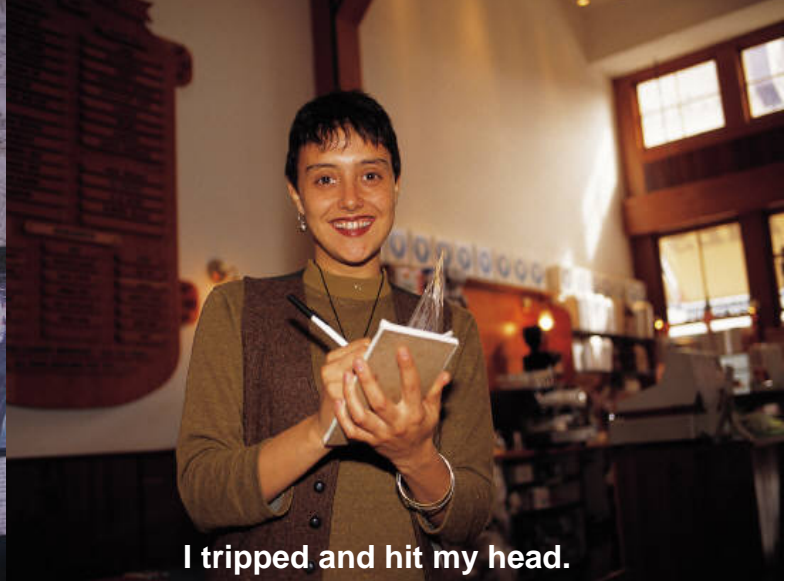
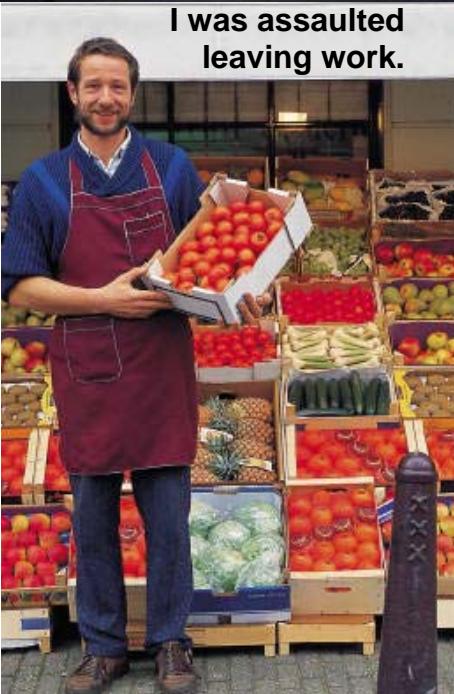




**I was hit by a drunk driver.**

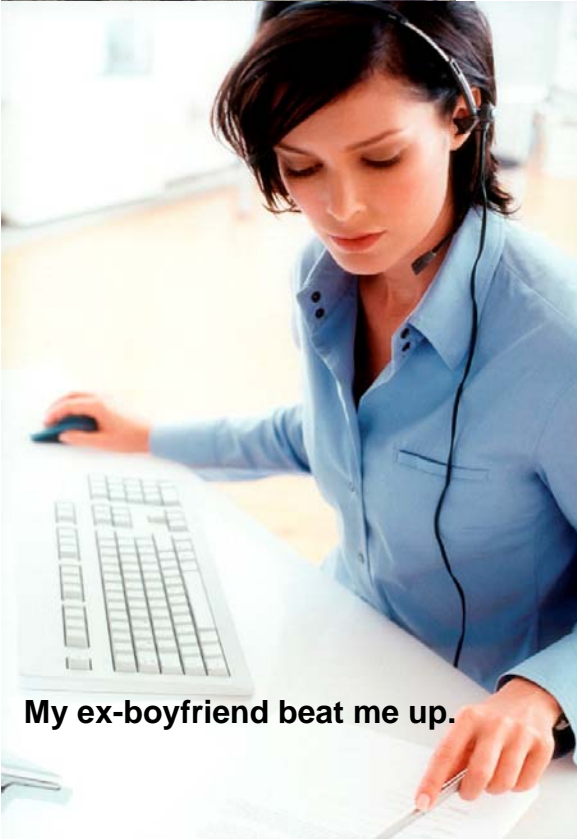


**I tripped and hit my head.**



**I was assaulted leaving work.**

# The Brain Injury Handbook: A Resource Guide for Employers



**My ex-boyfriend beat me up.**



**I had a heart attack.**



**I sustained a blast injury in Iraq.**



The Brain Injury Handbook: An Introductory Guide to  
Understanding Brain Injury for Employers

2011

Sherry Stock, Executive Director  
Brain Injury Association of Oregon, Inc.  
PO Box 549, Molalla OR 97038  
800-544-5243 [www.biaoregon.org](http://www.biaoregon.org)

These materials were funded by the Oregon State  
Rehabilitation Services Grant # 136164.

# Table of Contents

<b>1. INTRODUCTION</b> .....	1
Injury and Disability Prevalence Rates.....	1
What Are Acquired and Traumatic Brain Injuries? .....	1
What is Post Traumatic Stress Disorder?.....	2
The Goal: A Return to Work.....	2
<b>2. INFORMATION FOR EMPLOYERS ABOUT ABI/TBI</b> .....	2
The Role of Employers.....	3
<b>3. THE HUMAN BRAIN AND TBI/ABI</b> .....	4
Structure and Function .....	4
Types and Causes of Brain Injury.....	7
What Causes a Traumatic Brain Injury? .....	7
What Are Other Causes of ABI? .....	8
The Process of Brain Injury Recovery .....	8
A Partnership Approach .....	9
<b>4. BEHAVIOR, MEMORY AND THINKING PROBLEMS AFTER BRAIN INJURY</b> .....	10
<b>5. COMMUNICATION CHANGES AFTER BRAIN INJURY</b> .....	14
Initiating Conversation .....	14
Following Conversation.....	14
Taking Turns in Conversation .....	15
Dealing with Topics .....	15
Intelligibility.....	15
Non-verbal Communication.....	16
<b>6. IMPACT OF FATIGUE AFTER BRAIN INJURY</b> .....	16
How does Fatigue Impact Employment?.....	16
Interpreting Medical Restrictions .....	17
Seizures After Brain Injury.....	17
Generalized Seizures .....	17
Partial Seizures.....	18
<b>7. DRIVING AFTER BRAIN INJURY</b> .....	19
<b>8. ABI/TBI AND PTSD IN THE WORKPLACE</b> .....	20
Information for Co-workers About ABI/TBI .....	20
How Could A Customer’s ABI Affect Your Work? .....	20

You May Notice One or More Signs of an ABI.....	21
You May Notice One or More of These Behaviors .....	21
Strategies to Promote Excellence in Service.....	22
<b>9. FREQUENTLY ASKED QUESTIONS ABOUT ABI/TBI AND EMPLOYMENT .....</b>	<b>23</b>
Are All ABIs/TBIs the Same? What Are the Symptoms of ABI/TBI? .....	23
Are ABIs/TBIs Disabilities Under the Americans with Disabilities Act? .....	23
Are Employees (or Applicants) with ABI/TBI Required to Disclose Their Disability to Their Employers? .....	23
Can an Employer Ask an Employee with ABI/TBI to Submit to a Medical Examination? ...	23
Why Does Employment Play Such an Important Role in the Recovery of Returning Service Members with TBI? .....	23
What challenges might people with ABI/TBI Encounter in the Workplace? .....	24
What Sorts of Jobs are Well-suited for People with ABI/TBI? .....	24
How Can Employers Help People with ABI/TBI Do Their Jobs More Effectively? .....	24
<b>10. ACCOMMODATING EMPLOYEES WITH ACQUIRED/TRAUMATIC BRAIN INJURY (ABI/TBI) .....</b>	<b>25</b>
Questions to Consider: .....	25
Accommodation Ideas:.....	25
<b>11. FREQUENTLY ASKED QUESTIONS PTSD AND EMPLOYMENT .....</b>	<b>29</b>
What is PTSD? .....	29
What are some possible behaviors associated with PTSD? .....	29
How prevalent is PTSD? .....	29
Is PTSD a disability under the Americans with Disabilities Act? .....	29
Are employees with PTSD required to disclose their disability to their employers? .....	30
Can an employer ask an employee with PTSD to submit to a medical examination? .....	30
Do employees with PTSD pose a direct threat to themselves or others? .....	30
How and when does a person with PTSD ask for an accommodation?.....	30
Can an employer discipline an employee with PTSD who violates conduct or performance standards? .....	30
Why does employment play such an important role in the recovery of returning service members with PTSD? .....	31
What challenges might people with PTSD encounter in the workplace? .....	31
How can employers help people with PTSD do their jobs more effectively?.....	31
What resources are available to help employers meet the needs of employees with PTSD?32	
<b>12. PROMISING PRACTICES FOR SUPPORTING EMPLOYEES WITH ABI/TBI AND/OR PTSD.....</b>	<b>32</b>
Work Supports -- An Overview.....	32

