



## **Vocational Evaluation with Special Populations**

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### **Abstract**

Vocational evaluators must work with a very diverse set of people. The purpose of this article is to provide practical guidance to evaluate people from eight special populations (i.e., deaf and hard of hearing, blind and low vision, deafblind, homeless, older adults, speakers of other languages, substance use, and youth in transition). The eight populations are grouped according to two causalities: (a) body functions and (b) structural or environmental factors with the exception of substance users and youth in transition which are affected by both causalities. Regardless of cause, all of the groups discussed experience difficulties with day-to-day activities and community participation, including employment. Using a mini-case study approach the authors describe the population, offer a case that represents some of the critical elements, discuss a course of action, and present additional tips.

**Keywords:** Vocational evaluation, low incidence population, special population, deaf, hard of hearing, blind, low vision, deafblind, homeless, older adults, speakers of other languages, substance use, transition

### **Introduction**

Vocational evaluators (VE) and rehabilitation professionals often seek ways to improve service delivery and engagement among clients who may be in low-incidence populations, including those termed “special populations.” The phrase “special populations” has different meanings and is often used to refer to a group of people who are disadvantaged. The World Health Organization’s (WHO) broad statement includes “persons with mental health concerns... the most vulnerable and disorder-prone groups of population such as refugees, people affected by natural and man-made disasters,

indigenous people and minorities, and people who need special care such as the elderly and children” (Wisner & Adams, 2002, p. 38). The Strengthening Career and Technical Education for the 21st Century Act (Perkins V), provides a more specific definition which states the term special populations includes:

- Individual with disabilities,
- Single parents, including single pregnant women,
- Individuals preparing for non-traditional fields,
- Out of the workforce individuals,
- Economically disadvantage including low-income youth and adults,
- Homeless individuals,
- Youth who are in, or have aged out of the foster care system,
- Youth with an active military parent, and
- Individuals with other barriers to educational achievement, including individuals with limited English proficiency (CA Perkins Joint Special Populations Advisory Committee, 2021).

Whether government sponsored or a non-government organization (NGO), a program establishes policies and procedures that provide a definition of the group(s) to be served. The Americans with Disabilities Act (ADA) is a civil rights law that prohibits discrimination against people with disabilities and also serves as the basis for the definition of people with disabilities. Other legislation that provide definitions include the Workforce Innovation and Opportunity Act (WIOA) that contains the Rehabilitation Act, The Higher Education Reform and Opportunity Act, and the Individuals with Disabilities Education Act. For this article, eight groups representative of the WHO and Perkins V definitions are discussed in relation to the process and tools used in the evaluation process.

Vocational evaluators and other rehabilitation professionals benefit from understanding how to assess and approach these special populations due to the high need of vocational services associated with these groups. Employment rates among special populations are often lower than those from other populations without the additional barriers (U.S. Bureau of Labor Statistics [BLS], 2020; Edmiston, K., 2020). An accurate evaluation requires rehabilitation professionals to use various instruments, tools, and techniques to collect information and take the next steps toward helping a client choose a career. This article will assist readers to examine a specific case, learn about a possible plan of action, and review points to consider about the case and the population. The purpose of this article is to provide practical guidance in working with people from special populations. We recognize that VEs work in a variety of settings (US Department of Education, 2017), may have different roles and responsibilities, and have varying amounts of information about clients (Thomas, 1997/2020). The cases are intended to serve as examples that may or may not apply to your employment setting. However, consider the cases as very broadly representative of the issues raised and evaluation provided.

## **Tools of the Vocational Evaluator**

To provide services, vocational evaluators use tools designed to assist them to develop effective and efficient employment plans. Thomas (1997/2020) described three tools used by VEs: (1) instruments (tests, work samples, and other psychometric instruments), (2) techniques (the use of the situation or community as the basis for the assessment), and (3) strategies (accommodations, modifications, and identification of learning preferences and supports). Currently available in the market are a myriad of tests (i.e., *instruments*). In a review of seven graduate textbooks used in the education of rehabilitation professionals, there were more than 1,150 different tests designed for adults (Schuster, 2020). This study did not include tests for children. Psychological Assessment Resources, Inc. (PAR), one of the largest test vendors, has over 600 different tests (<http://www4.parinc.com/>). Another vendor, PRO-ED, Inc., has over 400 tests (<http://www.proedinc.com/>). Many of these tests are for diagnosing specific populations of persons with disabilities, but not the other special populations.

*Techniques* are used with special populations because they are criterion-referenced, that is measured against a set standard, and easily modified to accommodate different learning preferences. Techniques vary from an improvised task (e.g., the VE asks the client to perform a job to determine interest and aptitude) to an on-the-job evaluation where the client goes to a job site and attempts to perform the required duties while also interacting with coworkers and supervisors. Another technique is an ecological assessment that includes a wide range of areas such as an evaluation of personal traits, family supports, and community supports, for example, availability of public transportation.

*Strategies* include legally mandated accommodations for people with disabilities. An accommodation is an alteration of the testing environment, format, or equipment (Disabilities, Opportunities, Internetworking, and Technology [DO-IT], 2017) within the area of employment. As asserted in Title VII of the Civil Rights Act (1964), the use of discriminatory employment tests and selection procedures are prohibited (see amendments to ADA 1990, and Age Discrimination in Employment Act of 1967). Furthermore, legislation requires that employers provide reasonable accommodations for test administration (Equal Employment Opportunities Commission [EEOC], 2010). Two potentially useful resources related to disabilities and test accommodations include the Job Accommodation Network (JAN; [www.askjan.org](http://www.askjan.org)) and the website for the University of Washington's Disabilities, Opportunities, Internetworking, and Technology (DO-IT; <https://www.washington.edu/doi/>).

Modifications, a type of *strategy*, necessitate changes in performance expectations (DO-IT, 2017). Often implemented by teachers, vocational evaluators, and job coaches, modifications are used to determine, or aid, the mastery of a task and are commonly reported in planning documents (e.g., Individual Education Plans, Individual Plans for Employment). Modifications are also used in the provision of services, such as in supported employment. Examples of modifications include substituting tests (e.g., verbal to nonverbal interest inventory), applying the use of additional materials (e.g., latex to non-latex gloves), changing the assessment setting (e.g., inside to outside), altering the task that is performed (e.g., assembly [production] task to a disassembly [salvage] task), or exchanging tools (e.g., manual to

electric stapler). Such accommodations and modifications are used to identify learning preference and natural supports in the environment. Once identified, these learning preferences and natural supports help to foster continued success in the class or on the job.

A way to look at the differences between accommodations and modifications is in the expectation of performance. An accommodation is often referenced as a way to *level the playing field* because the expectation of performance does not change for the person receiving an accommodation. For example, a common test accommodation is to provide extra time for a student with a learning disability (LD). The student with LD is provided 90 minutes to take the same test as a student without LD, who is given 60 minutes. However, because the testing, and grading are the same for both individuals, the expectations of performance also remain the same. In contrast, a modification changes the expectation. Given the same situation as above, a person with LD may be given the same time (60 minutes) but only half the questions. Because the test and grading are modified, so is the expectation of knowledge demonstration (i.e., performance). In the first example, the test may be administered to compare the student's knowledge against peers or a standard. In the second example, however, the modified test may be administered to determine how much progress the student has made over time.

