



Fundamental Research on Aphasic Persons with Higher Brain Dysfunction with regards to Promoting their Job Assistance (Research Report No. 104) Summary

[Keywords]

Higher brain dysfunction, aphasia, promoting the job assistance

[Key points]

This research surveyed on promotion of job assistance in cooperation with medical institutions by: [1] organizing fundamental knowledge in order to share information; [2] understanding conditions and problems in assistance for persons with aphasia through medical institutions and support organizations; [3] clarifying information and roles which these organizations seek in the other. These findings are expected to be utilized as a reference when medical and support organizations cooperate with each other to offer assistances.

April 2011

Japan Organization for Employment of the Elderly and Persons with Disabilities
NATIONAL INSTITUTE OF VOCATIONAL REHABILITATION

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2. Period of Research

FY2009 to FY2010

3. Composition of the research report

Chapter 1 Support for employment of aphasic persons

Chapter 2 Survey on utilization of Local Vocational Centers for Persons with Disabilities

Chapter 3 Support for employment of aphasic persons at medical institutions

Chapter 4 Interview survey on business establishments that employ aphasic persons

Chapter 5 Generalization

References

4. Background and Purpose of Research

As for social rehabilitation of persons with aphasia, some studies have been conducted in association with individual characteristics of the aphasic persons themselves (age, causative diseases, type and severity of aphasia, physical functions, intellectual ability etc) or language training at medical institutions (timing and duration of training etc). However, there have not been any studies conducted in cooperation with employment support organizations.

This study aims at understanding the current condition and tasks in support for employment of aphasic persons in employment support organizations (Local Vocational Centers for Persons With Disabilities) and medical institutions (hospitals and rehabilitation centers etc). The study also aims at performing an awareness survey in order to discuss the method of cooperation between the medical institutions and employment support organizations.

5. Method

(1) Bibliographic search

(2) Questionnaire survey (Objects: Medical Institutions for rehabilitation, Local Vocational Centers for Persons with Disabilities)

(3) Interview survey on business establishments that employ persons with aphasia

6. Summarized Results of the Study

(1) Knowledge from previous surveys

According to the “National survey on current situation of persons with aphasia” conducted every few years by the Committee for national survey on the current situation of persons with aphasia, the ratio of aphasic persons who returned to work after seeking treatment at a medical institution is 5.5% - 16.2% (the ratio of those who returned to the previous work is 3.8% - 8.5%). This survey has not clarified the employment status of the aphasic persons when symptoms occurred. However, the ratio of aphasic

persons who returned to work was 20.1% - 35.2% when calculated by statistic estimation of the number of persons who had a job when symptoms occurred based on the ratio of persons who have difficulties in returning to work (and retired from work accordingly) when they came home from a medical institution.

Major previous surveys conducted individually (by medical institutions) on persons whose status of employment at onset of the disease was known indicated that the ratio of returning to work was 21.0% - 60.0% (17.8%- 28.1% if special factors were eliminated; ratio of persons who returned to the previous work was about 10%).

Based on the previous surveys mentioned above, the ratio of returning to work in aphasic persons who had sought treatment at a medical institution is about 20% - 30% (the ratio of those who returned to their previous work places is about 10%). This indicates that it is difficult for aphasic persons to return to work; and that it is very difficult in their current situation to maintain the same vocational level as that before the onset of the disease. The surveys also revealed that measures to support employment for persons with aphasia at medical institutions are very few: negotiation with the work place (5.1% - 13.3%); referral to vocational rehabilitation organizations (5.7% - 10.2%); pre-vocational training (1.8% - 4.7%).

On the other hand, the ratio of returning to work is 56.3% in those who had jobs before the onset of the disease when utilizing National Institute of Vocational Rehabilitation / vocational centers. The ratio is twice as high as in those who used medical institutions. However, the ratio of those who returned to the previous work remains at about 16.7%. This also indicates that it is very difficult for persons with aphasia to maintain the same job at the same vocational level as that before the onset of the disease. However, it has been clarified that possibility of continuation of work will increase when work assignment is arranged, with consent of the employer (work place), for the aphasic person to do through transferring to different work or section utilizing the "Rehabilitation Support Program" and other support measures.