Two examples of worksite supports include the following: .....	33
<b>13. TRAINING, SUPERVISION &amp; OTHER NATURAL WORKPLACE SUPPORTS</b> .....	34
What is Natural Workplace Support? .....	34
How Can Natural Supports Assist People with ABI/TBI and/or PTSD at Work? .....	34
What Are Some Natural Support Strategies That May Help People with ABI/TBI or PTSD? .....	34
How Can Employers Enhance the Natural Support Systems in Their Workplace? .....	35
<b>14. WORKPLACE MENTORING</b> .....	35
Who is a Mentor? .....	35
The Benefits of Mentoring .....	35
Mentoring Formats .....	36
Workplace Mentoring of Employees with ABI/TBI and/or PTSD .....	36
Characteristics of Successful Mentoring Relationships .....	36
Disability Mentoring Day .....	37
<b>15. JOB COACHING</b> .....	37
How Does Natural Support Differ From Job Coaching? .....	37
What is a Job Coach? .....	37
What Do Job Coaches Do? .....	38
How Can Employees with ABI/TBI and/or PTSD Benefit from Job Coaching? .....	38
How Can Businesses Benefit from Job Coaching? .....	38
<b>16. CUSTOMIZED EMPLOYMENT</b> .....	38
Why Consider the Customized Employment Approach for Employees with ABI/TBI and/or PTSD? .....	39
Everyone Customizes .....	39
A "Win-Win" Situation .....	39
Customized Employment Strategies .....	39
Examples of Customized Employment Arrangements for Employees with ABI/TBI and/or PTSD .....	39
Customized Employment Principles .....	40
<b>17. HIRING INDIVIDUALS WITH ABI/TBI AND/OR PTSD</b> .....	40
Do's and Don'ts for Employers and Hiring Managers .....	40
<b>18. TIPS FOR COMMUNICATING WITH PEOPLE WITH ABI/TBI AND/OR PTSD</b> .....	42
General Tips for Communicating with People with Disabilities .....	42
Tips for Communicating with People with ABI/TBI .....	42
Tips for Communicating with People with PTSD .....	43
Remember: .....	43

<b>19. THE WORDS WE USE .....</b>	<b>43</b>
<b>20. ACCOMMODATIONS FOR THE JOB SEEKER.....</b>	<b>44</b>
Issue: Difficulty remembering information .....	44
<i>Strategies:</i> .....	45
Issue: Difficulty focusing and paying attention .....	45
<i>Strategies:</i> .....	45
Issue: Difficulty with initiation .....	45
<i>Strategies:</i> .....	46
Issue: Difficulty with organization and planning.....	46
<i>Strategies:</i> .....	46
Issue: Difficulty with decision making.....	46
<i>Strategies:</i> .....	46
Issue: Difficulty in social situations.....	47
<i>Strategies:</i> .....	47
Issue: Difficulty controlling emotions .....	47
<i>Strategies:</i> .....	47
Issue: Difficulty respecting social boundaries.....	47
<i>Strategies:</i> .....	48
Issue: Difficulty with self awareness.....	48
<i>Strategies:</i> .....	48
<b>21. THE JOB INTERVIEW PROCESS: INFORMATION HELPFUL TO JOB APPLICANTS AND EMPLOYERS</b> .....	<b>48</b>
Accommodations on the Job.....	50
<b>22. SUMMARY .....</b>	<b>50</b>
<b>APPENDIX: SIMPLIFIED BRAIN BEHAVIOR RELATIONS .....</b>	<b>51</b>
<b>RESOURCES .....</b>	<b>53</b>
<b>REFERENCES .....</b>	<b>55</b>

# 1. Introduction

## Injury and Disability Prevalence Rates

Interesting statistics about traumatic brain injury:

- The leading causes of traumatic brain injury in the US population as a whole are falls (28%), motor vehicle crashes (20%) and assaults (11%).
- In times of combat, traumatic brain injury accounts for 14 – 20% of all survivable casualties. For active duty military personnel in war zones, the leading cause of traumatic brain injury is blast injuries.
- Males are much more likely than females to sustain a traumatic brain injury.
- The two age groups at highest risk for traumatic brain injury are birth to 4 year olds and 15 to 19 year olds.
- Mild brain injuries account for 75% of all traumatic brain injuries.

Disability Prevalence Rates of Related Disabilities:

- 7.3 million Americans with Mental Retardation
- 5.3 million with Traumatic Brain Injury disability
- 5 million with persistent Mental illness
- 4 million with Alzheimer’s Disease
- 3 million with Stroke disabilities
- 2 million with Epilepsy

## What Are Acquired and Traumatic Brain Injuries?

Acquired Brain Injury (ABI) means impaired brain function due to a decrease in oxygen or blood to the brain from events such as physical trauma (Traumatic Brain Injury), fever, stroke, brain tumor, cardiac arrest, bypass surgery, drugs, poisoning, blood loss, infection, anesthesia, or nearly being electrocuted, suffocated or drowned.

A Traumatic Brain Injury (TBI) is defined as a blow (or jolt) to the head or a penetrating head injury that disrupts the function of the brain. TBI includes a blast, whiplash, fall, punch or impact. Not all



blows or jolts to the head result in a TBI. The severity of such an injury may range from mild/concussion (i.e., a brief change in mental status or consciousness) to "severe" (i.e., an extended period of unconsciousness or amnesia after the injury). A TBI can result in short-term or long-term problems, although most people with TBI are able to function independently.

Although recovery from mild brain injuries (concussions) is generally uncomplicated and complete, some individuals continue to experience cognitive or mood difficulties. In the workplace, a variety of promising practices, such as schedule-reminders (telephone, pagers, alarm clocks), scheduled rest breaks to prevent stimulus overload and fatigue, work task checklists, job coaching and job sharing can help people with ABI/TBI manage these symptoms. The time period needed for workplace accommodations can often be short.

## What is Post Traumatic Stress Disorder?

Post-Traumatic Stress Disorder (PTSD) is an anxiety disorder that can develop in response to exposure to an extreme traumatic event. These traumatic events may include military combat, violent personal assaults (e.g., rape, mugging, robbery), terrorist attacks, natural or man-made disasters, or serious accidents. The trauma can be directly experienced or witnessed in another person, and involves actual or threatened death, serious injury or threat to one's physical integrity. The person's response to the event is one of intense fear or helplessness.

## The Goal: A Return to Work

Returning to work is a goal that drives most survivors of brain injury and PTSD through the long and difficult rehabilitation process. When they finally achieve this goal, however, they often have difficulty adjusting to workplace expectations.

Employment enables many people with disabilities, including those with ABI/TBI and/or post traumatic stress disorder (PTSD), to fully participate in society. For example, employment provides the income upon which individual and family economic stability is based and provides opportunities to develop skills for optimal future employability. It also presents opportunities for increased social interaction and connections that can reduce isolation and build social capital. Finally, employment constitutes a valued social role in our society and helps create a sense of personal efficacy and social integration that contributes to life satisfaction. According to the National Council on Disability, people who regain employment following the onset of a disability report greater life satisfaction and better adjustment than people who are not employed. For these reasons, gainful employment can be one important component in the recovery and rehabilitation of returning Service Members with ABI/TBI and/or PTSD.

Brain injury is a life-altering event which affects virtually every area of a person's life — including work. Frequently, simple adjustments in the work environment are the only things required to help the person with a brain injury achieve on-the-job success.

## 2. INFORMATION FOR EMPLOYERS ABOUT ABI/TBI

The brain is complex and difficult to understand. Injury to the brain can and often does significantly change a person's life. This may include changes in job performance.

No two brain injuries are alike. Just as any two people who have not incurred an ABI/TBI are different, any two people who have incurred a brain injury are also different. In fact, the differences will often outweigh the similarities. Brain injury is often invisible. The location and severity of the injury and other complicating factors, including other injuries that may have been sustained at the time of the brain injury, will result in different behaviors, symptoms, abilities and disabilities in each individual.

Functional impacts are frequently associated with ABI/TBI. It is important to remember that not all behaviors will be affected in any one individual. While one or more areas may be severely affected, other areas may be only minimally affected or completely unaffected. Functional limitations caused by ABI/TBI may affect:

- Learning
- Social skills
- Motor and physical skills
- Personality and emotions
- Attention and concentration
- Mental and physical stamina
- Judgment and problem solving
- Reading and math
- Comprehension and expression
- Short-term memory
- Vision, hearing, taste, smell and touch

While some survivors of ABI/TBI will relearn their skills and abilities, others must adjust to a new way of life. When employment is affected, programs such as the Interactive Community-Based Model (ICBM ) are available to assist the individual in reaching his/her maximum level of independence and employment.