Two final considerations are cultural influences (e.g., language spoken at work or at home, beliefs about work) and the inclusion of assistive technology (AT), which is defined in the Technology Related Assistance to Individuals with Disabilities Act of 1988 (1998) as "... any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve functional capabilities of individuals with disabilities (p. 3)." The use of AT may be to provide an accommodation (e.g., a test in Braille), make a modification (e.g., change from audible to visual alert), or serve as the purpose for the evaluation. For example, a stroke survivor may try different environmental control systems to determine which one best matches their situation. Once the AT is identified, then it may be applied in an evaluation.

## **Evaluating Special Populations**

Referral questions determine the purpose of the evaluation, and the evaluator is responsible for selecting tools that will provide information for answering the questions (Power, 2006). The selection of the right tool is critical because the wrong trait may be measured, an inaccurate diagnosis may occur, or other misinformation may be provided. Instrument selection is limited due to the few tests available for the populations covered in this article.

Professionals have a variety of instruments available to help with diagnosis of a disability (e.g., learning, cognitive impairments, mental health) and related functional limitations. Instruments are also used to measure aptitudes, interests, values, intelligence, personality, and other domains with the general population but there are very few instruments designed specifically for persons with disabilities. The use of the

later instruments with persons with disabilities are typically discussed in terms of accommodations and modifications. For example, individuals with hearing or visual impairments often struggle with mastering English reading skills. Suggested accommodations to measure English reading skills include the use of sign language interpreters, Braille, or enlarged print (see Case, 2005; Case, Zucker, & Jeffries, 2005; Power, 2006). However, the majority of tests, which require English comprehension, are not designed for populations with sensory impairments.

The populations discussed below (i.e., homeless, older, substance users) are all diverse, but they may speak English and identify with the mainstream culture. Therefore, these populations may be able to take most tests on the market. However, given the risk factors associated with being homeless, older, or a substance user, there is a high probability of an added disability being present, which may limit their access to certain tests. Speakers of another language may also experience similar issues. The three common denominators across all groups are: (1) lack of specific tests, (2) persons fitting in more than one population group, and (3) need for accommodations or modifications.

## **Special Populations**

The eight populations discussed in this article are grouped according to two causalities: (a) body functions and (b) structural or environmental factors (Peterson, 2016). Persons who are deaf, hard of hearing, blind, low vision, or deafblind all have physical impairments that limit functioning, especially in communication, which is the cornerstone of the helping relationship. Persons who are homeless, older, and speakers of languages other than English have functional limitations that are primarily due to environmental factors. Persons with substance use disorders (SUDs) span both causative factors. When the biopsychosocial model of substance use (Goodwin & Sias, 2014) is applied to the SUD population, both body structure and environmental factors should be considered. The final population discussed in this article, students in transition, also span both causative factors and are in a separate group due to legal mandates. Regardless of cause, all eight of the groups experience difficulties with day-to-day activities and community participation. Each population is presented with information about the population, a case example, course of action, and points to consider in the evaluation. Note that the persons described may need other services, but this article mainly focuses on vocational evaluation.

## **Communication Issues**

### **Persons who are Deaf, deaf, or hard of hearing**

#### ***About the population***

No legal definition for deafness exists, but state and federal programs (e.g., vocational rehabilitation, public education) designed for such individuals have eligibility requirements based on hearing loss. Hearing loss is measured in decibels (dB) and the ranges are: 0 to 15 (*Normal*), 16-25 (*Slight*), 26-40 (*Mild*), 41-55 (*Moderate*), 56-

70 (*Moderately Severe*), 71-90 (*Severe*), and greater than 90 (*Profound*). For purposes of comparison, speech is normally around 50 dB (Clark, 1981). Persons who have severe to profound hearing loss are audiotologically deaf, and persons who have a mild to moderate severe hearing loss are considered as *hard of hearing*. The term *hearing impaired* is used to describe either group, but it is considered offensive and is no longer used.

The prevalence of hearing loss, which includes individuals who are deaf, underscores a widespread issue. About 15% of adults aged 18 and over report some degree of trouble in their hearing. Hearing loss increases with age as 2 percent of adults aged 45-54, 8.5% for 55-64, 25% for 65-74, and 50% for those over 70 have a disabling hearing loss (National Institute on Deafness and Other Communication Disorders [NIDCD], 2016). Persons who are hard of hearing may use hearing aids to amplify sounds, attend schools that are primarily designed for hearing children, and may strongly identify with the hearing culture as opposed to the Deaf culture.

The prevalence of deafness is difficult to measure, though the Gallaudet Research Institute (GRI; Mitchell et al., 2006) reports that nearly 4 people per thousand in the US population who are over 5 years are *functionally deaf*. Consequently, deafness is considered a low-incidence disability. Additionally, more than 90% of children who are deaf are born to hearing parents (NIDCD, 2016), which means that these children are probably linguistically delayed because their parents do not have communication skills. Medically, physicians had no treatment for deafness until the 1980s when the commercial cochlear implant (CI) became available. The CI is effective, providing electrical stimulation (as opposed to acoustic stimulation that is more commonly used today) to reach the auditory nerve (Brown et al., 2003). Though the use of the CI is effective its application is controversial within the Deaf community due to issues around the age of implementation.

Most people who have a hearing loss speak their native language and identify with the hearing culture. The number of persons who are deaf and use American Sign Language (ASL) is unknown (Mitchell et al., 2006). Identification with the Deaf culture, as indicated with a capital D, is a choice and not based on the level of hearing loss. This choice may result in the inclusion of those who are hard of hearing, but not technically deaf, into the Deaf culture. Therefore, the number of persons who identify with the Deaf culture is also not known. One caveat is that persons who are Deaf, deaf, or hard of hearing are grouped together for census purposes, but they are all uniquely different and identify with either the hearing or Deaf culture. Persons with a hearing loss from another culture (e.g., Hispanic, Asian) may be considered as tri-cultural.

## **Case**

Justin Davies (19-year-old, single, Caucasian, male) was born profoundly deaf and recently graduated from a day school program for students who are deaf in Houston, TX. He uses American Sign Language (ASL) to communicate. Justin considers himself to be culturally Deaf in addition to his audiological diagnosis of deafness (as indicated by the lower case “d”). His Mom knows some ASL and his Dad gestures. He dates a

hearing woman, but his friends are mostly Deaf. He uses assistive technology, including an Internet relay service to make calls and order pizza, a combination doorbell-phone flashing alarm, and a digital alarm clock that is particularly loud and a bed shaker. In terms of hobbies, Justin enjoys spending time with his friends, attending captioned movies, and watching sports such as football. His work experience has been quite limited; his parents placed him in summer remedial programs while he was in high school. Academically, Justin was able to meet the entrance requirements for Gallaudet University. Now, he seeks advice on selecting a college major.

### ***Your course of action***

Gallaudet University is a good choice because you feel that Justin's needs will be met there. Also, this university is the only liberal arts college for the Deaf (people who are Deaf prefer to be called "the Deaf") in the world. You conduct an intake interview with a certified sign language interpreter to gather information about his past activities and current interests. Considering his reading level and age, you administer an interest inventory that has statements about his likes, preferences, and values. To administer the inventory as effectively as possible, you invite the help of the interpreter to sign the directions to Justin. He asks the meaning of some words and you provide a definition and example. Using the results, you are able to identify three interest areas that match his past experiences.