(2) From survey on Local Vocational Centers for Persons with Disabilities

More than 90% of local vocational rehabilitation centers for persons with disabilities were utilized by persons with aphasia in the past 10.5 years from FY2000 to FY2010. An estimated 635 persons used the centers. The number of users is on the rise every year. Especially since 2006 when the Support and Dissemination Project for persons with Higher Brain Dysfunction started, the number of users has been rapidly increasing in response to the development of the program.

a. Features of Applicable People

Many of the 357 aphasic persons who used the centers since 2005 and whose detailed information is available are middle-aged or in senior years: 65.5% of them are 40 – 50 years old (with an average age of 44.4). As many as 77.9% of them possess Disability Certificate (62.2% of them possess Physical Disability Certificates). The causes of aphasia are cerebral vascular disorder (73.4%) and traumatic brain injury (17.9%), which account for 90%. Type of aphasia is unknown in many cases (64.1%). Severe cases are few (about 5%). Those who have other dysfunctions are about 70% on average: 67.8% have higher brain dysfunctions; 70.1% have physical dysfunctions. Only 2% have aphasia only. Among those who used Local Vocational Centers for Persons With Disabilities (the status of employment at onset of aphasia is unknown), 35.0% of them either gained new job or returned to the previous work; 9.0% take a leave; 5.6% gained work through welfare programs; the outcome of 13.4% is unknown; 36.9% have

difficulties in finding jobs.

b. Contents of Support

Support measures intensively implemented are mostly for aphasic persons themselves: 70.7% is support for aphasic persons; 21.0% is support for business establishments; 4.3% is support for coordination with related organizations. As many as 92.0% of those who used Job Coach Support were able to find a job (about 20% of the entire users), while only 22.7% of those who did not use Job Coach Support found a job (about 60% of the entire users). This indicates that Job Coach Support is an effective measure to support employment of persons with aphasia.

c. Opinions of vocational counselors

The key points for support that vocational counselors at Local Vocational Centers for Persons With Disabilities consider important are: importance of on the job support based on understanding of disability characteristics and tasks at work through vocational-assessment and vocational preparation support such as On the Job Training at corporations, on the job training, and support for job adaptation; Job Coach Support and Trial Employment in cooperation with Hello Work (public employment security office) are effective to promote understanding in business establishments; detailed information provided by medical institutions is useful concerning disability characteristics of persons with aphasia and consideration for communication; advice and support for acquisition of Disability Certificates is also important; when preparing specific operational manuals, graphic and visual instruction is more effective than conventional procedural instructions in consideration of disability characteristics; training seminars for employees (bosses and coworkers) to promote understanding of disabilities is effective for settlement in the work place etc.

Many vocational counselors seek the following information from medical institutions: advice on support in work performance; status of independency in daily life; comments on disability characteristics (severity/ type) of aphasia; comments on self-understanding/ recognition of disabilities; findings in physical function, neuropsychological findings not limited to aphasia; current treatment, precaution for health management; comments on aphasia (ability of communication etc.). These demands indicate that vocational counselors seek from medical institutions: not just information of impairment limited to aphasia, but information of activity level such as daily life and work performance; information of disabilities in general that might be caused by brain injuries such as “neuropsychological findings not limited to aphasia” and “findings in physical function and self-recognition of disabilities” (see Fig. 1).

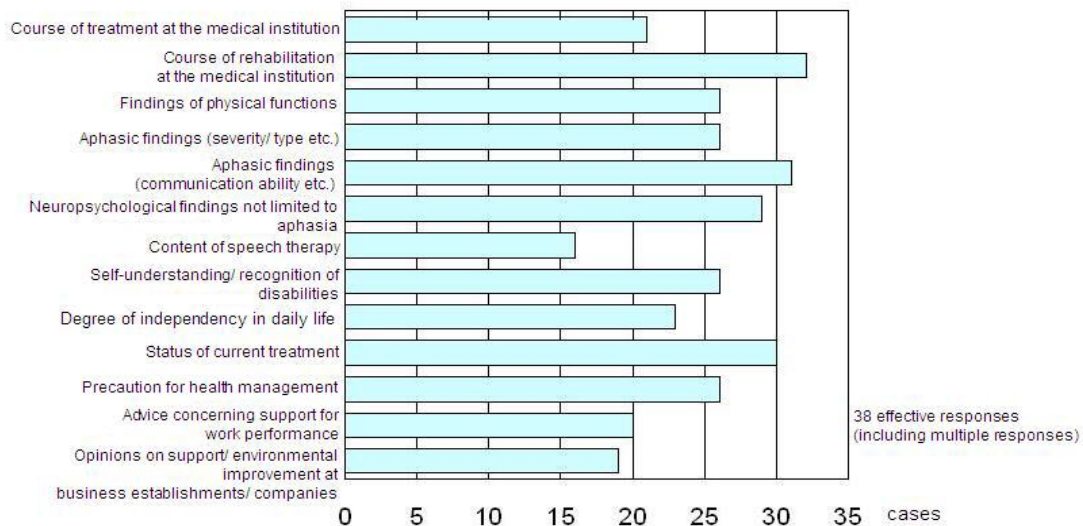


Fig. 1 Information vocational counselors seek from medical institutions for cooperative support