With the proper supervision and accommodation, an ABI/TBI survivor can be successful in the workplace. Support makes the difference in the successes an individual experiences after a traumatic brain injury. This support can come from family, friends, co-workers, employers or professionals such as care coordinators, job coaches and rehabilitation counselors.

Success is possible. People all across the country have proven that they are still capable and contributing members of society after incurring an ABI/TBI.

## The Role of Employers

Employers must realize that, once they hire someone with a disability, they are not alone. A wealth of support services exist to help them respond to the unique needs of their employees with disabilities or combat-related injuries. If available, a company's Employee Assistance Program (EAP) is a good place to seek counsel and assistance for workers struggling with ABI/TBI, PTSD

and other disabilities. To learn the types of workplace accommodations that should be implemented, employers can call the Job Accommodation Network (JAN, a free consulting service that provides individualized worksite accommodations solutions and technical assistance regarding the Americans with Disabilities Act (ADA) and other disability related legislation. Other support services abound: the *America's Heroes at Work* Web site features link to a wide variety of organizations and supports as well as educational resource on accommodations and employment-promising practices.

As an employer, you are required by the Americans with Disabilities Act to provide reasonable accommodations to help any employee with a disability achieve vocational success. A job accommodation is an adjustment or modification of a job, the job site or the manner of performing a job. It may help a person with disabilities to better perform essential job functions, increase productivity or be independent in completing tasks. This can be a very simple and inexpensive process.

Providing a brain-injured person with a notebook in which to write down important information to compensate for memory deficits is an example of a simple accommodation.

To assist you in the job accommodation process, we have provided you with information about many aspects of brain injury. This handbook includes, but is not limited to, information on the following topics:

- The structure and function of the human brain
- The causes of brain injury
- The recovery process
- Physical, behavior and communication changes after brain injury
- ABI/TBI and PTSD in the workplace
- Promising practices
- Training, supervision and other natural workplace supports
- Do's, don'ts, tips and accommodations

Identifying accommodations and implementing workplace modifications can be challenging. The Oregon Vocational Rehabilitation Services (OVRs) Counselor is available to assist you with this process and provide additional information about brain injury. OVRs Counselors can be reached at 877-277-0513.

### 3. THE HUMAN BRAIN AND ABI/TBI

#### Structure and Function

The human brain is composed of billions of nerve cells. The cells are arranged in patterns that work together to control thought, emotion, behavior, movement and sensation. It is useful to know something about the brain's structure and function to understand this interaction more clearly.

The brain is divided into two halves, called **cerebral hemispheres**, that look nearly the same but differ in many functions (see Figure 1). The cerebral hemispheres are further divided into four separate areas called **lobes**.

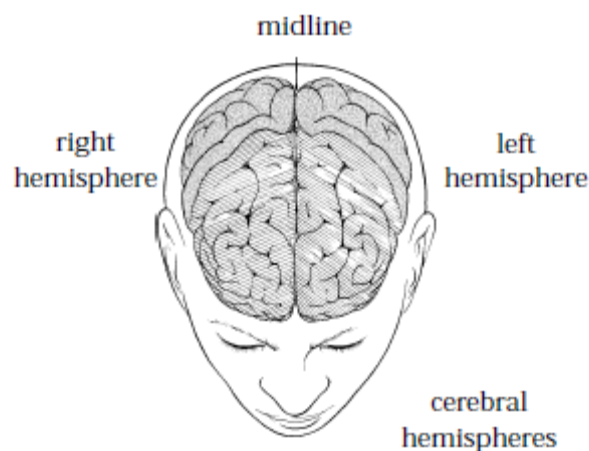
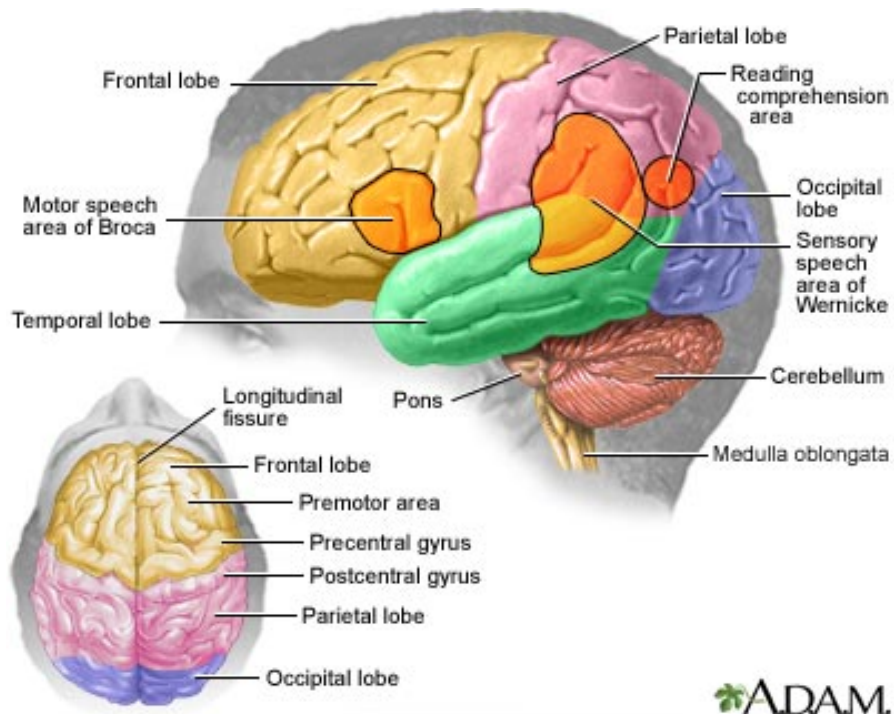


Figure 1

For most people, the left half of the brain controls verbal functions including language, thought and memory involving words. The right half of the brain controls non-verbal functions. Such non-verbal functions include such things as recognizing differences in visual patterns and designs, reading maps, and enjoying music. The right hemisphere is also involved in the expression and understanding of emotions.

Although each half of the brain has distinct functions, the two parts actually work closely together in a very special way to control the activity of the body. The left side of the brain controls the right side of the body, and the right side of the brain controls the left side of the body. Thus, damage to the right side of the brain may cause movement problems or weakness on the left side of the body. Specific parts of the brain control specific functions. The effect of a brain injury is partially determined by the location of the injury (see Figure 2).



ADAM.