### ***Points to consider***

An assessment for a person with hearing loss needs to include both expressive and receptive communication, regardless of whether or not the individual knows sign language. Justin uses ASL as his primary language and English as his secondary language. Because Justin is congenitally deaf, he accepts his disability and is concerned about age-appropriate decisions like where to go to school and what to choose as a college major. His educational background is typical for a Deaf student from a metropolitan area. He is accustomed to interpreters in the classroom, and he has both hearing and Deaf friends. Justin uses assistive technology (AT) for communication and environmental awareness (e.g., signaling, alerting). When you interact with Justin, you can help minimize miscommunication by encouraging him to use his primary language (ASL) instead of speaking English. You may need to brief the ASL interpreter about any technical terms (e.g., name of tests) to better facilitate the communication process. When communicating with Justin, remember to maintain eye contact with him, *not* the interpreter. For persons who are deaf and have limited language skills, an ecological or holistic evaluation is critical (for an example of a communication evaluation, see Long, 2003).

## **Persons who are Blind or have Low Vision**

### ***About the population***

Legal blindness has different definitions based on the agency involved. A common definition is from the Social Security Administration (1983), which states,

Statutory blindness is defined in the law as central visual acuity of 20/200 or less in the better eye with the use of correcting lens. An eye which has a limitation in the field of vision so that the widest diameter of the visual field subtends an angle no greater than 20 degrees is considered to have a central visual acuity of 20/200 or less. (para 1)

Low vision is "a person who has measurable vision but has difficulty accomplishing or cannot accomplish visual tasks even with prescribed corrective lenses but who can enhance his or her ability to accomplish these tasks with the use of compensatory visual strategies, low vision devices, and environmental modifications" (Corn & Lusk, 2010, pp. 4-5). The term vision loss refers to both groups.

Determining the number of people in the US who are blind is difficult because population figures are based on estimates. A vision impairment is reported by approximately 12 million people and this number is comprised of one million who are blind, three million who have vision impairment after correction (e.g. glasses, surgery, medication), and eight million with vision impairment due to uncorrected refractive error (Centers for Disease Control and Prevention [CDC], 2020c). The most common causes of blindness in adults are age-related diseases (e.g., macular degeneration, diabetic retinopathy, glaucoma, CDC, 2020b) and roughly 75 thousand people become visually impaired each year (National Federation of the Blind [NFB], 2021).

Vocationally, about 70% of working age adults with vision loss are unemployed (NFB, 2021) and about 2000 workers sustain on-the-job eye injuries that require medical treatment (CDC, 2020c). As the general population ages, the risk of becoming blind or having low vision increases significantly, which may result in increased risk of falls or depression, difficulty identifying medications, or performing daily living skills (AFB, 2020b). Persons who are blind and those with low vision are often reported as one group. However, keep in mind that each has unique needs.

### **Case**

Twyla Carter (24-year-old, single, African American female) from Paducah, KY, has retinitis pigmentosa (RP), which causes a progressive deterioration of her peripheral vision. First diagnosed when she was a child, she is now legally blind. She has difficulty seeing at night and her field of vision is narrow (10 degrees), causing her to trip over objects. She uses a cane and rides public transportation to travel independently. She attended a public school with an IEP that provided her a specially trained vision teacher as well as other disability-related services. After graduation, she was briefly employed as a customer service representative at a call center. At work she used a computer with screen reading and special text-to-speech software to place customer orders, send emails, and use word-processing programs. When the center closed, she was laid off and returned home to her family, whom she considers to be very supportive of her. Since being laid off, Twyla has spent much of her time at home, using her computer to post on social media, read blogs, and communicate with her friends. She also volunteers at her church to help with general clerical duties such as answering the phone, typing and copying the weekly bulletin, and using her closed-circuit



television (CCTV) to sort correspondence. Recently, she has become withdrawn. Twyla no longer desires to go to the church or spend time with her friends. Her parents are concerned and want her to get help.

### ***Your course of action***

You review the background information to learn about her RP and try to learn how long she has functioned as a person who is blind. In addition, you inquire about any potential mental health issues. When you meet with Twyla, you review her background with attention to her job duties, transportation, computer skills, and how she accesses print materials. You ask about her current situation and her desire to work. You may administer a screening instrument for depression to address her withdrawal from church and social activities. If a mental health issue is suspected, referral to a clinical counselor may be needed.

### ***Points to consider***

Conducting an assessment with a person who has a vision loss always needs to include two domains. The first domain is communication access. For example, you should know if, or how, the person is able to read printed materials. In this case, Twyla uses a screen-reading program and a CCTV. Her history indicates that she has proficiency with the software, but her frequency of CCTV use needs to be assessed. If a mental health screener is used, then the test administrator needs to ask her how she wants to read the test and the administrator needs to be ready to act as a reader or serve as a scribe. The second domain that always needs to be considered when assessing a person who has vision loss pertains to orientation and mobility (O & M). This domain involves assessing her ability in orienting herself to a building, route, or transportation from one place to the next. The following are some important questions for the assessment professional to ask: How well does she use the cane? Did an O & M instructor help teach her, or did she learn on her own? Some people with vision loss prefer to use a guide dog, though less than two percent actually do (Guiding Eyes for the Blind, 2018). Another important element of your evaluation of Twyla may be to determine how she learned to use the public transportation system. Also, her transition from a sighted child to a legally blind adult should be assessed further.

## **Persons who are Deaf-Blind**

### ***About the population***

Deaf-blindness is a low incidence and very heterogeneous population. The Individuals with Disabilities Education Act (IDEA, 2018) , states

Deaf-blindness means concomitant hearing and visual impairments, the combination of which causes such severe communication and other developmental and educational needs that they cannot be accommodated in special education programs solely for children with deafness or children with blindness. (c 2)

Harrington (2004) noted that the number of persons who are deaf-blind in the US is an “especially difficult number to find” (para 1). The National Consortium on Deaf-Blindness (2016) reports there are about 10,000 children (birth to age 22) who are deaf-blind. Regarding adults, Watson and Taff-Watson (1993) estimated there are approximately 35,000 to 40,000 experiencing the condition. The largest group of people with deaf-blindness is over 55 years due to age-related hearing loss as well as vision impairments in the form of cataracts, glaucoma, and macular degeneration. Many of these people do not consider themselves as deaf-blind. The most common genetic cause of deaf-blindness is Usher syndrome, which has different levels of hearing loss combined with progressive vision loss. Communication varies from speech to tactile ASL. People who are deaf-blind use various types of AT, such as screen-reading software combined with refreshable Braille cells that correspond to a line of text on the computer screen.