As factors for aphasic persons to settle in work places, vocational counselors consider motivation to work important as a personal factor. Many counselors also pointed out the importance of understanding and arrangement of the business establishments such as: promotion of understanding of companies/ workplaces; measures taken by companies/ business establishments; Job Coach Support and other support at work places etc.

Many vocational counselors want medical institutions to play the following roles: provision of medical knowledge concerning the relationship between the disease/ symptoms and employment; framework to offer continuous counseling after employment; provision of specific support methods concerning communication. Few counselors seek “provision of negotiations with companies/ workplaces and specific support” or “provision of criteria to judge possibility of employment” (see Fig. 2).

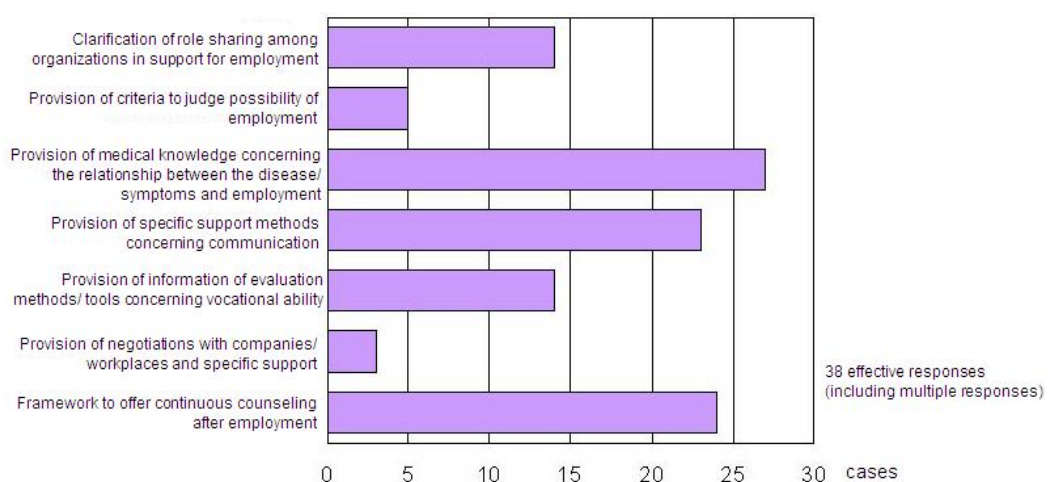


Fig 2 Roles vocational counselors seek from medical institutions for cooperative support

(3) Result of survey on medical institutions

A survey was conducted in 812 major medical institutions for rehabilitation in Japan. Response was obtained from 161 institutions (collection ratio was 19.8%). Among various respondents that include

doctors, speech-language-hearing therapists, physical therapists, social workers and so on, 78.2% of responses were from speech therapists. Respondents belong to: 57 medical institutions that deal with acute phase only; 69 institutions that also deal with recovery/ chronic phases; 35 institutions that include welfare institutions to support independence, institutions for rehabilitation, general hospitals and administrative offices. More than 70% of these medical institutions satisfy the criterion of Cerebrovascular Disease Rehabilitation I and Locomotory System Rehabilitation I or Respiratory System Rehabilitation I.

a. Support of aphasic persons by medical institutions

Many medical institutions provide training for persons with aphasia such as rehabilitation of mental/physical functions and training of daily functions etc. (69.0% and 40.1% respectively). In contrast, few medical institutions provide employment support for companies such as advice on environmental improvement or provision of information (4.1% and 6.1% respectively). The result suggests that employment support that medical institutions can provide for companies and business establishments has its limitation.

b. Factors considered important in support for continuous work

Medical institutions consider the following factors important for persons with aphasia to continue to work: self-motivation (78.9% said it very important); severity of aphasia (65.8% said it very important); companies' efforts (63.1% said it very important) (see Fig.3). The result is similar to the factors which vocational counselors consider important as factors to settle in work places. Medical institutions also consider self-motivation and companies' efforts important. However, as mentioned above, direct approach from medical institutions to companies is still difficult at present although its importance is recognized.