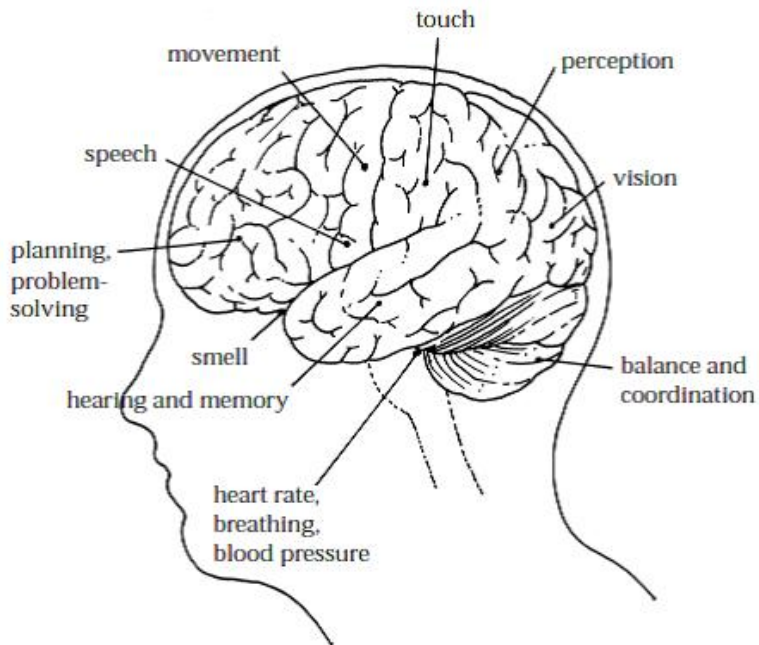


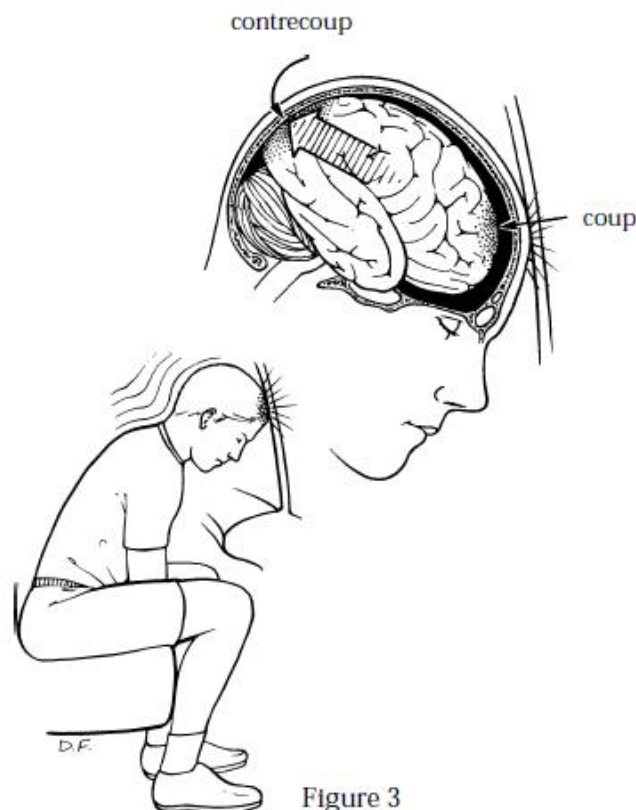
Figure 2

## Types and Causes of Brain Injury

### What Causes a Traumatic Brain Injury?

When an outside force strikes the head, there may be damage to the brain and to the skull that protects it. This outside force could be a blow to the head caused by an automobile accident or a fall. The initial response to this trauma may vary. The injured person may feel slightly dazed or may lose consciousness for several minutes, hours or even days. The strength of the outside force is important in determining how serious the injury to the skull and brain is.

The direction of the outside force also is important in determining the extent of brain injury. When the head is struck from the front, back or sides, the brain is quickly thrust forward and then again backward against the inside of the skull. This can cause localized brain damage in the area of the initial impact, on the opposite side of the skull, or in both places. There may be bleeding at both sites. This type of injury is called a **coup-contrecoup** injury (see Figure 3).



Localized brain injury also can be caused by a fracture of the skull, or when an object enters the head and damages brain tissue in its path.

When the head is struck at an angle and rotates, nerve cells in many areas of the brain can be stretched simultaneously, leading to damage that is much more widespread. This is known as **diffuse axonal injury**. Diffuse axonal injury can occur without fracture or penetration of the skull.

Traumatic brain injury can result in a combination of both localized and diffuse damage to the brain.

## What Are Other Causes of ABI?

Not all brain injuries are a result of outside forces. Sometimes a change in flow of blood within the brain can cause brain damage. A blocked or burst blood vessel or lack of oxygen to the brain can damage brain cells. Swelling of brain tissue after such an occurrence can result in further damage. Strokes, aneurysms and tumors are examples of other causes of brain injury.

## The Process of Brain Injury Recovery

Recovery may be measured in weeks, months and years and slows with the passage of time. The effects of brain injury are often long lasting, and recovery may be incomplete. Although some people with severe brain injuries experience only mild long-term difficulties, other people may require care or special services for the rest of their lives.

In the days and weeks immediately following brain injury, the function of surviving brain tissue is often affected by swelling, bleeding and/or changes in the complex chemistry of the brain. Sometimes, blood accumulation must be removed surgically to reduce swelling and pressure within the brain. Controlling swelling and giving the blood flow and chemical systems of the brain time to recover usually lead to improvement in function.

Exactly what happens in the brain during the later stages of recovery is unclear, but some parts of the recovery process are slowly beginning to be understood. Recovery from brain injury does not mean replacement of destroyed brain tissue. There is no known way for the brain to create new nerve cells. However, many things can occur to help restore surviving brain tissue to its best possible function. For example, though the total number of brain cells does not change, it is thought that surviving brain tissue has the capacity gradually to learn how to carry on some of the functions of destroyed cells.

In cases of brain injury, there is often trauma to other parts of the body with associated bleeding, swelling and changes in function. The effects of these other injuries can further damage the brain. For instance, excessive bleeding may deprive the brain of needed blood and oxygen. Prompt treatment for associated injuries may help limit damage to the brain.

The medical community is just beginning to appreciate the mechanisms by which a damaged brain recovers. Current treatment methods are based on a growing understanding of these mechanisms.

## A Partnership Approach

Problems of thinking and behavior can emerge as a result of brain injury. It is important to recognize and understand that the source of these problems is the injury to specific parts of the brain. The following information outlines thinking and behavioral management strategies that may help the person with brain injury compensate for the loss of certain skills.

After a person has experienced brain injury, he or she may feel a loss of control in many aspects of life. This person may feel inferior or unequal in work situations. When working with a brain-injured person, it is important to emphasize a partnership approach to negotiating thinking and behavior problems. This means acting as partners in the decision-making process by working together to determine how to solve a problem. You can work together as partners by following these steps:

### 1. Prepare a plan of action

- Involve the person with brain injury in planning
- Define responsibilities
- Use compensation tools such as calendars and notebooks through the planning phase

### 2. Keep it simple

- Break the task into small steps
- Keep the environment free of distractions

### 3. Use a problem solving format

- Recognize that there is a problem
- Define the problem
- Decide on possible solutions to the problem
- Weigh the advantages and disadvantages of each possible solution
- Pick a solution
- Try the solution
- Evaluate the success of the solution
- Try another solution if the first one is not working

### 4. Maintain open communication

- Discuss performance and job expectations
- Evaluate performance and provide gentle, realistic comments about behavior
- Identify successes and address areas of concern or problems directly, without delay



## 4. Behavior, Memory and Thinking Problems After Brain Injury

Brain injury can disturb:

- Alertness and concentration
- Self-awareness
- Perception
- Memory and learning
- Reasoning, planning and problem-solving
- Speech and language
- Motor control
- Emotions

The following information will help familiarize you with behavior, memory and thinking problems that a person with brain injury may experience. Also included are specific techniques you can use to help the person participate more effectively and comfortably in the work environment. Consistent and frequent repetition of the specific techniques listed will increase the chance of success.

Please do not hesitate to contact the **OVRs Counselor** if you have questions or need assistance and suggestions.

### **Confusion**

#### ***Signs***

- Confuses times/tasks in schedule of activities
- Confuses past and present events
- Confabulates (makes up convincing stories to fill memory gaps; this is not intentional lying)

#### ***What to do***

- Encourage the use of a notebook to log events and encourage the person to refer to it for details of daily events
- Gently remind the person of correct details of past and present events
- Confirm accurate information with other people.
- Arrange for consistency in routine tasks (use calendar and notebook)
- Limit changes in daily routine.
- Provide detailed explanations of even the most basic changes in policies or procedures

***Difficulty remembering***

***Signs***

- Unable to remember tasks from day to day
- Unable to remember new information

***What to do***

- Establish a structured routine of daily tasks.
- Encourage the consistent use of memory aids such as calculators and notebooks to plan, record and check-off tasks as completed.
- Encourage the person to write down new information in the memory notebook.
- Encourage other co-workers also to write down any information they may need to provide the other person.
- Encourage review and rehearsal of memory notebook information frequently throughout the day.
- Provide opportunities for repeated practice of new information.
- Try to pair new information with things the person is able to recall.
- Provide spoken cues as needed for recall and, if necessary, help fill in memory gaps.

***Attention problems***

***Signs***

- Short attention span
- Distractibility
- Difficulty in attending to one or more things at one time

***What to do***

- Focus on one task at a time
- Be sure you have the person's attention before beginning a discussion or task
- Decrease distractions when working with the person (turn off noises)
- Praise any improvement in length of attention to activity
- Gently refocus the person's attention to the details of activity as needed
- Keep abrupt changes to a minimum
- Ask the person to repeat information they've just heard to be sure they followed a conversation
- Schedule brief rest periods in between short periods of work or activity (for example, 20-30 minutes working, 5 minute break, 20-30 minutes working, etc.)