### ***Case***

Chetan “Hawk” Smith (divorced, 40-year-old, Native American) currently lives alone in Tucson, AZ. He lost his hearing due to chronic ear infections as a child and has a severe loss in both ears. Hearing aids help with understanding some speech and provide environmental awareness. His preferred mode of communication is to talk and use his residual hearing with speech reading. He has brittle type 1 diabetes that has caused him to have right-eye blindness (no light perception) and his left eye is corrected to 20/200. Visually, he functions quite well as he performs most of his own activities of daily living such as shopping, cooking, and doing laundry. He has family who help as needed. He attended public high school where he received speech therapy and access to a resource room through IEP services. To help support his family, he dropped out of school in the 11<sup>th</sup> grade. He worked as a car and truck detailer for several car dealers. For the last 10 years, he worked for a company that sold used automobiles. He had to discontinue working about a year ago due to his rapid vision loss. He cannot return to car detailing because of his vision loss. Now that his vision is stable, he wants to return to work. Therefore, he has come to you for help in choosing a career.

### ***Your course of action***

After a thorough review of his medical records to determine the stability of his vision and diabetes, you conduct an in-depth interview about his general and job-related communication. In the interview, you ask him how he manages his medical care, activities of daily living, and mobility needs. You ask him to describe his peak highs and lows in his working life and you identify his interests and values from these statements. A transferable skills analysis may be used to help identify jobs that are a fit with his present skills, or jobs of interest that may require additional training. Once you identify a possible career area, you conduct an on-the-job tryout to allow for a hands-on experience. Because of his recent vision loss, you may partner with an orientation and mobility (O & M) instructor to evaluate his ability to safely transport himself around public and private spaces. In addition, a rehabilitation teacher for the blind (RTB) can help to evaluate how he manages activities of his day-to-day personal life (e.g., matching his clothes, labeling food, managing time). Depending on the nature

of his job choice, an AT evaluation may be needed to determine the best way to increase his level of independence.

### ***Points to consider***

An assessment with a person who is deaf-blind needs to consider the communication issues arising from the deafness as well as the communication issues posed by the blindness. Mobility issues stemming from his blindness also need to be addressed. Hawk's deaf-blindness is representative of individuals who are hard of hearing and have low vision. There are many other possible combinations of sensory impairment, such as totally deaf and totally blind, late deafened, and blind (or low vision), and hard of hearing and blind. Hawk uses speechreading and amplified hearing devices for communication. Other people who are deaf-blind may use ASL, tactile or hand-on-hand signing, fingerspelling, or print in palm. Because of Hawk's ethnicity, disability, and educational level, most paper-pencil tests are likely inappropriate. The use of qualitative techniques such as a life career assessment interview or lifeline tool may be helpful (Hays, 2017). He appears to be successful with his day-to-day living skills, but for other persons, an ecological or holistic evaluation may be necessary. Some individuals who are deaf-blind use a support-service provider (SSP) on a daily basis to provide "visual and environmental information, sighted guide services, and communication accessibility" (American Association for the DeafBlind [AADB], 2011, para 1). Due to the specialized skills needed to successfully evaluate the abilities of a person who is deaf-blind, a partnership with other professionals is in order. You can obtain technical assistance and advice from the regional representative of the Helen Keller National Center for Deaf-Blind Youth and Adults (HKNC; <https://www.helenkeller.org/hknc/contact-hknc>).

## **Environmental Factors**

### **Homeless**

#### ***About the Population***

The U.S. Department of Housing and Urban Development (HUD) asserts that those qualifying as homeless are individuals who live in emergency shelters, transitional housing, or "places not meant for human habitation, such as cars, parks, sidewalks, and abandoned buildings" (Supportive Housing Program, 2018, para. 2). Though generally underserved by human service organizations, people who are homeless need a variety of health- and employment-related services, as they are prone to numerous dangers and risk factors. More specifically, the homeless population is at a heightened risk for infectious diseases, severe hunger, unwarranted violence from strangers, substance abuse, psychological concerns (e.g., depression), and oral health problems such as tooth loss (National Health Care for the Homeless Council [NHCHC], 2019). Though nationwide estimates of the homeless population vary, the results from HUD's 2019 point-in-time (PIT) count suggest there are more than 550,000 people in a given night who fit the definition of being homeless (HUD, 2020).

Along with the PIT count of the number of homeless individuals, demographic data indicates that a majority are over 24 years of age and are mostly males (Homelessness Data Exchange, 2018). In terms of race, the observed homeless population from the PIT count was primarily comprised of Whites (47%) and Blacks (41%). Also, military veterans represented a disproportionately large number of those counted among the homeless (more than 40,000).

The root or cause of homelessness is believed to be complex and multifaceted (Belcher & Deforge, 2012). Homelessness is not produced by a lone personal characteristic (e.g., mental wellbeing, physical health), nor is it caused by a single environmental condition (e.g., economy, legislation). Instead, homelessness results from a multitude of personal and environment factors and interactions. With that said, there are two especially potent predictors for experiencing homelessness. These two factors are mental illness and substance use disorder (SUD). Research suggests that nearly half of all individuals who experience homelessness have a mental illness, SUD, or are dually diagnosed (SAMHSA, 2011). These mental health conditions must be considered in order to select appropriate instruments, techniques, or strategies. Assessment professionals should consider the history and stability of the person's impairment, as well as the associating behavioral or psychological manifestations. Also, assessment professionals should maintain current knowledge on effective treatment regimens available for such health conditions.

### **Case**

Jackie Lee (37-year-old, single, African American female) lives homeless in Washington D.C. Jackie has been estranged from family members and friends after joining the army and serving active duty overseas. Since returning from her last deployment, she has become overwhelmed by severe symptoms of Post-Traumatic Stress Disorder (PTSD). As a result of her condition, Jackie was issued an honorable discharge. Prior to joining the military, she worked several part-time jobs in retail while earning an associate degree. After community college, Jackie entered the army and attended a 16-month training program at the Defense Language Institute in San Francisco where she learned to communicate in the Farsi language. Jackie graduated from the program and achieved her goal of becoming an army linguist. Soon thereafter, she was deployed to a combat zone in Afghanistan where she served as an interpreter, conversed with locals, and even questioned detainees. Jackie excelled at her duties. However, she witnessed several gruesome acts of violence that caused her much distress. Upon returning from active duty to civilian life, she began experiencing symptoms of PTSD that only worsened with time. Since discharge, Jackie has struggled with her mental health due to sleep deprivation because of recurrent nightmares. She becomes anxious and confused when in a crowded room or area, and feels her world is dangerous. She has experienced a year-long bout of joblessness, social isolation, and homelessness. Without housing, Jackie sleeps in a nearby shelter when she is able to reserve a bed before the other homeless individuals in the area fill the shelter to capacity. Otherwise, she sleeps in an abandoned building. During daytime hours, Jackie spends much of her time at a public library, where she occupies her time in a quiet corner reading and searching the Internet. At this public library is where you meet

Jackie while you are offering a weekly, pro bono vocational outreach program for homeless veterans. Upon finding out about the program, Jackie approaches you and signs up for one-on-one assessment services. She tells you that her primary goal is to find a job so that she can eventually save enough money to "get off the streets" and into her own home

### ***Plan of action***

During the sign-up process, you provide Jackie with information about your services and reserve a private room in the library to help maintain confidentiality. She then completes a vocational questionnaire to collect contact information, personal history and current living situation, education, work history, military experience, hobbies, barriers to employment, and other work-relevant details. You notice that Jackie is able to read and complete each of the items without help, that she has exceptional penmanship, is detailed in her written responses, and demonstrates excellent grammar. Upon completing the vocational questionnaire on her own, you provide Jackie an option to start and complete as much of the assessment process as possible. You make this option available because you understand how quickly life situations can deteriorate or drastically change for members of the homeless population, and you are familiar with the difficulty of maintaining contact when the client is without a phone, physical address, or own means of transportation.

