

## Vocational Psychological Assessment

Name: John Doe\*

DOB: February 2<sup>nd</sup>, 1985

Date(s) of Assessment: June 2<sup>nd</sup>, 2015

Referred by: Ms. Jane Jones\*, Case Manager, Employment Service Centre

*\*please note that all names and information contained in this report are fictional*

### Reason for Referral:

Mr. Doe is a 30-year-old man who was referred for a vocational-psychological assessment to better understand his strengths, barriers, employment readiness and/or service needs.

***Where not otherwise stated, the information regarding Mr. Doe's personal history contained in this report is based on his report at interview. Mr. Doe was advised of the limits to confidentiality and signed a consent form authorizing the release of this report to the referral source, Employment Service Centre.***

### Reviewed Documents:

- Client referral document dated May 29<sup>th</sup>, 2015
- Resume

### Background Information:

Mr. Doe is a 30-year-old English-speaking man who was unemployed and without income at the time of the present assessment. Mr. Doe expressed motivation to obtain employment and to take part in the current assessment.

According to the referral document, Mr. Doe's left hand was injured following an injury on October 10<sup>th</sup>, 2014 while working as a construction labourer. The following physical limitations were indicated: avoidance of forceful bilateral grip; avoidance of heavy lifting (limited to medium lifting with his left hand); and avoidance of repetitive and/or forceful gripping with the left hand. A prior depression diagnosis was also noted.

### Psychosocial History:

According to his self-report, Mr. Doe was born and raised in the Metro Vancouver area, the second of three children. His mother was a homemaker and his father was a flooring installer prior to recently retiring. Mr. Doe's older brother works as a heavy equipment operator and his younger sister works as a teacher. He described a happy childhood with positive relationships with his parents and siblings while growing up and as an adult. Mr. Doe currently resides in Vancouver with his wife and two dogs. He reported regular contact with his parents, siblings and extended family and described a strong social network consisting of his wife, friends, and family.

### Medical and Psychological History:

Mr. Doe described himself as generally healthy throughout childhood and adulthood. He reported an injury to his right ankle at 15 years of age from playing sports, which healed fully. Mr. Doe reported a surgery to remove his wisdom teeth at 25 years of age. He described a motor vehicle accident (MVA) at 26 years of age that resulted in minor injuries (i.e., scratches, bruises; no medical treatment required). He reported no major illnesses, no head injuries, and no other major injuries until his most recent work-related injury in 2014.

Mr. Doe was able to provide a reasonably detailed account of his work injury in October 2014. Briefly, he had been working as a construction labourer. He was carrying heavy boxes down a staircase when he slipped and a box fell on and crushed his hand. He was taken to the hospital and had a surgery to repair the tendons in his hand. Subsequent treatment included steroid injections, a second surgery to remove scar tissue, and physiotherapy. Mr. Doe reported chronic pain and decreased range of motion in his left hand since the injury. Consistent with the referral document, he reported difficulty with left-hand gripping and lifting, but no other physical limitations (e.g., no difficulty with walking, standing, or sitting).

Mr. Doe reported no history of emotional issues or psychological diagnoses prior to his 2014 injury. Since his injury, he reported a diagnosis of depression by his family physician for which he was prescribed an antidepressant medication. He reported no history of suicidal ideation and no other mental health support. Mr. Doe reported no history of drug or alcohol abuse or dependence and no history of legal issues.

### Current Psychological Functioning:

At the time of the interview, Mr. Doe said described his current mood as “low, down” and indicated depressive symptoms including sadness, hopelessness about the future, worthlessness, sleep disturbance, restlessness, low energy, and attention/concentration problems. In terms of sleep, he said that he found it difficult to fall asleep and woke frequently; he estimated getting 4-5 hours of sleep per night. He explained that waking is challenging as he does not feel rested. In addition, he reported anxiety, including difficulty managing his worries and increased irritability. He reported no suicidal ideation. He said that his main source of stress is uncertainty with regard to employment and financial concerns.

At the time of the interview, he rated his current left hand pain as a “3” out of 10, with 10 representing the most severe pain. He said that at its best, while resting, his pain ranges from “1-3” and at its worst, if working or using his left hand frequently, his pain increases to an “8-9.” Mr. Doe said that he was right-hand dominant, so his injury does not interfere with writing, although it does interfere with typing. He noted that he has to modify how he performs certain tasks (e.g., how he holds a broom or vacuum). He noted that the more he used his left hand, the worse the pain gets and he will need to rest it. Mr. Doe said that he was not able to participate in some activities he previously enjoyed, such as mountain biking, rock-climbing, and waterskiing due to his injury. He reported generally avoiding pain medications, but takes Tylenol or Advil on occasion.

Mr. Doe said that a typical day consisted of eating regular meals, running errands (e.g., cleaning the house, doing laundry), going for walks, researching jobs, and spending time with his girlfriend. He explained that he was generally able to adapt most activities sufficiently to complete his tasks.

He reported taking an antidepressant (Zoloft, 50 mg once daily) prescribed by his family physician and no other prescription medications. Mr. Doe reported no tobacco or recreational drug use and said that he drinks approximately one to two alcoholic beverages on weekends when out with friends. He was not presently connected with a mental health professional.

### Barkley Functional Impairment Scale (BFIS)

The BFIS is a measure of an individual's perceived level of impairment in 15 major life activities during the past 6 months, such as daily chores, family life, occupational tasks, and social interactions. Mr. Doe's responses reflected no significant impairment in overall functioning as compared to others similar in age and to the entire normative sample. His responses did, however, suggest impairment in several specific areas of activities, such as community activities, daily self-care activities (e.g., dressing, eating, and sleeping), and in occupation/work activities.