***Difficulty with decision making — poor judgment***

***Signs***

- Hesitation with decisions
- Inappropriate and potentially harmful decisions
- Difficulty reasoning
- Ineffective problem solving

***What to do***

- Encourage the person to “stop and think.” Many people with brain injury benefit from a note or a stop sign on the front of their notebook reminding them to “stop and think”
- Help the person explore various options to problems
- Have the person write down possible options in his or her notebook
- Discuss advantages/disadvantages of each option
- Role-play to prepare the person for various situations

***Difficulty with initiation***

***Signs***

- Has trouble getting started
- Appears disinterested or unmotivated

***What to do***

- Help the person develop a structured daily routine
- Provide specific choices for daily tasks. For example, ask “Would you like to do A or B?”
- Simplify tasks. Break down tasks into simple steps and complete one step at a time
- Encourage the use of a notebook or calendar and set specific deadlines for tasks to be completed
- Praise the individual when he or she gets started without assistance
- Establish time frame in which to accomplish tasks

***Difficulty carrying out a plan of action***

***Signs***

- Lack of follow-through with a task
- Difficulty in planning a sequence of tasks
- Appears disorganized

***What to do***

- Begin with small, realistic projects
- Include the person in planning the activity
- Provide a clear and detailed explanation of an activity before starting
- Break down new or complex tasks into several easier steps
- Have the person write down the sequence of steps for the task

***Difficulty with self-control — impulsivity or lack of inhibition***

***Signs***

- Acts or speaks without all the information or without considering the consequences
- Impulsiveness or poor judgment
- Inappropriate comments to or about others
- Gets stuck on one idea

- Ask the person to repeat to you the task to be done to ensure understanding
- Encourage the person to refer to his or her plan, and check off each step as it is completed
- Repeat and explain the sequence of activities as needed
- Allow extra time for the person to com-

***What to do***

- Limit options from which the person can choose
- Suggest alternatives for behavior
- Explain the reasons for tasks
- Be fair in your expectations
- Respond immediately to inappropriate ideas but maintain the original focus of the discussion
- Encourage the person to slow down and think through tasks or responses.
- Provide verbal and non-verbal feedback in a supportive way for reassurance
- If undesired behavior occurs, discuss the consequences privately in a calm and confident manner
- Praise and reward desired behavior

***Impaired self-awareness***

***Signs***

- Lack of awareness of deficits and limitations
- Inaccurate self-image/self-perception

***What to do***

- Anticipate lack of insight
- Prompt accurate self-statements
- Use feedback generously in a positive way
- Give realistic feedback as you observe behavior

## 5. Communication Changes After Brain Injury

A brain injury can affect the way a person communicates. Difficulties with communication can be caused by many different factors, including changes in behavior and thinking skills, problem-solving, judgment, reasoning, awareness, memory loss and self-awareness.

Language ability and speech may also be affected by brain injury. Through language, a person receives and expresses ideas. Language is linked to cognition (thinking ability) and involves understanding, talking, reading and writing.

People with brain injury may have changes in one or many of these areas. These changes will affect the way the person with brain injury communicates. The severity and combination of problems vary from one person to the next.

### Initiating Conversation

#### ***Signs***

- Does not respond to another person's conversation, questions or comments
- Does not start, or is slow to start conversations, ask questions, or make comments
- Leaves long pauses
- Has difficulty explaining what he or she means

#### ***What to Do***

- Encourage the individual to participate. For example, ask, "What do you think about that?"
- Ask open-ended questions such as, "Tell me about \_\_\_\_\_."
- Give the person time to organize his or her thoughts. He or she may need extra time in order to respond to any request or question.
- Give the individual your full attention and allow time for him or her to complete the thought.
- Rephrase what the person has said, such as, "Do you mean \_?"

### Following Conversation

#### ***Signs***

- Has difficulty paying attention to what is said
- Misinterprets what is said

#### ***What to Do***

- Get the person's attention before speaking
- Be clear and concise

- Reduce distractions
- Emphasize important information
- Offer to repeat what was said
- Ask him or her to look at you when speaking
- Invite the person to ask questions if he or she does not understand

## Taking Turns in Conversation

### *Signs*

- Talks non-stop, does not give the listener a turn to speak
- Does not appear to adjust communication style or behavior for the situation

### *What to Do*

- Politely interrupt and ask the person for a chance to speak
- Ask the person to, "Please make it brief," or tell him or her you would like to say something

## Dealing with Topics

### *Signs*

- Has a hard time selecting topics for conversation
- Has a hard time keeping up when topics change
- Introduces a new topic abruptly
- Does not always stay on topic

### *What to Do*

- Ask about the person's interests and opinions
- Clarify new topics as they come up
- Ask how his or her comment relates to the topic. ("Do you mean \_\_\_\_?")
- Tell the person you are confused or "getting lost" in the conversation

## Intelligibility

### *Signs*

- Slurred speech
- Speaks too loudly or softly, making it hard to understand his or her message
- Speaks too rapidly

### **What to Do**

- Tell the person you did not understand and ask him or her to repeat
- Establish and use consistent gestures or cues. For example, cup your hand to your ear as a reminder to speak louder

## **Non-verbal Communication**

### **Signs**

- Does not seem to understand common non-verbal cues
- Stands too close or too far from conversational partner(s)
- Uncomfortable number/type of physical contacts
- Body language that does not seem to “match” what is said
- Facial expressions that do not seem to “match” what is said
- Distracting, repetitive or excessive body movements
- Poor eye contact
- Staring at others during conversation

### **What to Do**

- Ask the person to maintain a comfortable distance
- Politely ask the individual to modify his or her physical contacts and explain that the physical contacts make you feel uncomfortable
- Tell the person you are confused by the difference in body language and spoken message
- Ask the person what he or she is feeling
- Politely ask the individual to stop his or her distracting movements

## **6. Impact of Fatigue After Brain Injury**

### **How does Fatigue Impact Employment?**

An often-overlooked element of recovery from brain injury is fatigue. Fatigue may result from brain injury itself and other injuries associated with brain injury. Because activities that once were performed with little or no effort may now require great amounts of energy, a person with brain injury may experience an overwhelming sense of tiredness. This fatigue may directly impact work performance by making physical functioning, attention, concentration, memory and communication more difficult.

When a person with brain injury returns to work, it is difficult to know how much he or she should do and for how long. Many individuals return to work with little understanding of how their brain injury will affect work performance. They may try to return to work too quickly and take on too much responsibility too soon. When this happens, despite his or her dedicated effort, the person's attempt may prove unsuccessful. In order to provide the greatest chance for success, many employees return to their former positions with medical restrictions. Restrictions are given to reduce fatigue and improve the chances for a successful return to work. These restrictions may include a temporary reduction in working hours and workload. Often restrictions are accompanied by guidelines for gradually increasing work hours and responsibilities.

In time, a person's stamina and energy level likely will improve and work hours and responsibilities may be increased. However, often during this transitional time, employers and employees become frustrated with the gradual pace and shifts in responsibility. It is important to remember that this is just one step in the recovery process for a person with brain injury. A supportive work environment with open communication between employee and supervisor will go a long way to promote healthy gains in performance and reduce employment setbacks.

## Interpreting Medical Restrictions

Interpreting medical restrictions and guidelines can be confusing. The individual's OVRs Counselor should be able to discuss these guidelines with you and to assist in the development of a vocational plan for an individual returning to work after a brain injury.

## Seizures After Brain Injury

A medical condition that may occur after brain injury is post-traumatic epilepsy (seizures). Seizures can be caused by a sudden, excessive, disorderly electrical discharge of brain cell activity.

The risk of ongoing seizures is related to the severity and characteristics of the injury. The risk seems to be greatest in the first two years after injury, then gradually declines. Up to 10 percent of people with traumatic brain injury have ongoing seizures.

There are two types of seizures that may occur after brain injury. These are generalized (grand mal, tonic/clonic) and partial (partial complex and simple partial) seizures.

### Generalized Seizures

**Grand mal, tonic/clonic seizures** usually involve involuntary jerking or shaking of most or all four limbs, unresponsiveness and loss of bladder control.

Most seizures are self-limited and last only a few minutes. The person may cry out, stiffen and fall, have jerking movements, turn flushed or blue and have some difficulty breathing. Try to remain calm and take the following steps:

1. Make sure the person is in a safe area and put something soft under the head if the person has fallen down.
2. Loosen tight clothing such as a necktie or belt and remove glasses.



3. Clear away hazardous objects that may be nearby.
4. Place the person on his or her side keeping the chin away from the chest. This will allow drainage of saliva from the mouth.
5. Do not force your fingers or any object into the person's mouth.
- 6. Do not restrain the person. You cannot stop the seizure.**

After the seizure, the person usually will be temporarily confused and drowsy. Do not offer any food, drink or medication until he or she is fully awake. Someone should stay with the person until he or she has fully recovered. Check for a medical identification tag on a bracelet or necklace.

Dial 911 for emergency assistance in the following situations:

1. Breathing does not resume after the seizure and mouth-to-mouth resuscitation is necessary.
2. The recovery after the first seizure is not complete and another seizure begins.
3. The person has been injured during the seizure.
4. The person has awakened and requests an ambulance for emergency medical attention.
5. The seizure continues for more than five minutes without stopping.

Prompt medical care also is recommended with an individual's first known seizure.

Until a set seizure-free interval has been maintained (often six months to one year), driving privileges are restricted by state law. During this time, extreme caution should be taken if the employee will be working around heavy or dangerous equipment.

## Partial Seizures

**Partial complex seizures** may involve loss of awareness, inappropriate verbal response, purposeless movement, staring or repetitive chewing, swallowing or lip-smacking motions.

**Simple partial seizures** are an involuntary jerking or shaking of one part of the body without loss of consciousness. These may spread to other body parts and become generalized.

Take the following steps in this situation:

1. Do not try to restrain the person unless his or her safety is in jeopardy.
2. Try to remove hazardous or harmful objects that may be nearby.
3. Arrange for someone to watch the person until he or she is fully aware again.