As you expected, Jackie is eager to begin the assessment, so you initially conduct a 30-minute vocational interview. You facilitate the interview by discussing her responses on the vocational questionnaire, which provides you a better understanding of her interests, abilities, values, barriers, and goals. Furthermore, the interview will help you to decide upon the assessment instruments, techniques, or strategies that are most useful for Jackie's situation. During the interview, you learn about her PTSD symptoms and the potential workplace accommodations she may need. As a result of her condition, Jackie desires a work environment that is quiet, without too many people, and in an office-type setting wherein she can face the door while having her back against the wall (she feels safer this way). More specifically, Jackie's interest is to work as an administrative assistant. Because of her history as an army linguist, you presume that she has the language skills, organization skills, and orientation to detail that would serve her well as an administrative assistant. However, assuming she still has these skills is problematic, as the severity of her PTSD symptoms (e.g., paranoia, agitation, anxiety, and depression) could interfere with her ability to perform as she once could.

Based on Jackie's background and interests, you arrange for her to meet you at the library to try an on-the-job evaluation as an administrative assistant with a veteran friendly librarian who has helped you in the past. Jackie performs as good as an entry level employee. Despite the promising results, you find that Jackie has significant barriers to work that may hinder her employability, such as her uncontrolled PTSD symptoms, lack of transportation, and limited support network. Therefore, you recommend that Jackie get involved with the local Veterans Affairs (VA) office, as the VA could help provide counseling and medication to help with her mental health barriers to employment. In addition, you inform Jackie that the VA has vocational

rehabilitation counselors and job placement specialists who are able to assist veterans to obtain employment and receive workplace accommodations. For her transportation issues, you provide Jackie with a list of local resources such as those offered by churches, nonprofit organizations, and government programs for people in economic hardship.

### ***Points to consider***

When assessing an individual who is currently experiencing homelessness, the professional needs to review potential skills and current use of auxiliary services that may be available to the individual or family. Assessing people who are homeless often requires multiple resources. People experiencing homelessness may be facing chronic health conditions, history of involvement in the criminal justice system, lack of social support, lack of transportation, and lack of skills associated with independent living (Nelson et al., 2012). A lack in the continuity of services because of frequent relocation may also bring challenges to assessments service provision (Tsai et al., 2011). Again, completing assessments should consider these and other issues that may arise throughout the evaluation process.

In the case of Jackie, she is fortunate to be an honorably discharged veteran and should have access to the VA's myriad of employment- and PTSD-related services. However, not all homeless individuals are veterans. Therefore, awareness of the different services in the person's area is quite helpful. If the person who is homeless seems to have a disability or SUD, which is typical of this population, you may refer the individual to state-federal vocational rehabilitation, which serves the general population of people with disabilities who are in need of employment.

## **Older Adults**

### ***About the population***

The BLS defines older workers as those over age 55 and older. Workforce participation by this group has significantly grown since the 1990s (Toossi & Torpay, 2017). By 2026 older workers will comprise about one-quarter of the labor force. The fastest growth is projected in the 75 and older age group and then 65- to 74-year-olds (Lacey et al., 2017). A combination of financial need, as well as a decrease in overall births, has led to a need for the aging worker to remain in the workplace (Hursh et. al., 2006). Rising healthcare costs and the extension of the retirement age to 67 for Social Security benefits has influenced many workers over the age of 65 to continue employment through later years (Heidkamp et al., 2012). Additionally, older workers may have a financial need to work, may enjoy their job (Irby, 2018), be healthier, have a longer life expectancy, be better educated, and have seen changes in their retirement plans that necessitate continuing to work (Toossi & Torpay, 2017). However, as the older workforce increases, so do the challenges these workers face. Displaced older workers are less likely to regain employment within a 12-month period than employees who are younger (Heidkamp et. al., 2012). The Age Discrimination Act of 1967 was enacted to provide protection for

older workers against discrimination and unlawful termination (Equal Opportunity Employment Commission, n.d.).

### ***Case***

Henry Moss (62, married, Caucasian, male) from Lincoln, NE, has worked as a structural engineer for 33 years with a number of companies. Henry was involved in a workplace accident approximately four years ago in which he sustained a traumatic brain injury. Henry continues to have some short-term memory impairment; however, his physicians are not able to determine whether this is a result of his injury or the natural aging process. Henry is no longer able to complete effectively work duties as an engineer because his work speed has decreased, and his memory impairment limits his retention of new information. As a result, Henry's employer refers him to you to identify other positions within the company that he may be able to perform.

### ***Your course of action***

You conduct a one-on-one interview with Henry to identify what he perceives to be his barriers. During this interview, you find that Henry's reported barriers are inconsistent with the report from his employer. While Henry's employer indicates that memory and work speed are lower, Henry feels that he is being compared with the younger workers in the office and that his work speed is not slower. Henry reports that he needs additional training on the new computer system the company has adopted. Henry is suspicious that his employer has referred him not because of performance, but because he makes a significantly larger income than his younger peers and that his employer is looking for ways to "cut costs." You decide to complete a worksite evaluation as well as an interview with his employer. To determine whether Henry's memory and work speed are slower, you conduct aptitude testing. You are able to identify supports to help Henry maintain his current position, and you complete a work adjustment evaluation for 12 weeks to determine whether these accommodations help.

### ***Points to consider***

Older workers are more likely to acquire new disabilities and chronic illnesses as they age, which complicates their ability to remain in the workforce. Major mental health disorders that older workers might develop include depression, anxiety disorders, dementia, delirium and psychosis, and substance misuse and abuse (Miller & Reid, 2009). Counseling, cognitive rehabilitation, or medication may be required to treat these issues. Older workers may also face secondary disability issues related to age, such as chronic hypertension, vision, or hearing loss (Heidkamp et al., 2012). Because of vision and hearing loss, you should ask older workers if they can hear you and, if necessary, read documents presented to them (Miller & Reid, 2009). If visual limitations are present, provide larger print documents and increase the font size on their computers. Older workers may also acquire new disabilities, or disabilities related to employment, such as chronic back pain. Depending on the worker's job field, the natural aging process can limit the physical ability of an older worker to continue in the

same employment. An older construction worker, for instance, may find they are no longer able to work in the construction field due to an inability to remain in higher temperatures for longer periods of time. The increased focus on technology development in recent years creates a disadvantage for the older worker who has not had the experience or access to technology across their lifespan. Processing speed, working memory, and long-term memory decline with age (Park et al., 2002). These reductions in memory can impact the time it takes to learn new skills, such as advancing technology skills or training for new positions (Lee, 2009). Providing written, step-by-step instructions may facilitate the worker learning these new skills. Additional time for the assessment may also be in order.

