

# A Vocational and Counseling Service for Diabetics

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The Vocational and Counseling Service of the New York Diabetes Association at this time has been in existence for just over one year. Our purpose in presenting this report is to describe the early development of the service and to recount some of our experiences with the first 100 clients. Diabetics who seek counseling present a variety of unresolved problems in a number of different areas in contrast to the great majority of diabetics who apparently meet the challenges of daily living adequately and function effectively and usefully in their communities. It is, therefore, well to emphasize at the beginning of this report that the clients of the new agency do not represent a cross section of the diabetic population.

The agency was established in February 1961 by a grant from the Clarence E. Mack Fund. Two factors highlighted the need for the service. First, an increasing number of requests for guidance and assistance in vocational planning and employment were received at the offices of the Association. Second, a survey<sup>1</sup> of the employment experiences of the alumni of Camp NYDA, a camp for diabetic children, indicated that many juvenile diabetics were having trouble finding jobs.

One of the first steps taken by the new agency was to establish working relationships with public and private social agencies in the city. Meetings were held with executives and supervisors of job placement agencies, vocational guidance centers, family welfare agencies, hospitals, and specialized agencies for vocational rehabilitation. The groundwork was thus laid for the reciprocal referral of clients.

The Vocational and Counseling Service offered specialized knowledge and help concerning the diabetic to existing agencies. In turn, referrals were facilitated for those clients of the Vocational and Counseling

Service who needed the services of other agencies.

Initially, two goals were set for the new agency: The first objective was to provide guidance in career planning for the diabetic adolescent, and help for the diabetic who encountered difficulty in obtaining employment. A second objective was to influence a change in the employment policies prevalent among some large and small firms in the community which barred the employment of the well-controlled diabetic.

However, some months after the establishment of the agency, it was apparent that many of the clients presented problems in relation to diabetes control and social adjustment, which would have to be solved before career or employment needs could be dealt with. The medical and social problems of the diabetic necessitated a change in focus from that of a referral agency to that of a direct service agency. The following case illustrates the need for this change:

A young man, twenty-two years old and unemployed, came to the Service seeking help in finding a job. The interviewer observed that the client's diabetes was poorly controlled. An acetone odor was easily detected. The client was having difficulty with his vision, was constantly fatigued, had no knowledge of his diabetes control and had not visited his physician in many months. Before the employment needs of this individual could be met, he required medical rehabilitation. Arrangements were made with the clinic at which he was registered for immediate hospitalization. He was found to have severe diabetic acidosis and early retinal hemorrhages. Diabetes control was re-established and after discharge from the hospital the Vocational and Counseling Service initiated a program of supportive therapy. He is now being counseled by a member of the staff to help him develop realistic goals and a more constructive attitude towards the management of his diabetes. His employment need was met when he secured work as a designer in a rug factory.

During the first year over 100 diabetics have asked for assistance. Clients have been referred by welfare agencies, hospitals, schools, private physicians and friends. Applications have been coming in at the rate of fifteen per month during the last several months. A brief analysis of the first 100 cases will provide a profile of the diabetics who seek help, their problems and our efforts in their behalf.

The ages of the first 100 clients range from twelve

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to sixty-five. Thirty-four are children and adolescents from twelve to nineteen years old; sixty-six are twenty to sixty-five years of age. Sixty-seven are male and thirty-three are female.

The high school graduation rate of the twenty years and older group is 41 per cent. This educational attainment is lower than that of the general population<sup>2</sup> which is 56 per cent. Eight per cent of the adult diabetics graduated from college. Six per cent are trained for professions. Fifty-seven per cent of this group are employed in semiskilled and unskilled capacities. Lacks of education and skills are serious employment handicaps under any circumstances. When coupled with diabetes, the handicaps are compounded. At the present time the adult clients of the Vocational and Counseling Service are to a large extent poorly educated and unskilled diabetics who are more vulnerable to the competitive pressures in our society. The survey of the employment experiences of Camp NYDA alumni<sup>1</sup> indicated that the professional workers encountered the least difficulty in the labor market because of diabetes. Encouraging and motivating the young diabetic to continue his education and acquire a skill have become important functions of the agency.

Thirty-nine per cent of the diabetic clients in the twenty years and older group are married. This is at wide variance with the general urban marriage rate at comparable ages which ranges from 48 to 87 per cent.<sup>3</sup> Seventy-seven per cent of the married diabetics have children.