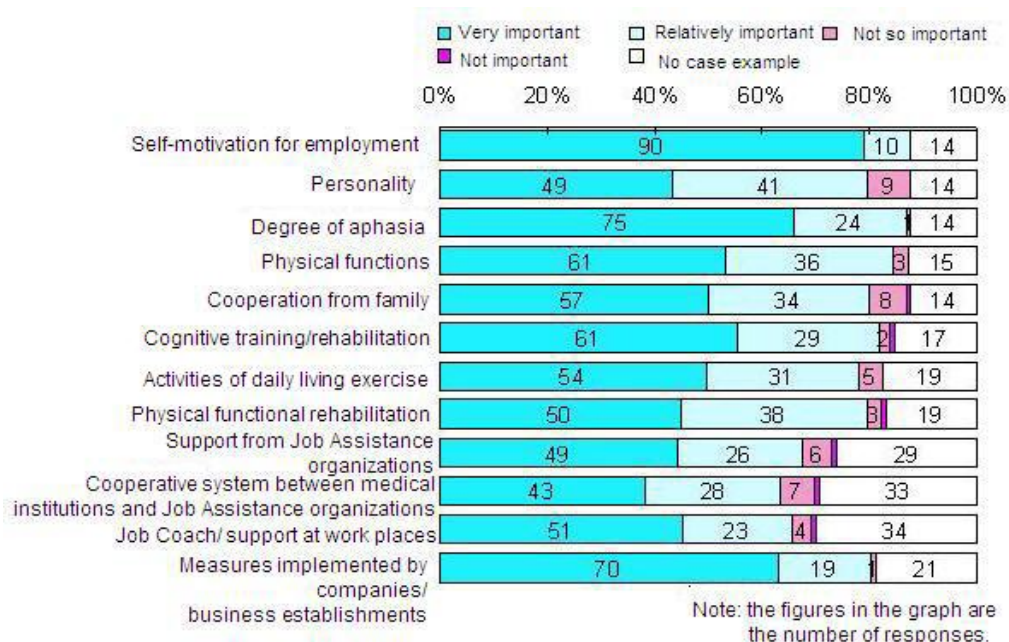


Fig. 3 Factors considered important to continue to work

c. Organizations in cooperation

About a half of medical institutions obtain cooperation from medical institutions such as other hospitals

(52.1%) and rehabilitation centers (50.4%). Only about 30% of them obtain cooperation from Job support organizations such as Hello Work (29.0%), Local Vocational Centers for Persons with Disabilities (30.0%) and Employment and Life Support Centers for Persons with disabilities (28.2%). Only 14.5% of them receive cooperation from companies or business establishments (see Fig. 4).