Older workers may also have more of a need for accommodations due to their functional limitations but may be less likely to request these accommodations. This was true for workers with less education, those employed in nonprofessional or managerial jobs, individuals employed less than three years, workers at smaller companies, and employees with psychiatric or multiple disabilities (Dong, 2018). Further, older workers who did not have a disability, but needed an accommodation, were less likely to request accommodations because they did not have a disability. Older workers requesting and receiving accommodations tended to see themselves as having more workplace supports, a familiarity with the Americans with Disabilities Act, and an awareness of accommodations. Older workers who did not request or receive accommodations would benefit from this knowledge and training or from an advocate to facilitate their receipt of accommodations (Dong, 2018).

Additionally, stereotypes about older workers influence income, advancement, and retention (Ng & Feldman, 2012). Many employers and younger coworkers perceive older workers as being less motivated to work, less willing to be trained, having more costly health issues, being less productive, and having more issues with family-work life balance (Ng & Feldman, 2012). Perceptions and physical limitations do not diminish the need or the desire to continue working for the older worker. The extension of the retirement age for Social Security, an economic recession, and an aging global population mean that many workers will continue working into their 70s. For some older workers there is a desire to keep working, but for many older workers there is an economic necessity due to depleted funds and loss of assets (Heidkamp et al., 2012).

Miller and Reid (2009) have suggested some strategies to facilitate treatment. They recommend building rapport and carefully reviewing your role in the older worker's rehabilitation, since these clients may be uncomfortable needing services. Further, because older workers tend to report physical rather than psychosocial complaints, ask specific mental health questions. Also ask clients to provide a list of all medications, and contact the older workers treating physician or a pharmacist if you have concerns about drug interactions or medication misuse or abuse.

## **Speakers of Other Languages**

### ***About the population***



Speakers of other languages are people whose native language is not English. Approximately 66.6 million (21.8%) of the U.S. population over the age of five speaks a language other than English in their homes, and 26 million of these people report that they do not speak English very well (American Community Survey [ACS], 2015). The 2009-2013 ACS classified all languages reported by the group sampled. There were 380 possible languages or language groups. Due to immigration, refugees, or undocumented residents, the list may not represent all possible languages. The most dominant languages spoken are Spanish and Spanish Creole, with 37 million people speaking these languages (ACS, 2015). Because English is the predominant language in the U.S., speakers of other languages need to learn English to assimilate into the U.S. culture. Linguists (Veltman, 1983, 1988; Fishman, 1966, 1988 as cited in Portes & Hao, 2002) have described a three-generation process for assimilation. The first generation primarily speaks their native language and learns sufficient English to survive at work and in the community. In contrast, the second generation is bilingual. People from the second generation learn English to function in their environment but use their native language at home to communicate with their parents. By the third generation, English is the dominant language, and the person's knowledge of their native language may become lost. This three-generation process varies by client and may be dependent upon whether clients live in a community where their native language is spoken or live in a community where English is the dominant language. You should ask rather than make assumptions about the dominant language spoken by clients.

### ***Case***

Marisa Lopez (28, married, female) moved to the U.S. from El Salvador approximately five years ago. She has settled in El Cajon, CA. She was in a car accident nearly two years ago and she sustained a back injury, resulting in chronic pain. The chronic pain has limited her mobility, making it difficult to complete her duties in the small grocery market she and her husband own. Their market is in a primarily Spanish-speaking area, and as a result, she speaks English at a basic level (for information on language levels see <https://tracktest.eu/english-levels-cefr/>). She is coming to you for an assessment to determine possible accommodations to assist in completing her employment duties.

### ***Your course of action***

You meet with Marisa with a qualified interpreter to complete a face-to-face interview. Through this interview, you gain information about her essential job skills, as well as barriers to completing these tasks. You decide to complete a workplace evaluation by visiting her jobsite and observe Marisa completing her tasks in her workspace. You complete a job analysis and visit the Job Accommodation Network (JAN; <http://askjan.org/>) to determine possible accommodations available to Marisa. Based on the JAN recommendations, Marisa's workplace may need to be modified to facilitate her return to work. To confirm that Marisa's accommodations are allowing her to return successfully to work, you

will follow up with Marisa after her return to work in order to evaluate the success of her placement.

### ***Points to consider***

With the increase in refugees coming to the U.S., you need to be aware of their healthcare needs and how to communicate effectively with refugees and speakers of other languages. One source about cultural and healthcare issues of immigrants and refugees is EthnoMed (<https://ethnomed.org/>). The Office of Minority Health Resource Center (<https://minorityhealth.hhs.gov/>) is another resource with health information available for African Americans, American Indians and Alaska Natives, Asian Americans, Hispanics, Native Hawaiians, and Pacific Islanders.

When interacting with speakers of other languages, you should be aware of the influence that your own ethnic and cultural group, family values, and experiences have on your communication and interactions with clients. This requires you to listen carefully to the client or interpreter and to communicate thoughtfully with both (Summers, 2016). When using an interpreter, you should look at the client and not their interpreter. You may also want to explore with the client their ethnic and cultural background. Researching the client's background prior to the initial interaction will give you a point of reference; however, you should avoid making broad generalizations about clients and their ethnic and culture background without first clarifying clients' perspectives (Summers, 2016). Further, clients are influenced by acculturation (i.e., traits borrowed from another culture) and assimilation (i.e., becoming part of the culture). These factors should be kept in mind when interacting with clients.

You also may benefit from learning if a client is from an individualistic (e.g., United States, Canada) or a collectivist (e.g., Columbia, Japan, Saudi Arabia) culture. Individualistic cultures focus on the individual and their family, are direct and explicit when they communicate, and use physical barriers (e.g., doors and walls) for privacy. Members of individualistic cultures are more likely to self-disclose. In contrast, collectivist cultures look out for members of their group, are indirect and implicit in their communication, use psychological barriers (e.g., being soft spoken) for privacy, and may not self-disclose in order to protect access to others (Summers, 2016).

A major challenge when using ability tests developed for one culture with members of another culture is that assumptions made about values, knowledge, and communication when creating the tests may differ when these tests are taken by persons of a different culture. Ideally, when tests are created, a bicultural or multicultural team should work together. Another recommendation is for the test administrator to develop a personal relationship with the test taker outside the testing environment. If current ability tests that are not culture-specific are the only options, then the evaluator should interpret the results with knowledge of the culture (Greenfield, 1997). Standardized achievement tests for domains such as reading, science, and math may be particularly problematic for speakers of other languages. Abedi (2002) noted these tests "are administered in English and normed on native English-speaking tests populations, they may

inadvertently function as English language proficiency tests" (p. 232). He also suggested that non-native English speakers should be part of the norming group to make the test results useable. Elbulok-Charcape et al. (2014) surveyed neuropsychologists about the assessment of ethnic minorities and suggested that a "lack of appropriate norms, tests, and referral sources are perceived as the greatest challenges" (p. 353). Further, multicultural training is needed as ethnic minorities are underrepresented in neuropsychology research, and some neuropsychologist's complete assessments in foreign languages despite limited proficiency in the language. This phenomenon is likely true of other professions.