The reasons for seeking help relate to the age of the client. In the ten- to nineteen-year-old age group, 41 per cent sought educational and vocational counseling. Thirty-two per cent came because of social and emotional problems. Eighteen per cent sought temporary summer employment and 6 per cent steady employment; 3 per cent sought counseling on medical care.

In the twenty years and older group, 63 per cent expressed a need for a change of job. In many instances a change was desired because work loads or night shifts appeared to the client to interfere with stable diabetes control. In other instances a change of job was desired because of increasing physical disability, principally peripheral vascular disease or failing vision. Twenty-three per cent were jobless and sought employment. Seven per cent appeared for vocational counseling. Three per cent wanted training for work in areas considered more desirable by the client. Two per cent each sought help in securing medical care and financial assistance.

As noted previously, many clients presented prob-

lems in relation to diabetes control and social adjustment. There was evidence of large gaps in knowledge about diabetes and of poor skill in its day-to-day management. To meet their particular needs, a broad program of health guidance was started. Interviews revealed lack of medical supervision over long periods of time and staff workers frequently had to initiate or re-establish medical care either at a clinic or with a private physician.

Emotional and social problems necessitated casework counseling for a substantial number of young and old clients. Group counseling sessions for adolescents and young adults have been initiated. Many problems were of a severe nature, as shown in the following cases:

Two boys, one fourteen and the other sixteen years of age, both of superior intelligence, presented severe social problems. One was suspended from school for delinquent behavior, the other was a school truant. Both had failing school grades. Reasonable diabetes management and control were impossible under these circumstances. These boys needed long-term and intensive counseling to help them cope with the demands of daily living and the discipline of diabetic regimen.

A young woman, aged twenty-one, applied for help in securing employment. She was a high school graduate and qualified for office work. However, she exercised no control over her diabetes, disregarded her physician's advice, and had not visited her physician for over a year. She was despondent and depressed and on several occasions had threatened to commit suicide with or without her insulin. Obviously this young lady was not a suitable candidate for the open labor market either physically or emotionally. Three additional agencies, a hospital social service department, a psychiatric clinic and a family agency, were involved by the Vocational and Counseling Service to work cooperatively in this situation.

It has been the experience of the agency that the well-controlled diabetic will frequently encounter prejudicial employment practices, and a number of clients had employment problems created by restrictive employment policies, illustrated by the following:

A well-controlled diabetic girl, nineteen years of age, was refused employment by a large company because of her diabetes. The client was a skilled office worker and her diabetes, in the opinion of the medical staff of the agency, represented no work risk to the employer. In a letter to the agency, the company acknowledged that the client was a well-controlled diabetic who would not lose more time from work than the average employee. However, employment was refused because she was considered a substandard risk for life and hospitalization insurance.

Many diabetic complications required the skills of rehabilitative medicine and social casework services. Diabetic complications were present at every age level. Twenty-two of the first 100 clients had diabetic complications. Eight had more than one complication. Of this group, thirteen had eye complications, four of whom were legally blind. Nine had peripheral vascular

disease, seven peripheral neuritis, five heart disease, and two kidney disease. This group of diabetics presented complex problems requiring a multi-faceted approach including casework counseling, medical care, vocational retraining and job placement. Rehabilitation and employment for older individuals with diabetic complications are often limited by lack of community resources.

The blind diabetic merits special consideration because he represents an increasingly large percentage of the case load of agencies working with the blind. Approximately one half of the new cases in a large New York City agency for the blind are diabetic. These individuals present serious and difficult problems in medical care and rehabilitation. Because of peripheral neuritis and the resulting sensory impairment, it is more difficult for a diabetic to learn Braille and the use of the cane. Many of these individuals have inadequate assistance in the home and some live alone with little or no assistance. The accurate measurement of insulin dosages is a difficult problem. None is able to test his urine, and all are dependent upon some assistance for proper diabetes management and evaluation of daily diabetes control.

In a joint staff conference with a large agency serving the blind in New York City, the special needs of the blind diabetic were highlighted. It was pointed out that although many specialized agencies might be working with a blind diabetic, the lack of a central focus resulted in inadequate service. As the only agency in the community concerned solely with the problems of the diabetic, the Vocational and Counseling Service has both the challenge and responsibility to coordinate effectively the various services that the blind diabetic might need.