### Patient Health Questionnaire (PHQ-SADS)

The PHQ-SADS is a self-report questionnaire assessing the severity of somatic, anxiety, and depressive symptoms. Mr. Doe endorsed a Moderate level of somatic symptoms within the last 4 weeks. Of these, he reported being "bothered a lot" by pain and sleep disturbance and being "bothered a little" by fatigue/low energy.

Mr. Doe reported a Mild level of anxiety symptoms within the last 2 weeks, including nervousness, anxiety, and worry; difficulty controlling the worry; trouble relaxing; and restlessness for several days within the last 2 weeks. He reported no anxiety attacks within the last 4 weeks.

His responses reflected depression symptoms within the Moderate range. He endorsed feeling down, depressed, or hopeless; sleep disturbance; feeling tired or having little energy; and feeling bad about himself nearly everyday within the last 2 weeks. No suicidal ideation was indicated.

Overall, he indicated that his symptoms interfere significantly with his daily functioning (e.g., work, household activities, and relationships).

### Pain Disability Index (PDI)

The PDI measures the perceived impact that pain has on an individual's ability to participate in life activities. Mr. Doe's responses suggest that he experiences an overall high level of pain interference. Specifically, he indicated a moderate to high level of pain interference in recreation activities, occupation activities, self-care, and life-support activities, and a mild to moderate level of pain interference in family/home responsibilities and social activities.

### Educational History:

According to his self-report, Mr. Doe graduated from high school. He said that metal/woodworking, automechanics, and physical education were his favourite subjects and that social sciences and history were his least favourite subjects. He reported marks in the B and C range overall throughout elementary and high school. He reported no learning difficulties, no learning disorder diagnoses, no learning assistance/special classes, no grade repetitions, and no behavioural issues. He said that he generally got along well with teachers and peers.

In addition to completing high school, Mr. Doe reported obtaining First Aid, FoodSafe, and Workplace Hazardous Materials Information System (WHMIS) certification, as well as his Class 5 driver's licence.

### Vocational History:

Mr. Doe has a longstanding history of stable employment. According to his resume and self-report, he worked as a construction labourer for 8 years for various companies and he said that he loved the work. Mr. Doe said that prior to his work as a construction labourer he worked as a cook at a local restaurant and did warehouse work, ordering, and delivery for a furniture store. While he enjoyed his work in construction the most, he liked his work as a cook the least; he explained that

he found the pace of work in a restaurant kitchen to be stressful and had a hard time keeping up. He reported no difficulties in reading, writing, or mathematics while at work.

### **Personal Strengths and Limitations:**

When queried about his strengths, Mr. Doe reported being punctual, reliable, a hard worker, and a good communicator. He indicated that his left hand injury and pain were his main barriers/limitations.

### **Stated Goals:**

Mr. Doe was unsure of his vocational goals, although he thought work as a bylaw officer or building caretaker might be interesting. In general, Mr. Doe described openness to indoor or outdoor work and to working with people or independently. He reported willingness to participate in additional training, if required. He said that he would prefer shorter-term training and stated that he learns best by doing and when the concepts can be applied. He indicated a preference to avoid work that would aggravate his pain, such as heavy physical labour or typing, and said that he would also prefer to avoid cooking roles, particularly in fast-paced environments.

### **Presentation During Interviewing and Testing:**

Mr. Doe arrived on time for his appointment. He was appropriately groomed and attired and appeared his stated age. Mr. Doe was polite, cooperative, and forthcoming. Rapport was easily established. His mood was generally euthymic with congruent affect, with periods of low mood/distress when discussing difficult events. There was no apparent difficulty with expressive or receptive language and there was no evidence of abnormalities of thought form or content, nor of perceptual disturbance.

During psychometric testing with Ms. Jennifer Smith, psychometrist, Mr. Doe understood directions well and expressed his ideas effectively. He displayed pain behaviours (e.g., he would rub his hands between items during manual tasks and for a period after the tasks were completed). Mr. Doe was cooperative, attentive, and alert and appeared to put forth good effort throughout testing. While his depression and pain symptoms may have resulted in an underestimate of his full/optimal level of ability, the following results are nonetheless believed to provide a reasonably valid indication of his functioning at the time of testing, except where noted.

### **Tests Administered:**

- Wechsler Adult Intelligence Scale, Fourth Edition (WAIS-IV)
- Woodcock-Johnson Tests of Achievement, Third Edition (WJ-III; selected subtests)
- Written Fluency Test
- Barkley Functional Impairment Scale (BFIS-LF: Self-Report)
- Patient Health Questionnaire (PHQ-SADS)
- Pain Disability Index (PDI)
- Jackson Vocational Interest Survey (JVIS)

**Assessment Results:**

Please note that the client's performance is being compared against that of others in the same age group and, where possible, same gender and educational level. The position of the client's score relative to the standardization sample is usually expressed as a percentile rank, which indicates that a score falls at or above a certain percentage of scores in this sample. The convention is followed that percentiles from approximately the 25<sup>th</sup> to the 74<sup>th</sup> are held to represent Average function. Scores falling between approximately the 10<sup>th</sup> and 24<sup>th</sup> percentiles represent below or Low Average function, while scores below the 9<sup>th</sup> percentile point to impairment (Borderline, Extremely Low). Scores approximately at or above the 75<sup>th</sup> percentile are above average (High Average, Superior, Very Superior).

Standard scores are not included in this report but are available upon request.