Medical assistance generally is not necessary when partial seizures occur except when one seizure follows another in a continuous series, or when a partial seizure develops into a generalized seizure and the person is not recovering.



## 7. Driving After Brain Injury

A person with a brain injury may have physical, thinking and/or vision impairments, or have seizures that make driving unsafe. For this reason, the privilege of driving may be denied. Some states require that the physician notify the Department of Public Safety of the reasons it is unsafe for the person to drive. Other states rely on the physician to help patients come to their own decisions about driving.

If the person with brain injury is cleared by his or her physician to drive, his or her driver's license held before the injury continues to be valid and no special applications need to be made. If the driver's license is revoked, the person must pass the written and practical driving tests, and a physician must grant a medical clearance before a new license is issued.

People with brain injury are responsible for their decision to drive and for any consequences that may result.

In addition, the same problems that make driving unsafe also can make other activities unsafe for individuals with brain injury. An example of another potentially unsafe activity is operating power equipment.

## 8. ABI/TBI and PTSD in the Workplace

### Information for Co-workers About ABI/TBI

ABI/TBI can happen to anyone of any age. TBI is most often caused by a motor vehicle crash. People who would have died from their injuries only a few years ago are being saved by medical advances. Unfortunately, the brain is often irreparably damaged. This leaves the person with many challenges.

Functions which may be affected by ABI/TBI include, but are not limited to:

- Learning
- Social skills
- Motor and physical skills
- Personality and emotions
- Attention and concentration
- Mental and physical stamina
- Judgment and problem solving
- Academic skills such as reading and math
- Memory
- Comprehension and expression
- Vision, hearing, taste, smell and touch

It is important for anyone who works with someone who has an ABI/TBI to understand that it is not the same as mental retardation or mental illness. There are no medications or other medical treatments that can "fix" someone who has an ABI/TBI. Support from family, friends and co-workers, along with successes in the home, at the job and in the community are the best medicine.

Success after ABI/TBI is possible. People all across the country have proven that they are still capable and contributing members of society after having an ABI/TBI. People with ABI/TBI are workers, students, brothers, fathers and neighbors.

### How Could A Customer's ABI Affect Your Work?

An individual who had an ABI may have difficulty asking questions or understanding what you are saying. He or she may have trouble explaining his or her concerns, following directions or answering questions. He or she may not remember events. He or she might not respond calmly to unexpected ideas, rapid speech, or change. He or she may easily feel upset or confused and then behave in unexpected ways.

## You May Notice One or More Signs of an ABI

- Tracheotomy scar at the base of the throat
- Marks, scars or depressions on head, neck or face
- Eyes don't line up together
- Ignores one side of things or reacts as if partially blind
- Extreme fatigue under stress
- Speech is difficult or slurred
- Does not speak
- Appears deaf or hard of hearing
- Awkward, walking difficult, uneven gait or stumbling
- One or more limbs rigid, weak, spastic, or paralyzed
- Trembling or shaking
- Seizures of various types
- Unable to maintain balance
- Confusion on uneven ground
- Brain injury listed on medical bracelet, chain or wallet card

## You May Notice One or More of These Behaviors

- Thinks or reacts slowly
- Doesn't follow directions
- Doesn't answer or explain
- Struggles to find words
- Can't rush or go any faster
- Anxious or fearful
- Response not reasonable
- Distracted by noise or lights
- Unpredictable behavior or stunned when under stress or surprised
- Disoriented and/or unaware
- Can't understand or decide
- Confused and/or impulsive
- Agitated in a group
- Confused when frightened

- Doesn't pay attention
- Ignores change of topics
- Forgets what just happened
- Doesn't recall a past event
- Doesn't recognize or react to events, faces, places or things

### Strategies to Promote Excellence in Service

- Move slowly and calmly
- Speak slowly and gently
- Don't get any closer than needed
- Use 1—5 words at a time and wait 3—5 seconds for a response
- Use hand gestures
- Ask one step at a time questions
- Give information one step at a time
- Remind & repeat direction for each step until complete (coaching)
- Show the person where to go
- Show the person what to do
- Ask "Do you understand?"
- Ask "Can you do this?"
- Minimize standing
- Accompany person to an area without noise or flashing lights
- Call for assistance if person is lost, too confused, or in distress
- Use advance assisted boarding
- Check comfort frequently

## 9. Frequently Asked Questions About ABI/TBI and Employment

### Are All ABIs/TBIs the Same? What Are the Symptoms of ABI/TBI?

"ABI/TBI" are umbrella terms that span a wide continuum of symptoms and severity. In fact, the large majority (80%) of combat head injuries sustained in Operation Iraqi Freedom and Operation Enduring Freedom are mild concussions as opposed to severe, debilitating TBI. Symptoms can include: poor concentration, irritability, fatigue, depression, memory problems, headaches, anxiety, trouble thinking, dizziness, blurry/double vision and sensitivity to bright light. For people with brain injuries, the most rapid recovery occurs in the first six months after the injury, and in milder cases, patients will often be back to normal within three months. When several symptoms persist for three months or longer, the diagnosis of post-concussion syndrome can be considered.

### Are ABIs/TBIs Disabilities Under the Americans with Disabilities Act?

The Americans with Disabilities Act (ADA) does not contain a list of medical conditions that constitute disabilities. Instead, the ADA has a general definition of disability that each person must meet. Therefore, some people with ABI/TBI will meet the criteria for having a disability under the ADA and some will not. A person has a disability if he/she has a physical or mental impairment that substantially limits one or more major life activities, a record of such impairment or is regarded as having such an impairment. For more information about how to determine whether a person has a disability under the ADA, visit [www.eeoc.gov/policy/docs/902cm.html](http://www.eeoc.gov/policy/docs/902cm.html).

### Are Employees (or Applicants) with ABI/TBI Required to Disclose Their Disability to Their Employers?

No. Employees need only disclose their disability if/when they need an accommodation to perform the essential functions of the job. Applicants never have to disclose a disability on a job application, or in the job interview, unless they need an accommodation to assist them in the application or interview process.

### Can an Employer Ask an Employee with ABI/TBI to Submit to a Medical Examination?

Yes, if the need for the medical examination is job-related, consistent with business necessity and conducted after an offer has been made. People with brain injuries (or any disability) do not have to submit to a medical exam, or answer any medical questions until after they have been conditionally offered a job.

### Why Does Employment Play Such an Important Role in the Recovery of Returning Service Members with TBI?

Employment enables many people with disabilities, including those with TBI, to fully participate in society. For example, employment provides the income upon which individual and family economic stability is based and provides opportunities to develop skills for optimal future employability. It also presents opportunities for increased social interaction and connections that can reduce isolation and build social capital. Finally, employment constitutes a valued social role in our society and helps

create a sense of personal efficacy and social integration that contributes to life satisfaction. According to the National Council on Disability, people who regain employment following the onset of a disability report greater life satisfaction and better adjustment than people who are not employed. For these reasons, gainful employment can be one important component in the recovery and rehabilitation of returning Service Members with TBI.

## **What challenges might people with ABI/TBI Encounter in the Workplace?**

Although recovery from mild brain injuries (concussions) is generally uncomplicated and complete, some individuals continue to experience cognitive or mood difficulties. Most workplace difficulties associated with ABI/TBI are related to attention span, short-term memory, and organization. For some, headaches and mental fatigue may persist.

## **What Sorts of Jobs are Well-suited for People with ABI/TBI?**

Because the effects of ABI/TBI vary widely, there are no occupations that any particular person with ABI/TBI is disqualified from pursuing. Individuals with ABI/TBI are finding jobs in a variety of settings, including information technology (IT) companies, healthcare facilities, veterans service organizations and government agencies. However, certain characteristics provide the greatest potential for workplace achievement and success:

- Regular daily schedules
- Routine tasks
- Low levels of distracting noise and light
- Regular breaks
- Access to memory aids (such as voice recorders and task checklists)

## **How Can Employers Help People with ABI/TBI Do Their Jobs More Effectively?**

Though the time period needed for workplace accommodations can often be short, a variety of promising practices can help people with ABI/TBI succeed in the workplace and include the following:

- Schedule-reminders (telephone, pagers, alarm clocks)
- Scheduled rest breaks to prevent stimulus overload and fatigue
- Work task checklists and clipboards
- Tape recorders as memory aids
- Stop watches for time management

- Job coaches who make frequent, scheduled site visits
- Supportive phone calls after work
- Role playing exercises related to the job
- Periodic evaluation forms completed by supervisors and/or job coaches
- Job-site accommodations including adaptive technology
- Job sharing with another employee
- Mentoring by a co-worker or retired worker
- Setting reasonable expectations for task completion
- Limiting multi-tasking
- Scheduling more difficult or challenging tasks at the beginning of the work shift to account for fatigue
- Recognizing accomplishments through positive reinforcement

(Note: Those with mild ABI/TBI generally do not need all of these adjustments or accommodations.)