#### DISCUSSION

Diabetes imposes unique and lifelong demands upon the individual. A segment of the diabetic population is unable to cope with these and other responsibilities. Such individuals fail to maintain good diabetes control and fail to function adequately in the community. General agencies in the field of health and welfare are frequently unprepared to meet these special needs of the person with diabetes. The problems of diabetics can best be served by a community agency working solely with diabetics. Such an agency can provide the expert knowledge of diabetes essential to sound professional planning and service for the diabetic. It is also in a position to provide other agencies with greater understanding of the diabetic and his needs. It can help implement cooperative efforts by all agencies having diabetic clients. There is widespread need within the

community for a greater understanding of the diabetic, his work restrictions and his work potentials. Continued education and interpretation are necessary for physicians, employers, personnel workers, insurance company executives, civil service commissions, school guidance counselors, and others concerning the excellent work capacity of the well-controlled diabetic.<sup>4-7</sup> All are pertinent areas of interest and concern for a vocational and counseling service for diabetics.

A specialized service organized to meet the vocational and counseling needs of diabetics should have a staff to diagnose medical, social and psychological problems, and ability to render effective counseling. Diagnostic service involves a professional assessment of the needs of the total individual. Direct counseling services should include health education for good self-care, counseling for social and emotional problems, and intelligence and aptitude testing for guidance in vocational planning. Referrals to other agencies are necessary for job placement, medical care, rehabilitation and retraining, psychiatric care and financial assistance.

#### SUMMARY IN INTERLINGUA

##### *Un Servicio Occupational e de Consulta pro Diabeticos*

Iste communication es un discurso presentate al Nove Session Anue del Governatores Statal e Delegatos Affiliate del Association American pro Diabete per Dr. Kantrow, currentemente Presidente del Association pro Diabete de New York e ex-Presidente del Servicio Occupational e de Consulta pro Diabeticos establite per iste ultime association in 1961.

Le objectivos del servicio esseva initialmente provider consilio in le planation de carreras pro juvene diabeticos e modificar, per information e accleration, le frequentemente prejudicate attitude manifestate per empleatores potential verso le candidato de empleo qui es afficite de diabete.

In le curso del prime menses de activitate, le personal del novemente instituite servicio debeva constatar que le segmento del population diabetic que se presentava in cerca de soluciones pro problemas particular non esseva typic del population diabetic in general, i.e., inter le clientes del servicio le procentage de casos de maladjustamento social e emotional e etiam de stabilisation imperfecte de diabete excedeva per multo le correspondente procentages in le population diabetic total. Assi le programma de servicio del agentia debeva esser modificate e occupar se etiam de problemas psychiatric e directemente medical. Le resultado esseva un extense rete de cooperation con altere agentias public e private in le communitate.

Inter le situationes meritate un attention particular

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work during the planning stages and early endeavors of the agency.

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*Case Report*

# Thrombocytopenia Occurring During Chlorpropamide Therapy

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In some cases of diabetes mellitus, treatment with the oral hypoglycemic agents may offer certain advantages over insulin. From time to time, however, side effects from drug usage have been reported.<sup>1-4</sup> In the present case serious thrombocytopenia occurred during chlorpropamide therapy.

CASE REPORT

The patient was a fifty-three-year-old white woman who was first seen Oct. 12, 1961. For several months she had visited a chiropodist for treatment of a recurrent paronychia infection of the right great toe. The infection failed to respond to local measures, so removal of the nail was planned, and a urinalysis and blood count were obtained. The urinalysis was normal in every respect. The hemoglobin was 13.3 gm., RBC 4.3 million, and the WBC 19,800, with 63 per

cent segmented cells, 31 per cent lymphocytes, and 6 per cent eosinophils.

The past history included three abdominal surgical procedures fifteen years earlier, resulting in the removal of the uterus, both tubes and ovaries. The patient's father had died of carcinoma of the rectum at age sixty-four; her mother was alive and well at age eighty-one.

Physical examination was negative except for blood pressure 196/94; grade I hypertensive retinopathy, a palpable, smooth, slightly enlarged thyroid, and a barely palpable liver edge. On pelvic examination the fundus of the uterus and adnexa were absent, but the cervix was present and appeared normal. A Papanicolaou smear of the cervix was negative for tumor cells.

The white count was repeated and now found to be 8,800, with 67 per cent segmented cells, 26 per cent lymphocytes, 22 per cent monocytes, 4 per cent eosinophils and 1 per cent basophils. The fasting blood sugar was 129 mg. per 100 ml. The chest X ray showed a normal-sized heart and normal lung fields. Because of the elevated fasting blood sugar, a three-hour glucose tolerance test was performed and was

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