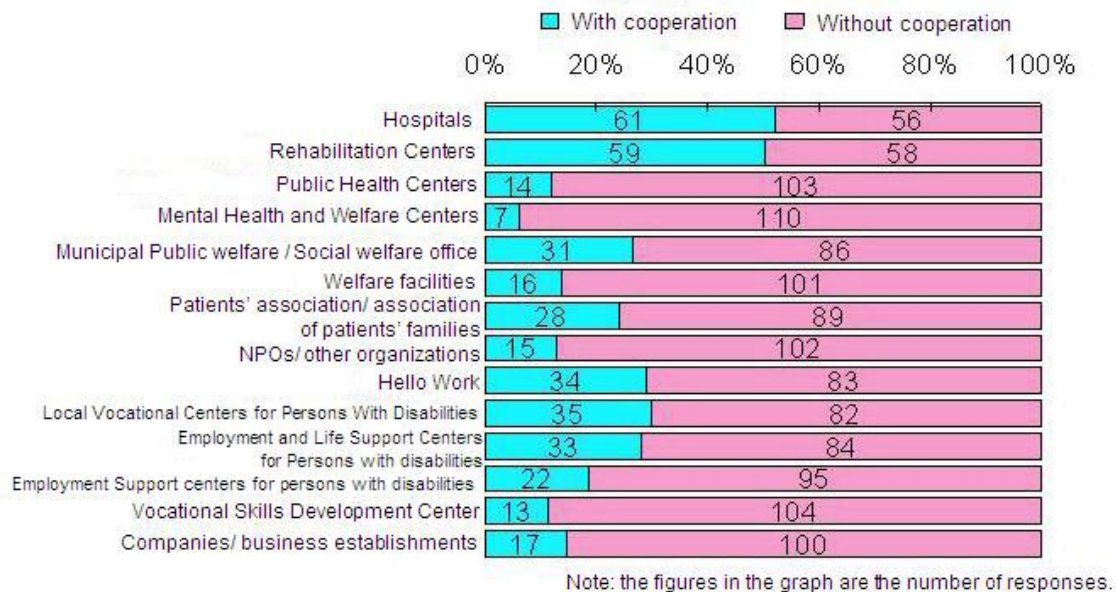


Fig. 4 Organizations in cooperation

d. Information sharing with Job support organizations

Approximately 60% of medical institutions want the following information: course of treatment (62.2%); course of rehabilitation (65.3%); findings of physical functions (57.8%); findings of neuropsychological examination (58.2%); Status of current treatment (60.5%).

On the other hand, approximately 40%, relatively few, of organizations have request on information sharing: degree of self-understanding (40.4%); precaution for health management (44.0%) support/ environmental improvement at business establishments/ companies (43.5%).

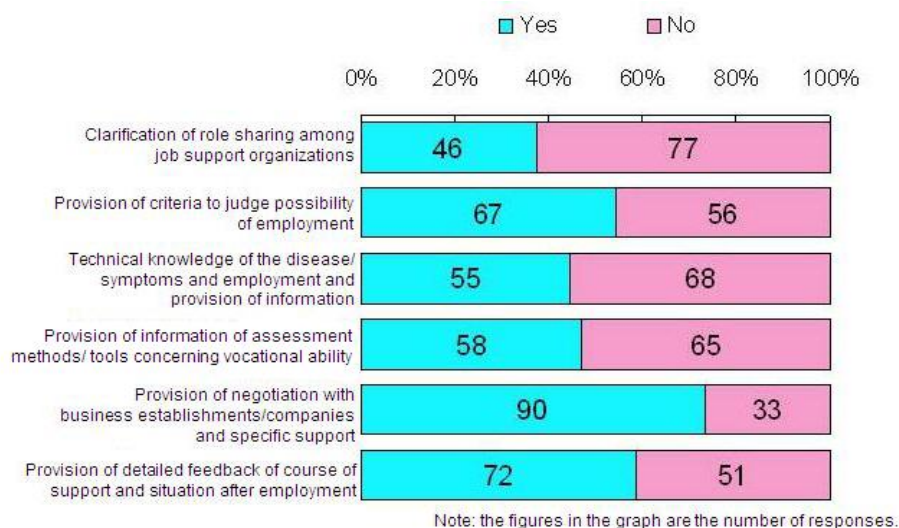


Fig. 5 Role to be sought from Job Support Organizations

e. Roles to be sought Job Support Organizations

Many medical institutions want the following roles from job support organizations: negotiation with business establishments and companies and provision of specific support (73.2%); feedback of the course of support (58.5%). Relatively few institutions want clarification of role sharing (37.4%) or shared knowledge of relationship between disease/ symptoms/ employment (44.7%) (See Fig.5).

The findings shown above indicate that direct support from medical institutions to companies and business establishments is difficult. It is also suggested that in cooperative support between medical institutions and job support organizations, job support organizations are requested to offer direct support for business establishments and mediating role with medical institutions. In the interview survey by visiting medical institutions which have good examples of settlement of work, it was considered important that the staff of a medical institution visits a business establishment to observe the actual situation of the work place and get involved in the efforts to offer support; however, implementation of such effort is difficult at present. From the viewpoint of cooperative support, it is important for job support organizations to offer direct assistance to business establishments.

(4) Conclusion

The ratio of returning to work in aphasic persons who used medical institutions only is 20% - 30% (the ratio of those who returned to their previous work places is about 10%). It is difficult for persons with aphasia to get a job, and it is extremely difficult to return to their previous work places. Less than 10% of medical institutions offer job supports such as negotiation with the work places, mediating role with vocational rehabilitation organizations, or pre-vocational training etc. On the other hand, the ratio of returning to work in aphasic persons who used Job support organization (National Institute of Vocational Rehabilitation or vocational rehabilitation centers for persons with disabilities) is about 60%, twice as many as those who used medical institutions only. This suggests importance of support in cooperation with job support organizations. However, only 30% of medical institutions work in cooperation with job support organizations.

As for the contents of support, among aphasic persons who used local vocational rehabilitation centers for persons with disabilities, more than 90% of those who used Job Coach Support were able to get a job while less than 30% of those who did not use Job Coach Support were able to get a job. This suggests effectiveness of Job Coach Support on employment support for persons with aphasia.