## 10. Accommodating Employees with Acquired/Traumatic Brain Injury (ABI/TBI)

Individuals suffering from the effects of ABI/TBI may face day-to-day difficulties, particularly in the workplace. Employers, however, can play a vital role in these individuals' recovery by recognizing the challenges associated with ABI/TBI and making adjustments and/or reasonable accommodations to help ensure workplace success.

While people with ABI/TBI may experience some of the limitations discussed below, they seldom develop all of them. In addition, the severity of the ABI/TBI and degree of limitation will vary among individuals. Employers should be aware that not all people with ABI/TBI will need accommodations to perform their jobs, and many others may only need a few accommodations. The following is only a sample of the types of accommodations and/or adjustments an employer might consider.

### Questions to Consider:

- What limitations is the employee with ABI/TBI experiencing, and how do these limitations affect the employee's job performance?
- What specific job tasks are problematic as a result of these limitations?
- What accommodations are available to reduce or eliminate these problems?



- Has the employee with TBI been consulted regarding possible accommodations?
- Do supervisory personnel and employees need training regarding ABI/TBI?

### **Accommodation Ideas:**

#### **Physical Limitations:**

- Install ramps and handrails, and provide handicap parking spaces
- Install lever style door handles
- Clear pathways of travel of any unnecessary equipment and furniture

#### **Visual Problems:**

- Provide written information in large print
- Change fluorescent lights to high intensity, white lights
- Increase natural lighting
- Provide a glare-resistant screen for computer monitors
- Consult a vision specialist, particularly for an employee who has lost part or all of his or her vision

#### ***Maintaining Stamina During the Workday:***

- Permit flexible scheduling, allow longer or more frequent work breaks
- Provide additional time to learn new responsibilities
- Increase natural lighting
- Provide backup coverage during time the employee needs to take breaks
- Allow for use of supportive employment and job coaches
- Provide for job sharing opportunities
- Allow part-time work schedules
- Avoid scheduling more challenging tasks at the end of the work shift when fatigue is more likely to be a factor

***Maintaining Concentration:***

- Reduce distractions in the work area, including clutter in the employee's work environment
- Provide space enclosures or a private office
- Allow for use of white noise or environmental sound machines
- Encourage the employee to focus on one task at a time
- Divide large assignments into smaller tasks and steps
- Restructure job to include only essential functions

***Difficulty Staying Organized and Meeting Deadlines:***

- Encourage the employee to use daily TO-DO lists and check items off as they are completed
- Provide a special calendar to mark meetings and deadlines
- Remind employee of important deadlines via memos or e-mail or weekly Supervision
- Provide a watch or pager with timer capability
- Provide electronic organizers
- Divide large assignments into smaller tasks and steps
- Assign a mentor to assist employee in determining goals and provide daily guidance
- Schedule weekly meetings with supervisor, manager or mentor to determine if goals are being met
- Recognize that emotionality and irritability can be common following some TBIs
- Recognize that the individual's ability to manage stress can be impacted by a TBI

***Memory Deficits:***

- Allow the employee to tape record meetings
- Provide type written minutes of each meeting
- Provide notebooks, calendars or sticky notes to record information for easy retrieval
- Provide written as well as verbal instructions
- Limit verbal instructions to shorter, manageable chunks of information
- Allow additional training time

- Provide written checklists and use color-coding to help identify items
- Post instructions close to frequently used equipment

***Problem Solving Deficits:***

- Provide picture diagrams of problem solving techniques (e.g., flow charts)
- Restructure the job to include only essential functions
- Assign a supervisor, manager or mentor when the employee has questions

***Working Effectively with Supervisors:***

- Provide positive praise and reinforcement
- Provide written job instructions
- Write clear expectations of responsibilities and the consequences of not meeting them
- Allow for open communication with managers and supervisors
- Establish written long-term and short-term goals
- Develop strategies to deal with problems before they arise
- Provide written work agreements
- Develop a procedure to routinely evaluate the effectiveness of the accommodation (s)

***Difficulty Handling Stress and Emotions:***

- Provide praise and positive reinforcement
- Refer to counseling and employee assistance programs
- Provide sensitivity training to co-workers
- Allow the employee to take a break as a part of a stress management plan
- Recognize that emotionality and irritability can be common following some ABIs/TBIs

***Attendance Issues:***

- Provide flexible leave for health problems
- Provide a self-paced work load and flexible hours
- Provide part-time work schedule or job sharing arrangement

***Issues of Change:***

- Recognize that a change in the office environment or of supervisors may be difficult for a person with a brain injury
- When transitioning supervisors, maintain open channels of communication between the employee and the new and old supervisor

- Provide weekly or monthly meetings with the employee to discuss workplace issues and production levels

## 11. Frequently Asked Questions PTSD and Employment

### *What is PTSD?*

Post-Traumatic Stress Disorder (PTSD) is an anxiety disorder that can develop in response to exposure to an extreme traumatic event. These traumatic events may include military combat, violent personal assaults (e.g., rape, mugging, robbery), terrorist attacks, natural or man-made disasters, or serious accidents. The trauma can be directly experienced or witnessed in another person, and involves actual or threatened death, serious injury or threat to one's physical integrity. The person's response to the event is one of intense fear or helplessness.

### *What are some possible behaviors associated with PTSD?*

Many people with PTSD repeatedly re-experience their ordeals in the form of flashback episodes, intrusive recollections of the event and nightmares. A stress reaction may be provoked when individuals are exposed to events or situations that remind them of the traumatic event. Avoidance of those triggering cues is a very significant feature of PTSD. Symptoms of PTSD may also include feeling detached from others, emotional "numbing," difficulty sleeping, problems concentrating, irritability, being hyper-alert to danger, feeling "on edge" and an exaggerated startle response. PTSD symptoms usually emerge within a few months of the traumatic event; however, symptoms may appear many months or even years following a traumatic event. It is normal for most people to experience some symptoms following a traumatic event. PTSD diagnoses are based on the intensity and duration of these symptoms. For many, PTSD symptoms will resolve completely while, for others, symptoms may persist for many years.

### *How prevalent is PTSD?*

Studies suggest that about 8% of the U.S. population (approximately 24 million people) will develop PTSD at some point in their lives. Compared to men, women are about twice as vulnerable to developing PTSD following a traumatic event. Among military veterans, PTSD is quite common. Approximately 30% of Vietnam War veterans experience PTSD over the course of their lifetimes. Recent data compiled by the Rand Corporation suggest that approximately one in five service members who return from deployment operations in Afghanistan and Iraq have symptoms of PTSD or depression.

### *Is PTSD a disability under the Americans with Disabilities Act?*

The ADA does not contain a list of medical conditions that constitute disabilities. Instead, the ADA has a general definition of disability that each person must meet. Therefore, some people with PTSD will have a disability under the ADA and some will not. A person has a disability if he/she has a physical or mental impairment that substantially limits one or more major life activity, a record of such an impairment or is regarded as having such an impairment. For more information about how

to determine whether a person has a disability under the ADA, visit [www.eeoc.gov/policy/docs/902cm.html](http://www.eeoc.gov/policy/docs/902cm.html).

## **Are employees with PTSD required to disclose their disability to their employers?**

No. Employees need only disclose their disability if/when they need an accommodation to perform the essential functions of the job. Applicants never have to disclose a disability on a job application, or in the job interview, unless they need an accommodation to assist them in the application or interview process.

## **Can an employer ask an employee with PTSD to submit to a medical examination?**

Yes, if the need for the medical examination is job-related and consistent with business necessity. Typically, employers will ask an employee with PTSD to submit to a medical examination (also called a fitness-for-duty exam) after the employee has an incident on the job that leads the employer to believe that the employee is unable to perform the job, or to determine if the employee can safely return to work, and if any accommodations will be needed on the job.

## **Do employees with PTSD pose a direct threat to themselves or others?**

In general, people do not pose a direct threat to themselves or others solely by virtue of having been diagnosed with PTSD. Employees who effectively manage their symptoms through medication or psychotherapy are very unlikely to pose a threat to themselves or others. Employers can also help reduce the overall stress in the work environment or mitigate known vulnerabilities to stress by providing a job accommodation.

## **How and when does a person with PTSD ask for an accommodation?**

An employee with PTSD can ask for an accommodation at any time he/she needs an accommodation to perform the essential functions of the job. The employee can make a request verbally or in writing and is responsible for providing documentation of a disability.