**General Intellectual Functioning:**

According to the results of the WAIS-IV based on Canadian norms, Mr. Doe's level of cognitive functioning is as follows:

Index	Description	Percentile	Range
Verbal Comprehension	Measures verbal abilities that require reasoning, comprehension, and conceptualization.	45 <sup>th</sup>	Average
Perceptual Reasoning	Measures non-verbal reasoning and visual-spatial ability.	50 <sup>th</sup>	Average
Working Memory	Measures attention, concentration, short-term auditory memory, and mental manipulation.	25 <sup>th</sup>	Average
Processing Speed	Measures speed of mental and graphomotor processing.	15 <sup>th</sup>	Low Average
General Ability Index	Measure of overall cognitive ability less sensitive to working memory and processing speed	45 <sup>th</sup>	Average

In cases in which an individual presents with relative weaknesses in working memory or processing speed, the General Ability Index (GAI) score is frequently used instead of the Full Scale IQ score to represent overall cognitive functioning. The GAI is based on the sum of scaled scores of subtests that are less sensitive to the influence of working memory and processing speed. As indicated above, Mr. Doe's GAI score fell within the Average range and there were no significant differences among index scores.

Mr. Doe's verbal abilities (VCI) were within the Average range compared to age-matched peers and the index held together well (i.e., no significant differences among subtest scores). His

performance on the Similarities subtest, a measure of abstract verbal reasoning, and on the Vocabulary subtest, a measure of word learning, word comprehension, and verbal expression were within the Average range. His performance on the Information subtest, a measure of acquired general verbal knowledge, was within the Low Average range.

Mr. Doe's visual/perceptual abilities (PRI) also fell within the Average range; however there were significant differences among subtest scores. His performance on Visual Puzzles, a timed measure of spatial reasoning, was within the Average range. On several items, he responded correctly, but in excess of the time limit. In contrast, his performance on Block Design, a timed measure of spatial perception and visual abstract reasoning, was within the border of the Low Average and Borderline ranges. Of note, he completed several additional items correctly but in overtime, resulting in a discontinuation of the subtest. It is likely that his left hand injury slowed him down on this task, which in turn resulted in a lower score; his score on this task and his overall PRI score are thus thought to be an underestimate of his optimal level of ability. His performance on Matrix Reasoning, an untimed measure of higher-order nonverbal abstract reasoning, was within the High Average range.

Mr. Doe's attention/auditory working memory (WMI) fell within the Average/Low Average range overall. No significant difference emerged between the two subtests. His performance on the Digit Span, a measure of attention, concentration, and mental control, was in the Average range. His performance on Arithmetic, a task which also requires mathematic skill, was within the Low Average range.

His processing speed (PSI) was within the Low Average range and the index held together well. He scored within Low Average range on Symbol Search, a measure of visual perception, analysis/decision-making, and scanning speed, and on Coding, a measure of visual-motor coordination, motor and mental speed, and visual working memory, which requires graphomotor dexterity. While his pace was slower, his responses were accurate (i.e., no errors).

Mr. Doe's depression, sleep disturbance, and pain symptoms may have had an impact on his performance on tests of cognitive functioning, resulting in an underestimation of his optimal level of ability. Tests of working memory and processing speed are particularly sensitive to the effects of psychological factors. Except where noted, the current results are therefore considered to be a reasonable estimate of his current level of cognitive functioning (i.e., while experiencing depression, sleep disturbance, and pain symptoms).

### **Written Fluency:**

Mr. Doe was asked to provide a writing sample during which he was to describe the events taking place in a provided scene. He was able to complete 1.5 sentences within the two-minute timeframe. His writing was relatively neat and legible, with the exception of one word that was unclear. Mr. Doe's narrative reflected appropriate content and was without spelling errors, although there were two grammatical errors (a sentence fragment and a missing comma).

### **Academic Achievement:**

*Grade equivalents are scores based on the performance of individuals in the WJ-III standardization group, and measure how typical (average) students at the grade level specified would perform on the test that has been given. These scores are expressed in grade year and tenths (e.g., Grade 6.4 means 6<sup>th</sup> grade, four months). Grade equivalent scores should never be interpreted literally, but rather as rough estimates of grade level performance.*



The results of the WJ-III subtests are as follows:

WJ-III subtest	Subtest Description	Grade Equivalent	Percentile (Age Norms)
Letter-Word Identification	Requires the correct pronunciation of words. Measures word identification skills.	13.0	45 <sup>th</sup>
Reading Fluency	Measures skill in quickly reading simple sentences and deciding if the statement is true or false.	6.9	17 <sup>th</sup>
Passage Comprehension	Requires reading a short passage and identifying a missing key word that makes sense in the context of that passage. A measure of reading comprehension skills.	13.0	50 <sup>th</sup>
Spelling	Assesses skill in correctly writing orally presented words.	13.0	50 <sup>th</sup>
Calculation	Measures skill in performing mathematical computations.	6.0	15 <sup>th</sup>

Mr. Doe's academic scores were within age-based expectations and varied from the Average to Low Average range, generally consistent with his level of education and cognitive ability. His word-reading and reading comprehension were within the Average range. His reading fluency was within the Low Average range. His spelling was within the Average range and his calculation skills were within the Low Average range.

### Vocational Interests:

In order to assess Mr. Doe's vocational preferences, the Jackson Vocational Interest Survey (JVIS) was administered. The JVIS provides information regarding basic interests, general occupational themes, similarity to college students, and similarity to various occupations. Indexes pertaining to response style suggest that Mr. Doe answered questions in a consistent manner.

