation of abilities and selective vocational direction. These goals were carried out as indicated in the case of Mr. A. These were not attained in the case of Mrs. T, who was not considered employable for medical reasons. Lack of sufficient time to evaluate work potential and failure of communication between services hindered reaching these goals.

The length of hospitalization, an average of three weeks, limited the goals of hospital personnel but usually there was time enough to work toward initial rehabilitation and referral to community resources for further service.

There were six referrals to community agencies, one for family counseling (Mr. B), one for financial assistance (Mr. P), one for patient's convalescent care (Mr D) and three for vocational training (Mr.O, Mr. M, and Mr. C). Mrs. T refused referral for psychiatric help as did Mr. H for marital counseling. Mr. S should have been referred for further vocational counseling as he had difficulties in accepting any limitations in employment. Seven patients could have been referred for help in personality problems which interferred either in inter-personal relationships or employment.

CHAPTER V

SUMMARY AND CONCLUSIONS

In this study the writer determined factors which influenced the individual vocational adjustment of epileptic veterans and demonstrated the role of the social worker in the rehabilitation process. The fifteen cases selected had been referred from the Epilepsy Center of the Boston Veterans Administration Hospital to social service and Vocational counseling for help with employment problems.

As background for the study, factual information about the illness was presented and the setting at the Boston Veterans Administration Hospital's Epilepsy Unit was described with special emphasis on the service of the social worker. There was a description of the group giving identifying information, the degree of control of seizures, socio-economic situation, attitudes of the patient and others towards the epilepsy and towards employment, inter-personal relationships, education, employment history, employability, social service and vocational counseling contacts, and adjustment as determined either by response to casework during hospitalization or in the community following discharge from the hospital.

Interpretation of each case followed the presentation, giving both the negative and positive factors influencing vocational adjustment, and the role of the social worker. Some evaluation of the worker's contact indicated the influence of casework service on the patient's adjustment.

Five cases were described in detail. Ten cases were summarized including the same material.

In evaluating these fifteen cases in relation to employment, the writer found the following negative factors operating:

1. Lack of vocational direction or unsuitability of a vocational direction already established.

2. Difficulty in finding work (despite satisfactory direction), getting along on the job or applying oneself to the job.

3. Problems in inter-personal relationships which affected feeling of adequacy despite satisfactory vocational training and experience.

4. Poor educational backgrounds or adjustment, and need for preparation in a field which will satisfy the individual and to which he is suited.

It is not possible to generalize for the whole population of epileptics but some generalizations may be made from a study of the fifteen cases that are applicable to these cases. Adjustment of epileptics cannot be predicted by the absence or presence of one or more factors. It is interesting that in studying attitudes of patients and their families, that this was the area in which the caseworker could be most helpful as negative attitudes could be crippling to the patient. If seen early enough in the illness before attitudes are definitely established, the patient could usually be helped to understand and accept his illness and positive inter-personal relationships were thereby strengthened or maintained.

Where inter-personal relationships were disturbed, the patient reacted by withdrawal and inability to mobilize himself to employment objective or social contacts. In several cases the negative relationships served to stimulate motivation. Work was considered to be a defense against anxiety, a source of satisfaction and an avenue through which

patient could prove his worth to himself and the rejecting people in his situation. However, it is possible the patient like Mr A who gets his motivation from negative feelings may later break down emotionally so it would seem that a person with good inter-personal relationships has a better chance of adjusting over a long time period as indicated in the case of Mr. P.

The case of Mr. D illustrates how an over-protective attitude on the part of family can be psychologically crippling to the patient's adjustment in all areas.

There did not seem to be any relationship between control of seizures and vocational adjustment except in two cases where the patients had toxic reactions to medication, and therefore were not considered employable at the time of the study. Whether seizures were or were not controlled, the patient was expected to recognize the limitations in his illness such as the need for continued medication and protection from hazards. Some patients believed they had suffered some reduction in sexual potency and were depressed following control of seizures. It might be an interesting study to explore more fully the psychogenic aspects in these cases and also determine attitudes towards dependency on drugs.

The role of the social worker included the interpretation of social findings to the team and appropriate service to the patient and his family towards the goal of optimum rehabilitation. The casework services were primarily on a supportive level with worker helping patient and family members to understand the illness, giving acceptance of patient's ability to work out his own problems, clarifying the situation and helping him to assess his abilities and plan realistically for his future according

to his individual needs.

Case conferences and communication between social work and vocational counselor which were used in a limited sense in some of these cases were invaluable means of coordinating services. It gave an opportunity for all having contact with the patient to evaluate his personality, his emotional and vocational potentials and determine areas in which each service could be of most value. Frequently it was observed that services overlapped but communication between the allied disciplines helped each service to be aware of the other's plans and activities. Certainly this study indicated that the results of planned cooperative service to a selected number of patients would be worth while. Another interesting study would be a follow-up of patients referred to social and vocational agencies in the community.

As cited in other studies, much needs to be done in educating the public to an understanding of the illness and awareness of the problems besetting the epileptic. Out-dated laws need to be abolished to prevent unrealistic discrimination against this group. This can be done through the action of labor organizations and law makers. Those familiar with the illness can do much to modify public attitudes.

Approved
8/55
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APPENDIX

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