## **Substance Use**

### ***About the population***

The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5; 2013) ceases to use the labels *substance use* and *substance dependence*. Instead, the DSM-5 references *substance use disorders* (SUD). The level of SUD severity (i.e., mild, moderate, severe) is based on the number of diagnostic criteria the person meets. A SUD is likely present when an individual experiences significant clinical and functional impairment caused by the recurrent use of drugs, alcohol, or both (Substance Abuse and Mental Health Services Administration [SAMHSA], 2015). In addition to health problems and potential onset of disability, such impairments may lead to an inability to execute the responsibilities in daily living domains (e.g., work, school, home). Determining a diagnosis for SUD requires evidence of the person having impaired control, social withdrawal, and risky or dangerous use behaviors. The presence of SUD or alcohol related problems are often dually diagnosed with a mental illness (National Alliance on Mental Illness, 2013). Adding to the complexity of their psychosocial situation, individuals experiencing SUD and dependence issues comprise a large portion of the incarcerated population at approximately 65% (National Center on Addiction and Substance Abuse, 2010).

In 2014, more than 21 million people above the age of 12 exhibited SUD (e.g., alcohol use disorder, illicit drug use disorder), equating to an estimated 8.1% of the U.S. population (SAMHSA, 2015). Additionally, of those in 2012 with SUD who were considered to be in need of treatment, only 1% actually received services (SAMHSA, 2012). Drug overdose, a complication of SUDs, is considered a nationwide epidemic as it is the leading cause of accidental deaths among Americans (more than 50 thousand people died in 2015; American Society of Addiction Medicine, 2016). At the forefront of this epidemic is opioid addiction to prescription painkillers and heroine. According to the CDC (2020a), more than 40 individuals die each day in the U.S. from prescription painkiller overdose. Additionally, more than 4 million people per month misuse prescription painkillers for nonmedical purposes, and nearly 2 million people fit diagnostic criteria for SUD from painkillers (SAMHSA, 2016).

In addition to being a life-threatening condition, SUD has a tremendous monetary cost to society. According to the Office of Drug Control Policy (2003), drug addiction costs \$130 billion to the U.S. economy each year, of which \$100 million result from

productivity losses in the workplace. More specifically, individuals with SUD and addiction issues are prone to high employment turnover, excessive absenteeism, diminished work productivity, and disciplinary problems (Hubbard et al., 1997). Oftentimes, individuals with SUD lose their jobs as a consequence of these problems, which can exacerbate the SUD issues.

People with SUD who enter drug treatment programs are commonly referred to vocational assessment and other employment-related services (Sligar & Toriello, 2007). Obtaining employment during addiction rehabilitation increases the likelihood of treatment success, completion, and sustained recovery. Furthermore, employment can help reinforce sustained recovery by promoting overall health, improved optimism about life, increased self-esteem, more satisfying relationships, and less engagement in criminal activity (Salyers et al., 2004).

### ***Case***

James Whittaker, Jr. (25-year-old, single Caucasian male) is currently unemployed and living at home with his sister and niece in Detroit, Michigan. James was employed since high school as an assembly line worker at a manufacturing plant. Soon after becoming hired, James was in an automobile collision that resulted in an injury to his neck causing chronic and persistent pain. He continued working in spite of the neck injury for seven years, initially controlling the pain with prescription painkillers from his doctor. Over time, James developed an addiction to painkillers, and he began buying them illegally. He was self-medicating even after the pain had ended. The addiction led to negative workplace consequences, and he was terminated from the only job he ever had. James described this event as the "wake up call" that led him to enter a drug treatment program. He participated in intensive outpatient treatment for three months. The treatment program referred James to you for vocational assessment services to identify a fitting occupation. After three months of recovery, James is currently sober and is motivated to find a job. However, he no longer wants to work in a manufacturing plant as he did previously. In addition, James is considering enrolling in a vocational or trade school but is unsure about his desired career path.

### ***Your course of action***

James has only recent psychological and medical evaluations. You review his records, which contain information on cognitive ability (IQ), personal background, and his diagnosis of SUD (in recovery). After reviewing the records, you meet with James and conduct a face-to-face interview that helps to assess his employability, develop an employment goal, and establish a plan. In addition to the interview, you administer a variety of testing instruments to assess multiple domains (e.g., achievement, aptitudes, interests, values, barriers). For behavioral observations, you have James undergo a situational assessment with a local employer, which helps you determine his personal and social supports and examine his interactions with potential coworkers and supervisors. You also want to observe his level of motivation, willingness to follow instructions, and how he manages stressful work-related situations.

From the initial face-to-face interview, you learn that James has a short-term goal of quickly finding a job that matches his interests and has a possible long-term goal of attending post-secondary training such as college or trade school to pursue a stable career with opportunities for advancement. Based on the earlier psychological evaluation and his performance on the achievement and aptitude tests, you conclude that James has the capacity to succeed in a four-year college or trade school. From the vocational interest and values inventories, you are able to provide James with five occupations that would best meet his short-term goal of employment, as well as five areas of training that are congruent with his long-term goals. Other than the potential for drug relapse, James has few barriers to employment. Therefore, you recommend that James remain engaged in outpatient treatment and concurrent support group services.

### ***Points to consider***

First, assessing individuals with SUD requires viewing the person individually, within his or her own context. No two people with SUD are exactly alike. Some individuals may experience all of the previously mentioned consequences of drug use along with a comorbid mental illness while others may be without significant issues that are secondary to SUD. In either scenario, the assessment professional should be aware of how long the client has experienced substance use. Longer periods of use can negatively influence the person's language processing ability and psychomotor skills, resulting in suboptimal testing performance (Latvala et al., 2009). Long-term substance use has been associated with challenges in memory, attention, executive functioning, and reasoning (Schrimsher & Parker, 2007). However, these deficits can improve with treatment participation and compliance.

In addition to duration of use and functional limitation, the person's stage of recovery must be considered throughout the assessment process. Because lingering effects of chronic drug use are often felt in the early recovery stage, the person undergoing assessment may underperform, yielding results that fail to reflect the person's true potential (see Sligar et al., 2010). Withdrawal symptoms impair reasoning skills, concentration, memory, and learning. If withdrawal symptoms endure longer than what is considered normal, the person might have post-acute withdrawal syndrome (PAWS) and exhibit mood instability, irritability, and decreased energy. If PAWS symptoms negatively influence the person's performance on the assessment, the results should not be used, and assessment should be rescheduled for a later date. However, duration of withdrawal symptoms is difficult to predict as individuals recover at varying rates.

## **Transition-Aged Students**

### ***About the population***

Mandated by the IDEA of 1990 and its subsequent reauthorizations, public schools must make transition services available to students with disabilities. Transition services, more specifically, are defined as "a coordinated set of activities for a child with a disability

that... is focused on improving the academic and functional achievement of the child with a disability to facilitate the child's movement from school to post-school activities," (IDEA, 2018). Such *post-school activities* may relate to education (i.e., postsecondary, vocational, continuing), employment, independent living, adult services, or community participation. As mandated by IDEA, transition services must also be individualized in addressing the student's particular needs, interests, strengths, and preferences. Such services that are provided to a student are identified and listed in the student's Individualized Education Program (IEP).