Regarding Mr. Doe's basic interests, compared to other men, he obtained his highest scores in the following areas:

- Engineering (96<sup>th</sup> percentile)
- Skilled Trades (92<sup>nd</sup> percentile)
- Personal Service (88<sup>th</sup> percentile)

These results indicate that Mr. Doe:

- Is interested in the designing, testing, or manufacturing of a wide variety of products; applies scientific principles to the solution of practical problems

- Prefers working with hands or with machines, usually in making or repairing some product
- Enjoys providing direct services to individuals

In contrast, occupations involving office work, technical writing, and dominant leadership (i.e., a position of authority in which active, direct supervision and criticism of the work of others is involved) were of very low interest.

In terms of the similarity of Mr. Doe's JVIS profile to the interests of people working in occupational groups, his scores were most similar to individuals in construction/skilled trades, such as construction inspectors and estimators; in engineering and technical support, such as architectural drafters; and in machining/mechanical occupations, such as audio-visual technicians and heavy equipment operators.

### Conclusions and Recommendations:

Mr. Doe is a 30-year-old man who was off of work at the time of testing. His self-report and documentation indicated a work-related left hand injury and chronic pain. According to the referral document, Mr. Doe had the following physical limitations: avoidance of forceful bilateral grip; avoidance of heavy lifting, limited to medium lifting with the left hand; and avoidance of repetitive and/or forceful gripping with the left hand. Mr. Doe reported a prior diagnosis of depression and ongoing moderate depressive symptoms (PHQ-SADS), as well as a moderate-high level of pain and interference in some daily life activities due to these symptoms (BFIS-LF; PDI).

Mr. Doe's overall cognitive ability, including his visual and verbal abilities, fell within the Average range. Please note that his overall visual-perceptual (PRI) score was considered to be a minimum estimate, as his performance on Block Design, a task requiring manual speed and dexterity, was thought to be an underestimate due to pain interference and difficulty with left hand dexterity and speed. Mr. Doe's attention/auditory working memory was within the Average/Low Average range overall. His processing speed was within the Low Average range. As indicated earlier, cognitive abilities in general, and processing speed and working memory in particular, can be impacted by pain and depressive symptoms, as well as by sleep disturbance. Thus, while Mr. Doe's current results are generally considered to be a reasonable estimate of his current level of cognitive functioning, they likely underestimate his optimal level of ability.

His academic skills were within age-based expectations and in line with his level of education and cognitive ability. Mr. Doe's word-reading, reading comprehension, and spelling were within the Average range, and his reading fluency and calculation skills were within the Low Average range.

### Values/Motivation

Mr. Doe reported a strong motivation to return to the workforce. He was punctual, cooperative, and forthcoming. He appeared to give his best effort on all tasks.

### Strengths

- Average level of overall cognitive ability
- Overall Average verbal abilities, including:
  - Average vocabulary and oral expression
  - Average verbal abstract reasoning
- Overall Average visual-perceptual abilities, including:
  - Average visual-spatial reasoning
  - High Average nonverbal abstract reasoning



- Average working memory
- Average word-reading/recognition and reading comprehension
- Average spelling skills
- Punctual, polite, cooperative
- Expressed a strong motivation to return to the workforce

#### Barriers / Limitations

- Relatively slower processing speed and reading fluency (Low Average)
- Relative difficulty with calculation skills (Low Average)
- Physical/medical limitations and chronic pain
- Moderate depression symptoms

#### Transferable Skills and Skill Gaps

- High school diploma
- Class 5 driver's licence
- WHMIS
- Food Safe
- First Aid (needs renewal)
- Extensive experience as a construction labourer
- Experience as a cook
- Experience in warehouse work, including ordering and delivery

#### Learning/ Work Style

- Mr. Doe is a suitable candidate for a range of training programs based on his level of cognitive ability and academic skill; however, he may need accommodations given his level of pain and depression symptoms, and he indicated a preference for brief, practical training.
- He would likely do better in roles emphasizing the quality of work as opposed to the speed, or quantity, of production.
- His responses to the JVIS reflected an average level of interest in academic achievement/scholarly activities, organization/routine, and job security. His responses suggested a preference to avoid roles requiring working long hours without rest.

***On the basis of the above information, the following recommendations are made:***

#### Recommendations to Address Barriers/Limitations:

1. Mr. Doe reported a prior diagnosis of depression and ongoing moderate depressive symptoms. He was taking medications at the time of testing and was in contact with his family physician; however, he reported no other mental health support. Evidence-based counselling/psychotherapy, such as Cognitive Behaviour Therapy (CBT), may be beneficial to address his ongoing pain, sleep disturbance, and depressive symptoms. He may wish to consult with his family physician regarding a referral and/or resources in his community; a list of psychological resources, including options for low or no-cost counselling, is also appended to this report. He may also benefit from a medication consultation and monitoring with a psychiatrist. In addition, should Mr. Doe wish to participate in a pain program, the

Chronic Pain Management programs are free to participants, are designed to educate chronic pain sufferers on self-management, and are offered in various locations through out the lower mainland. For more information, their website can be found at [www.selfmanagementbc.ca/chronicpainprogram](http://www.selfmanagementbc.ca/chronicpainprogram) or call 1-866-902-3767.

Mental health support could occur concurrently with vocational rehabilitation, to support his gradual return to the workforce and to prevent symptom exacerbation.