As important factors for continuous work (settlement in the work place), job support organizations (vocational counselors) mention: self-motivation to work; promotion of understanding of companies and work places; measures by companies and business establishments; Job Coach Support and other support at work. Medical institutions (mainly speech therapists) mention: self-motivation to work; severity of aphasia; measures by companies etc. Self-motivation and measures by companies are considered important by both job support organizations and medical institutions (see Fig.6) Direct support from job support organizations for business establishments is important from the viewpoint of cooperative support.

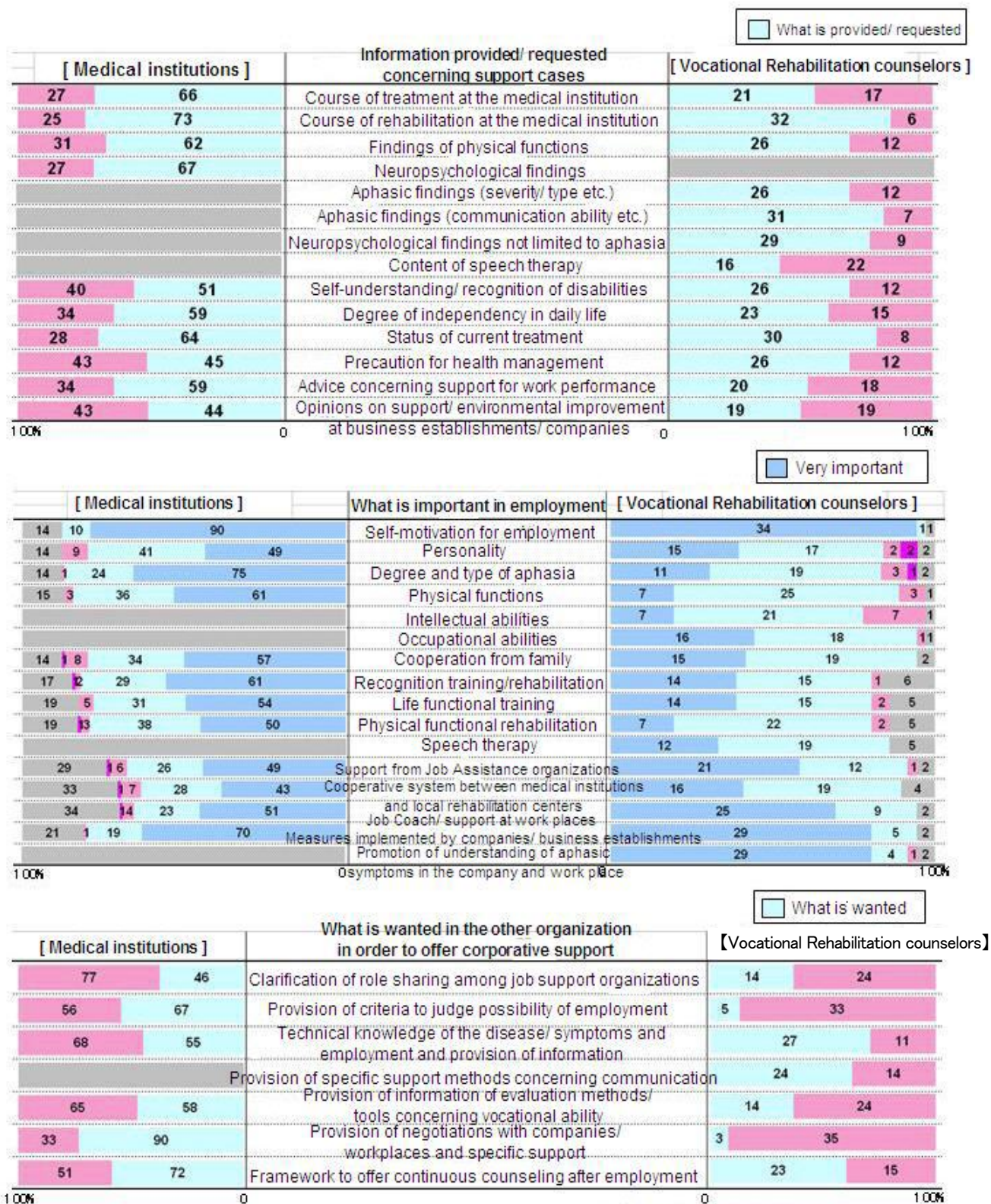


Fig. 6 Opinions from medical institutions and job support organizations