The IEP is a document that is developed with, and for, eligible students with disabilities. An effective IEP with appropriate services requires a collaborative effort on behalf of teachers, family members, and other service professionals who can assist students with disabilities in transitioning to adult life. Often times, professionals from multiple disciplines are invited to attend the student's biannual IEP meetings to help the student (as well as parents or guardians) identify services that are optimal for post-secondary goal preparation.

According to the U.S. Department of Education, nearly six million students between the ages of 6 and 21 years received special education services during 2014 (U.S. Department of Education, 2016). Regarding the most common types of disabilities observed among students with IEPs, most prevalent are specific learning disabilities (39.8%), followed by speech or language impairments (18.1%), intellectual disabilities (7.3%), and mental illness (6.3%).

The next case study pertains to a student with an intellectual disability (ID). As a diagnosed condition, ID pertains to a below-average cognitive ability accompanied by three characteristics: (1) an intelligent quotient (IQ) between or below 70-75 (an IQ of 100 is considered average intelligence), (2) presence of significant limitations in adaptive behavior (e.g., socializing, self-care, communication), and (3) an onset of the disability occurring prior to age 18 (DSM-5, 2013). In terms of post-secondary opportunities, college is typically an unrealistic possibility. However, people with ID are able to flourish in other post-secondary activities, including employment, independent living, and different activities of community participation.

### **Case**

Kendra Bentley (17-year-old, single, African American, female) lives in Section 8 housing with her parents in Opelika, AL. and is a junior at the local high school. At least half of her class days are spent in special education classrooms, as she is diagnosed with an ID that impairs her ability to process and apply information like her peers. According to recent testing that was facilitated by the school's psychometrician, Kendra exhibits an IQ of 65, which is within the range of a mild ID (an IQ of 55-70 is considered *Mild*; 40-55 is *Moderate*; 25-40 is *Severe*; less than 25 is *Profound*). The diagnosis of mild ID is Kendra's only disability, as she is otherwise mentally, physically, and psychologically healthy.

Regarding hobbies, Kendra enjoys helping with chores at home, such as preparing simple meals (e.g., sandwiches), doing laundry, and raking yard leaves. In addition to chores, she enjoys singing, dancing, arts and crafts, watching movies, and spending time with friends and family. When asked what she would like to do after high school, Kendra said she would like to obtain a job so that she can eventually buy a house and start a family. Kendra is highly motivated to go to work and is confident in her abilities. Similarly, the special education teacher believes that Kendra, with family support, could obtain and maintain employment. Unfortunately, however, Kendra's parents are skeptical of her employment prospects and doubt that an employer would hire or retain her. Furthermore, the parents are fearful that if Kendra goes to work, she will lose her Supplemental Security Income (SSI) benefits.

Kendra's SSI benefits (\$655 per month) are used to help the parents pay for the family's rent, groceries, and clothing. Also, SSI provides Kendra with health insurance that she would otherwise not have. Despite these issues, the parents remain somewhat open to helping Kendra obtain gainful employment as long as the expert opinion of a vocational evaluator suggests that she would be successful in the world of work. Therefore, to help determine her job potential, Kendra, the special education teacher, and the parents invite you to attend IEP meetings at the school and to potentially facilitate an ongoing vocational assessment. Prior to attending the first meeting, you gain permission to review Kendra's IEP documents, which contain information about Kendra's diagnosis, school performance, strengths, and weaknesses.

### ***Plan of action***

You join Kendra's first junior-year IEP meeting, which is also attended by Kendra, her social worker, parents, and the special education teacher. The first thing you notice when introducing yourself to Kendra is that she is polite, friendly, sociable, and alert of her situation. Prior to the meeting, you begin establishing rapport with everyone at the table in order to begin fostering a sense of teamwork for Kendra. As the IEP meeting commences, you listen intently and begin to understand Kendra's post-secondary goal of employment and the teacher's confidence in her ability to achieve this goal. However, you also hear the parents' SSI concerns and doubts in Kendra's ability to work. When the meeting shifts focus to matters of vocational assessment, you discuss the services you provide and how you can help. You direct most of your attention to Kendra, as she is the prospective client and not the others.

Mindful of the parents' SSI concerns, you then inform the parents that individuals with SSI benefits are indeed able to work and earn up to a certain dollar amount per month without losing benefits (for more information see: <https://www.ssa.gov/oact/cola/incomexcluded.html>). In addition, you provide the parents with contact information of a benefits counselor who is able to provide more details about Kendra's SSI situation should she gain employment. Because you also understand that the parents have significant decision-making power over Kendra's life, you emphasize the necessity of Kendra having a strong support network if employment does indeed become the focus after high school, as she will likely need help (e.g., transportation to and from work). Though Kendra's parents are still unsure about

allowing her to work, they agree with Kendra that she should at least undergo a vocational assessment, so you schedule an appointment to meet with Kendra at the school on a later date.

Because Kendra's school records indicated limited reading abilities, you decide to forgo paper-pencil testing that might only frustrate Kendra and begin focusing on a vocational interview. During the interview, you ask Kendra about her interests, strengths, abilities, goals, hobbies, and needs. To ensure you receive valid information, you consistently double-check her understanding and speak using sentences that are short, simple, and not abstract. In response, Kendra is able to provide you with useful information. However, in terms of work interests, she is only able to name places where she would like to work (as opposed to specific jobs), stating that she would like to be employed at a grocery or retail store. To gather additional information about her work interests, you administer a picture-based interest inventory that is useful among populations with limited reading skills. In addition to interests, you decide that you need more information about her skills, strengths, and ability to adapt to new people and environments. Once again, paper-pencil testing is unlikely to capture her true potential in these areas, so you determine that an ecological or situational assessment is in order. Consequently, you use your employer contacts in the community to arrange an ecological assessment at both a nearby grocery store as well as at a local pet store. Results from this assessment strategy will help you determine Kendra's level of employability, and whether she can work independently or if she would benefit from supported employment services (e.g., job coach).

### ***Points to consider***

The key to effective transition assessment includes collaboration and cooperation. Family members, teachers, counselors, and others (e.g., occupational therapists, case workers) can potentially provide valuable insight into the skills and abilities of students in transition, thus information from these sources should be solicited by the assessment professional in addition to the information you glean from the student. Furthermore, a strong effort should be made to identify and assess the student's social support network, as this is a strong predictor of workplace success among younger adults with disabilities. In addition to being aware of the student's support network, the assessment professional needs to be aware of the local labor market. More specifically, the assessment professional should know about the types of jobs within the local community that are available and realistic for transition-aged students with disabilities. Such knowledge helps improve the effectiveness of vocational assessment and enhances service provision.

### **Conclusion**

This article focused on eight different special populations that have unique characteristics and needs. At the same time, each group is representative of other special populations because you must consider where the assessment is taking place and the cultural influences, educational levels, and linguistic proficiencies of the individual. Space does not permit a review of persons with other disabilities (e.g., autism, cerebral



palsy, epilepsy, mental illness, spinal cord injury) or persons affected by environmental factors such as refugees, immigrants, or ethnic and racial minorities. Best practices for all special populations include a thorough review of available medical, educational, vocational, social, and technology used (including AT). Then an individualized assessment is provided that includes AT and carefully chosen instruments or techniques with accommodations or modifications. You must also become familiar with the client's worldview and unique preferences and career aspirations.

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