2. Mr. Doe described pain and physical limitations associated with his medical condition, consistent with supporting documentation. It is therefore suggested that any vocational path he pursues be done with consideration for his physical limitations/restrictions, and the vocational recommendations indicated below have attempted to do so; however, consultation with a physician or medical personnel regarding the physical demands of a chosen role would be beneficial.
3. A gradual return to the workforce is suggested based on the length of time away from work and his current level of pain and depressive symptoms. Beginning with part-time or reduced hours and reduced expectations for productivity may help to avoid symptom exacerbation, to address potential barriers, and to build confidence. As Mr. Doe experiences success in a role, the work demands may be increased.
4. Similarly, while no notable difficulties with attention emerged on testing, given his level of pain and sleep disturbance, avoidance of positions that involve tasks in which a lapse of attention could result in harm to himself or a coworker is recommended until these symptoms lessen.
5. Given his level of pain, depression, and sleep disturbance, as well as corresponding vulnerability to stressors, he would benefit from a supportive environment with low pressure for deadlines and productivity, well-structured and predictable tasks, and minimal chance for interpersonal conflict. Regular breaks to manage his pain symptoms or in times of heightened stress are also recommended. Similarly, while studying or training, it would be more efficient to take frequent breaks to avoid exacerbating pain symptoms (e.g., 5-10 minute breaks after 30-45 minutes of study). Assistive technology, such as speech to text software (e.g., Dragon Naturally Speaking; Speak Q) that converts spoken word into text may help support written work and avoid aggravating pain symptoms caused by typing and reduce the burden on processing speed.
6. Based on his cognitive abilities and academic skills, Mr. Doe is a suitable candidate for a range of training programs; however, he will likely need accommodation for his current level of depression, pain and physical limitations. Should he pursue additional training, the following recommendations are suggested based on his prior diagnosis of depression, his medical condition, and his chronic pain:
  - a. Given his difficulty in these areas, extra time for academic tests/exams (i.e., time and a half) is recommended. If possible, a quieter testing environment for exams would be beneficial.
  - b. For the above-mentioned reasons, he may have difficulty keeping pace in full-time training; therefore, a part-time or reduced training load is recommended, at least initially.
  - c. Access to the instructor's or a peer's notes or permission to audiotape orally-presented information is recommended to reduce the burden on note-taking and processing speed, particularly during lengthy verbal instructions/lectures.
  - d. Speech to text software may be helpful for written/typed assignments to avoid

- exacerbating pain symptoms.
- e. Contact with student support services is recommended to help advocate for any necessary accommodations.

### Employment and Training Recommendations:

Mr. Doe's JVIS revealed an interest in engineering, in the skilled trades, and in personal service occupations, consistent with his work history and his stated goals during the clinical interview. Possible occupations in these areas to consider include:

1. Mr. Doe expressed an interest in becoming a bylaw or regulatory officer, which is supported by the present assessment. There are numerous positions in this area, such as parking control officer, liquor license inspector, and weigh station operator/highway scale operator; it would be important that the chosen role fit with his physical limitations. The Justice Institute of British Columbia (JIBC) offers a Bylaw Compliance, Enforcement and Investigative Skills certificate as well as individual courses for those seeking employment in this area. Other related roles include: parking lot attendant, meter reader, or parking meter collector. These roles would likely involve on-the-job training.
2. He also expressed an interest in becoming a building caretaker/concierge. This role would build on his prior work experience in construction; however, it would be important to ensure that the duties of the position were in line with his physical capabilities. No additional training may be required, although vocational training programs are available. For example, Vancouver Community College (VCC) offers a part-time Building Manager certificate program that can be completed in as little as four months.
3. Home inspector. This role would build on his prior construction experience, but may be more suited to his current physical limitations. For specific information on requirements on becoming certified as a home inspector, please contact ASTTBC Property Inspectors at 604-585-2788 or e-mail [techinfo@asttbc.org](mailto:techinfo@asttbc.org). Vocational programs/courses are available; for instance, BCIT and Douglas College offers House Inspection courses.
4. Inspector in public and environmental health or occupational health and safety (e.g., safety officer), such as within his prior employment field (construction) to build on his prior experience, may be of interest. This role typically requires completion of a vocational program; for instance, BCIT offers a part-time, course-by-course/distance Occupational Health and Safety certificate program, which often takes approximately 18-24 months. Similarly, Simon Fraser University (SFU) offers a part-time Occupational Health and Safety Diploma that can be completed in as little as 16 months and some courses are available online.
5. Drafting/AutoCAD technician. The current testing regarding Mr. Doe's skills, abilities, and interests are in line with this role. A role as an architectural drafting technician or AutoCAD technician would likely require completion of a college-level program; for example, VCC offers a full-time 10-month Drafting Technician - Architectural certificate or diploma with additional specialty.
6. Automotive collision estimator. Postsecondary training may be required. BCIT, for example, offers an Automotive Collision Estimator 1 & 2 courses and the Automotive Training Centre in Surrey offers Auto Body Collision Estimator training.
7. Dispatcher, telecommunications operator, or radio operator (e.g., tow-truck dispatcher, truck dispatcher, utilities maintenance crew dispatcher, or public lines radio operator [e.g., Forest Fire Line, Environmental Emergencies line, or Environmental Violations and Dangerous Wildlife Conflicts line]). On-the-job training is often provided.

8. Traffic control person/flagger. This role typically requires completion of a Traffic Control Person Course. BC Construction Safety Alliance (BCCSA), for instance, offers a 2-day Standardized Traffic Control Training for Traffic Control Persons (TCPs).
9. Industrial audiometric technician, audiological technician/audiometric technician, or hearing aid practitioner. This role is consistent with his vocational interest profile (JVIS), which indicated an interest in technical/engineering and personal service roles. These roles would likely require some postsecondary training; for instance, BCIT offers a 4-day Industrial Audiometric Technician course that teaches theory and hands-on training required to conduct hearing tests on noise-exposed workers in industry, counsel workers on the results of their hearing tests, advise workers about hearing protection, and administer hearing conservation programs.
10. A role as a sound technician, broadcast technician, or audio and video recording technician may be of interest, provided that the work environment is considered to be in line with the noted physical restrictions. Completion of a vocational program, however, is often required; for instance, BCIT offers a Video Production and Editing Associate Certificate program and Langara College offers a 1-year Digital Music Production certificate program.
11. Finally, a role as a purchasing agent/officer or inventory control worker may be of interest and would build on his experience in warehouse work. Should postsecondary training be required, vocational programs are available; for instance, BCIT offers course-by-course Materials Management Certificate and Business Management Certificate programs, as well as a part-time Certified Production and Inventory Management program.

*It is noted that the recommendations found in the report are only a part of the overall planning process. To move forward in areas of interest, further exploration will be required that may include exploring in greater detail the specific recommended occupations and gaining a better understanding of qualifications, training and skills required. As well, an understanding of the labour market and current hiring trends within the specified geographical area, through conducting informational interviews with hiring managers and employees in the field, may be required.*

***Thank you for referring Mr. Doe. We wish him all the best in his future endeavours. If we can be of further assistance, please do not hesitate to contact us at 604-575-5678.***

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Psychologist's Name, Ph.D.  
Registered Psychologist  
Back in Motion Rehab Inc.

## Specialized Assessments

### Frequently Asked Questions

#### *When should I refer for a Vocational Psychological Assessment?*

- Client presents with psychological symptoms or an interpersonal style that may present a barrier to employment
- Clarification is needed about how psychological or interpersonal factors may impact vocational planning
- Client has not received a psychological diagnosis but you wonder if one might be appropriate
- Client does have a psychological diagnosis and it may affect vocational planning
- There are questions about a client's cognitive (intellectual ) functioning or adaptive functioning
- The client's academic skill level is unknown
- Training is an option but you are unsure if it is appropriate for the client
- The client has a clear vocational goal but you are unsure if it is realistic or appropriate given the client's psychological, cognitive, or physical barriers
- Recommendations are needed for how to address barriers to employment and/or training and facilitate successful vocational planning
- Recommendations are needed for employment or training options that are appropriate given the client's strengths and weaknesses

#### *When is a Vocational Psychological Assessment - Profile appropriate?*

The Vocational Psychological Assessment - Profile is a more succinct version of the standard Vocational Psychological Assessment. It is suitable for clients that have mild to moderate psychological symptoms or where the client's psychological symptoms and their impact on functioning have been well documented. It is not suitable for clients with complex or serious psychological symptoms or for whom there is very little information about the nature of their difficulties.

#### *What is a Learning Disorder?*

A Learning Disorder is diagnosed when an individual has significant, persistent difficulty learning and using academic skills (i.e., reading, writing, and/or mathematics) despite extra learning assistance, and his/her academic skills are significantly below what would be expected given his/her age. The learning difficulties are not due to intellectual disabilities, a lack of learning opportunities, vision or hearing problems, or other disorders.

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### ***When should I refer for a Learning Disorder Assessment?***

- When a client indicates that they have a learning disorder (they may refer to ‘dyslexia’) but there is no recent documentation of this or the nature of the learning problem is unclear
- The client reports or you suspect significant academic problems that don’t seem to be due to intellectual disabilities, vision or hearing problems, or other disorders
- Recommendations for accommodations are needed for the purposes of training or employment

Refer for a **Vocational Psychological /Learning Disorder Assessment** if there are concurrent concerns about psychological or interpersonal functioning and possible learning problems.

Refer for a **Learning Disorder Assessment** if there are no concurrent psychological concerns. This assessment exclusively investigates the possible existence of a learning disorder. This kind of assessment is common for clients who are otherwise ready to start a training program, but there are concerns about a possible learning disorder, or the client was diagnosed with a learning disorder during childhood but the learning institution requires a recent diagnosis. If a diagnosis is made, recommendations for accommodations in a training or work environment will be provided.

### ***When should I refer for one of the ADHD assessments?***

- When a client indicates that they were given an ADHD diagnosis in childhood or recalls being prescribed a medication such as Ritalin
- The client reports ongoing problems with attention, concentration, focusing, interrupting, trouble sitting still and/or impulsivity
- Recommendations for accommodations are needed for the purposes of training or employment

Refer for a **Vocational Psychological ADHD/Learning Disorder Assessment** if you there are concurrent concerns about ADHD and learning disorder.

### ***When should I refer for an Employment Planning Assessment?***

- There are questions about a client’s cognitive (intellectual) ability and/or academic skill level
- Recommendations are needed for vocational planning based on the clients cognitive strengths and weaknesses, academic skill level, and vocational interests
- Other barriers to employment are minimal or are very well documented

### ***When should I refer for a Neuropsychological Vocational Assessment?***

- Client reports previous traumatic brain injury or a medical condition that could be expected to impact cognitive functioning (e.g., stroke, seizure disorder) and there are related concerns about the client’s cognitive abilities (e.g., memory, attention/concentration, problem solving, planning)



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- Information is needed about specific cognitive deficits and how they impact client functioning
  - Recommendations are needed about how to address any cognitive deficits within a training or work environment

#### ***When should I refer for a Neurocognitive Screening Assessment?***

- This assessment is a screen for neurocognitive difficulties. In addition to testing of broad cognitive functioning, academic achievement, and vocational interests, concentration, memory, and information processing are also examined. The report provided is succinct and includes recommendations.
- This assessment is appropriate if it is unclear whether neurocognitive difficulties are an issue. If the results of the assessment indicate that more thorough neuropsychological testing would be appropriate, the client can undergo full Neuropsychological Vocational Assessment (the customer would pay the difference for the upgraded assessment).

#### ***When should I refer for a Functional Capacity Evaluation (FCE)?***

- Information is needed about physical and behavioural functioning in a variety of work contexts.
- This assessment will help ascertain the client's ability to meet job demands of a variety of potential vocational options.

#### ***When is a Work Simulation appropriate?***

- A Work Simulation is a good choice if it needs to be determined whether the client can safely and effectively perform a specific group of job demands of one specific vocational option.
- Because this assessment is a shorter version of functional testing, it may also be a good option for clients that may not tolerate a full day of testing.

#### ***When should I refer for an Ergonomic Assessment?***

- If the client is beginning or preparing for work in a specific vocation or setting and he/she has specific barriers that might be addressed by accommodations or alternations to the work equipment or setting.
- This is an assessment of a physical environment (work, home, school) with the goal of providing recommendations for specific ways to optimize comfort, access, and productivity of a client.
- Recommendations include equipment alternatives that are sourced with cost and/or accessibility solutions.

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### ***How much information should I provide with the referral?***

Please provide any information you have about the client's barriers and challenges - this information will be very useful to the assessor. This includes any relevant reports you may have on file. If you have specific questions you would like addressed during the assessment, please feel free to provide these to the assessor at the time of the referral.

### ***What if my client is English as a Second Language (ESL)?***

If your client has limited English skills, it will be more challenging for the assessor to obtain valid results on some tests that require the client to understand and speak in English. However, the assessor will do their best to determine the client's level of functioning.

If your client requires an interpreter, he/she is not appropriate for the assessments provided by Compass or HeadWise because the testing requires that all instructions be provided in English and all responses be provided in English.

### ***Can interpreters be used?***

If your client requires an interpreter, he/she is not appropriate for the assessments provided by Compass or HeadWise because the testing requires that all instructions be provided in English and all responses be provided in English. The only exception to this is sign language interpreters; although not all tests can be administered, some of the tests can be adapted for sign language.

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## COMPASS SPECIALIZED ASSESSMENTS

### FREQUENTLY ASKED QUESTIONS

#### What kinds of assessments are offered by COMPASS?

Compass offers several different assessments to assist with vocational planning. Each assessment is designed to collect information that will help you set vocational goals that are good match for you, and to help you start to develop a clear, manageable plan to move you towards your goals.

You may be referred for one of the following assessments:

- Vocational Psychological Assessment
- Vocational Psychological - Learning Disorder Assessment
- Vocational Psychological - Attention Deficit Hyperactivity Disorder (ADHD) Assessment
- Vocational Psychological - Learning Disorder - ADHD Assessment
- Employment Planning Assessment
- Learning Disorder Assessment

More information about the specific assessments is available on our website:

<http://backinmotion.com/assessment-services/comprehensive-assessment-services-compass>

#### What is the purpose of the assessments offered by COMPASS?

The purpose of the assessment is to help to identify the best work pathway for you. The information gathered during the assessment will answer questions about your emotional functioning, strengths and limitations, thinking and learning abilities, academic (school) skills, and what kinds of job activities interest you most. This information is used to make recommendations for jobs that would be a good fit for you, and to help you develop a clear, manageable plan to help you succeed in your vocational goals.

#### Who will be working with me during my assessment?

Back in Motion has a team of professionals who offer assessment services through the COMPASS program. You will be working with either a Registered Psychologist or a Clinical Consultant.

A *Registered Psychologist* is registered by the College of Psychologist of BC (CPBC). The Registered Psychologists at Back in Motion all have a doctoral level of training, which means they have a Ph.D. (Doctor of Philosophy in Psychology) or a Psy.D. (Doctor of Psychology) degree.

A *Clinical Consultant* at Back in Motion is in the process of registering with the CPBC. This means that they have completed doctoral level training from an accredited university and completed all pre- and post-doctoral internships. Once the registration process is successfully completed, they will become Registered Psychologists. Clinical Consultants' work with clients is supervised, and their reports are reviewed and signed off by a Registered Psychologist. The supervising Registered Psychologist holds ethical and professional responsibility for the assessment and reports.

The assessment testing may be done by a *Testing Assistant*. Our Testing Assistants have or are working towards their Masters degree, and are trained in the administration and scoring of a wide



range of assessment measures. The Registered Psychologist is responsible for ensuring the quality of the testing and the interpretation of all test results.

Back in Motion is a teaching facility. You may be asked if you are comfortable with having a graduate-level university student observe or perform part of your assessment. The students always work closely with a Registered Psychologist, who is responsible for ensuring that the assessment is done properly.

## What will I be doing during the assessment?

As discussed above, there are different types of assessments, tailored to your needs. You don't need to study or prepare anything in advance. The assessments usually involve:

- Interview to gather information about your emotional functioning, physical health, current personal strengths, needs or challenges, education, work history and interests
- Completion of questionnaires that provide information on your emotional well-being, as well as how you are coping on a day-to-day basis
- Completion of activities to provide information on your thinking and learning abilities, as well as your academic skill level

Many people are nervous about the assessment before they arrive. Your assessment team will do their best to make you feel at ease. Most clients tell us that they feel comfortable once they meet their psychologist/consultant and the assessment gets started.

## What are the timeframes for COMPASS Assessments?

The majority of COMPASS assessments take between 4 and 6 hours. You will be provided with opportunities for breaks and lunch.

## Am I involved in decisions related to my assessment?

Yes, you are involved in your assessment and are free to ask questions throughout your assessment. You will also be invited to give feedback on your assessment through a satisfaction survey provided upon completion of the assessment.

## Who gets a copy of my assessment report?

With your consent, the assessment report will be sent to your WorkBC or Avia Employment Services Case Manager. You will also get a copy of the report.

## How will I find out the results of my assessment?

Following the assessment, you will be offered a feedback session. During the feedback session, the Registered Psychologist or Clinical Consultant will review the results of the assessment and the recommended next steps with you and your Case Manager. You will be given the chance to ask any questions you may have.

## Frequently Asked Questions Regarding Neuropsychological Assessments

### **What is the purpose of the assessment?**

A Neuropsychological Vocational Assessment helps you and the Case Manager better understand your cognitive functioning for the purpose of vocational planning. The report provides information that helps you and your case manager develop a thorough understanding not only of areas of difficulty that may result in barriers to return to work, but also of strengths that will allow you to maximise your potential as well as using your strengths to overcome or find ways to reduce the impact of the barriers.

### **What does the assessment consist of?**

The assessment is a two day process and will consist of an interview with a clinician, followed by a series of cognitive activities with a psychometrist. The interview is 1.5 to 2 hours long. The clinician will ask you questions in order to get to know you, understand why you are being referred to us and what your vocational goals are. The activities pertain to topics such as vocational interests, personality, educational history and cognitive functions.

### **Why does the assessment take two days?**

Typically, the assessment will take about 1.5 days to complete. Some people take less or more time than that. We book two full days just in case, but you may not need all the time that is allotted. If you need more than two days, the psychometrist will book another appointment with you at the end of the second day.

### **Is there any physical work? Will I be climbing stairs?**

No, all activities will be done at a desk.

### **Do I have to wear anything specific for the assessment?**

No, just wear something comfortable.

### **What do I need to bring to the assessment?**

Please bring the following:

- Reading glasses (if you use them)
- Hearing aids (if you use them)
- Any medication you may need during the time period you're with us
- Lunch (or money to purchase lunch)
- A copy of your resume (if you did not provide one to your Case Manager to forward to us ahead of time).

### **Can my mother/father/spouse/other support come with me?**

Family members or other support persons are welcome to attend. The clinician will interview you together, but may also interview you separately. Your support person will not be permitted in the room with you when you are working with the psychometrist but they are welcome to wait in the waiting area.

### **What if I can't make the appointment?**

Please call our office at 604-417-7390 and advise us with as much notice as possible because our staff members travel out to see you.

### **What happens after the assessment?**

Once the assessment has been completed, the clinician will write up a report that contains information that was gathered over the course of the two days and what the results of the cognitive activities were. It will also contain recommendations in terms of possible vocations that suit your skills, needs and interests.

### **When will the report be ready?**

The report is typically ready in about 4 weeks from the date of your last appointment.

### **How come it takes 4 weeks for the report?**

The 4 week time period is broken down into:

- Week 1 - Psychometrist prepares the results of the cognitive activities for the clinician
- Week 2 and 3 - Clinician interprets the results and writes report
- Week 4 - Director reviews report. Admin staff finalize the report to go out.

### **Will I get a copy of the report and can a copy of the report go to my GP?**

With your consent, the report will be sent to your Case Manager who referred you to us. Your Case Manager will provide you with a copy of the report which you can then make copies from to give to your GP.





Suite 210 - 7525 King George Blvd  
Surrey BC V3W 5A8

Tel.: 604-417-7390  
Fax: 604-608-9319

September 9, 2015

Ms. ...

Dear Ms. ...,

We have been asked to conduct an assessment of your functional abilities to perform work tasks and activities of daily living. The date of your scheduled assessment is **Wednesday, September ..., 2015 at 8:30 for approximately 8 hours at our Richmond Back in Motion Clinic.** This evaluation is carried out by an Occupational or Physical Therapist who has been trained to evaluate a person's functional status. Mr. Ralph Cheesman will be performing this evaluation. **The assessment will take place at the Richmond Back in Motion Clinic located in the WorkBC Employment Services building at Suite 110 – 6651 Elmbridge Way, Richmond, BC V7C 5C2.**

During the assessment, the therapist will spend some time asking you questions about your medical history, the functional requirements of your past and/or future work and how you are managing your daily activities. You will then go through a series of tests designed to assess your ability to perform a variety of job related tasks. A physical examination of areas of the body involved in your disability may occur. Please bring appropriate clothing for this examination (i.e. aerobics bra/tank top/t-shirt/shorts). The tasks done by each person may vary depending on their illness and/or injuries and their usual occupation. Please wear comfortable, casual clothing and shoes. If you need glasses for reading or fine dexterity work, please bring these with you to your appointment.

We ask you to perform to the best of your ability but not to push yourself beyond your ability. Safety is always our first concern. **If you can, please bring to your assessment the regular safety or protective equipment you wear and/or use on your jobsite.**

There will be regularly scheduled breaks during the day including a 30 minute lunch break and you may bring your own lunch. Coffee and tea are provided. A refrigerator and microwave are available. Restaurants are nearby if you have a vehicle. Some clients have a friend or family member drive them to the appointment but please be aware they will not be able to stay with you during the evaluation.

**Please confirm your appointment at 604-233-2210.**

We look forward to meeting you.

Sincerely,

Terry Hillhouse  
Operations Manager  
Back in Motion Functional Assessments Inc.