## **Can an employer discipline an employee with PTSD who violates conduct or performance standards?**

Yes, an employer can discipline an employee with PTSD who violates conduct standards or fails to meet performance standards, even if the exhibited behavior is influenced by the employee's disability, as long as the employer imposes the same discipline on an employee without a disability who violates conduct or performance standards. However, an employer is obligated to consider reasonable accommodations to help the employee with PTSD meet the conduct or performance standards.

## ***Why does employment play such an important role in the recovery of returning service members with PTSD?***

Employment enables many people with disabilities and combat-related conditions, including those with PTSD, to fully participate in society. In fact, according to the National Council on Disability, people who regain employment following the onset of a disability report higher life satisfaction and better adjustment than do people who are not employed. At the most fundamental level, employment generates income that is vital to individual and family economic well-being. Given how closely our identities are tied to our occupation, employment plays a critical role in maintaining our self-concept. Further, employment affords opportunities to experience success and build self-esteem, which are critical elements toward psychological health. It facilitates social interaction and connections that can reduce the isolation that is commonly experienced through depression and PTSD. For these reasons, gainful employment can be an important component in the recovery and rehabilitation of people with PTSD.

## ***What challenges might people with PTSD encounter in the workplace?***

Although their condition may not be visible, service members with PTSD may face some difficulties - especially with respect to employment. These individuals may experience memory deficits, difficulty sustaining concentration, disorganization and poor sleep patterns, among other challenges. All of these can interfere with everyday activities, inside and outside of the workplace.

## ***How can employers help people with PTSD do their jobs more effectively?***

A variety of promising practices can help people with PTSD succeed in the workplace. These include:

- Flexible work schedules and/or job sharing with another employee
- Schedule-reminders (telephone, pagers, alarm clocks)
- Scheduled rest breaks to prevent stimulus overload and fatigue
- Work task checklists, clipboards and tape recorders as memory aids
- Stop watches or timers for time management
- Job coaches who make frequent, scheduled site visits
- White noise or environmental sound machines (to help eliminate distractions)
- Mentoring by a co-worker or retired worker
- Providing encouragement, moral support, and a listening ear

- Understanding that PTSD and symptoms of any psychological condition may ebb and flow, and that the person may experience good days and more challenging days
- Support for pursuing treatment and assistance, even during work hours

Employers should know that treatment is a process that can be effective in managing psychological symptoms and conditions. Supporting employees in their need to regularly follow up or comply with treatment recommendations is an important part of their recovery.

### ***What resources are available to help employers meet the needs of employees with PTSD?***

The **America's Heroes at Work** Web site -- [www.AmericasHeroesAtWork.gov](http://www.AmericasHeroesAtWork.gov) --features numerous tools and resources to help employers and workforce development professionals understand and address the needs of employees with PTSD. It offers additional fact sheets on PTSD-related job accommodations, as well as links to the Web sites of other agencies and organizations such as:

- The Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury [www.dvbc.gov](http://www.dvbc.gov)
- The National Center for PTSD [www.ptsd.va.gov](http://www.ptsd.va.gov)
- Employer Support of the Guard and Reserve [www.esgr.org](http://www.esgr.org)
- [VetSuccess.gov](http://VetSuccess.gov)

## **12. Promising Practices for Supporting Employees with ABI/TBI and/or PTSD**

Several promising employment-related practices exist to help transitioning service members with ABI/TBI, PTSD and many other disabilities and/or combat-related injuries succeed in the workplace and will be discussed below.

### ***Work Supports — An Overview***

An acquired or traumatic brain injury often changes a person's ability to work or may affect the type of job he or she can perform, but it does not have to make gainful employment impossible. Many people who have brain injuries successfully return to work after their injury with the use of work supports.

"Work supports" refers to a variety of strategies or modifications incorporated into the workplace that assist a person with a disability to remain successfully employed. Just as no two employees with disabilities are exactly alike, work supports are individualized to fit the specific needs of each employee, the job setting, and the required tasks. Depending on the needs of the employee, work

supports may be incorporated into the daily routine, occur periodically, or be used only during the initial training period.

Work supports can take many forms and typically involve input from the employee, the vocational counselor, and the employer. One of the most commonly used work supports is job coaching, a term which refers to a rehabilitation service provider being at the worksite to guide, train or assist the disabled employee. A job coach may work with the employee continuously, or gradually fade back and maintain periodic contact with the employee and employer as needed. In addition, job coaches provide advice and feedback to vocational specialists and employers.

Other examples of work supports include (but are not limited to) task restructuring, modifications of the physical environment, adaptive technology, written or recorded instructions, or work schedule adjustments. In some work settings, other employees can also be trained to provide certain types of support to their disabled co-worker.

Implementing work supports is part of the vocational rehabilitation (VR) process, which begins with a thorough assessment by a rehabilitation counselor of each client's individual vocational strengths, skills, interests, and functional limitations. When the counselor and client have identified an appropriate job goal, they determine what type of work supports may be needed during the job placement process.

A frequent challenge for people who have head injuries is coping with the "invisible" disabilities that often accompany a head injury. These include a variety of cognitive impairments that can have a significant effect on their performance, but are not readily apparent to other people. In these situations, face-to-face contact between a placement specialist, the employee, and the worksite supervisor before the job begins or as soon as problems arise can greatly increase the chances of success. Prior consultation allows the placement specialist to explain the need for job modifications and how they will assist in job performance.

In addition, an advocate is beneficial when a head-injured person may not be able to articulate his or her needs or request appropriate accommodations. Without support from a placement specialist or job coach, an employee who initially appears to be "normal" can be seen as unmotivated, unorganized, or uncooperative, and run a greater risk of being fired.

### Two examples of worksite supports include the following:

A man named "James" who experienced a great deal of fatigue in the morning due to the side effects of his medication didn't think he was employable. A placement specialist located a suitable job where the manager agreed to adjust James' schedule so that he started later in the morning and stayed a little later in the afternoon. In this way, he could manage the medication side effects and perform his job duties adequately.

Another young woman named "Carrie" was able to maintain her employment at a kennel through task restructuring. After her employer reported that Carrie was forgetting portions of her job, which included cleaning kennels and restocking supplies, a placement specialist recommended restructuring Carrie's job so that she focused most of her time on cleaning kennels. Reducing the number of steps Carrie needed to recall as she worked accommodated her memory limitations, and because she was doing more of the cleaning, another employee had time to stock the shelves.



Work supports are often paid for initially by the state VR agency as a part of the employment plan. If supports are needed on an ongoing basis, they can continue through a funding source such as a Social Security "Impairment Related Work Expense." Private or other community-based funding sources may also be available. Veterans may be able to receive funding for work supports through the Veterans' Administration VR program.

Work supports are an integral part of vocational rehabilitation plans and allow people with disabilities to retain employment. More information about work supports and various vocational programs is also available online.

## 13. Training, Supervision & Other Natural Workplace Supports

### What is Natural Workplace Support?

Natural support refers to support from supervisors and co-workers that occurs routinely in the workplace. It is called "natural" because it includes supports already provided by employers for all employees, including:

- Supervision (ongoing feedback on job performance)
- Training (learning a new job skill with a co-worker)
- Opportunities to socialize with co-workers
- Mentoring

### How Can Natural Supports Assist People with ABI/TBI and/or PTSD at Work?

A natural support person -- such as a supervisor or mentor -- can offer guidance on appropriate interpersonal skills and work behaviors, assist with one-on-one job training at the worksite, problem-solve as needed and help acclimate the individual to the work environment. As the employee with a disability develops job skills, the interaction with the natural support person often decreases or "fades," gradually transitioning the employee as he or she learns to perform the job independently.

### What Are Some Natural Support Strategies That May Help People with ABI/TBI or PTSD?

- Implementing a flexible and supportive supervision style; positive reinforcement and feedback; and adjustments in level of supervision or structure, such as more frequent meetings to help prioritize tasks
- Providing additional forms of communication and/or written and visual tools, including communication of assignments and instructions in the employee's preferred learning style (written, verbal, e-mail, demonstration); creation and implementation of written tools such as

daily "to-do" lists, step-by-step checklists, written (in addition to verbal) instructions and typed minutes of meetings

- Conducting regularly scheduled meetings (weekly or monthly) with employee to discuss workplace issues and productivity, including annual discussions as part of performance appraisals to assess abilities and discuss promotional opportunities
- Developing strategies to deal with problems before they arise
- Creating written work agreements that include any agreed upon accommodations, long-term and short-term goals, expectations of responsibilities and consequences of not meeting performance standards
- Educating all employees about the rights and needs of people with disabilities
- Offering relevant training for co-workers and supervisory staff on ABI/TBI and PTSD

## How Can Employers Enhance the Natural Support Systems in Their Workplace?

To learn more about job accommodations, including natural supports such as mentoring, employers should contact their local state vocational rehabilitation agency by visiting <http://askjan.org/cgi-win/TypeQuery.exe?902>.

## 14. Workplace Mentoring

### *Who is a Mentor?*

A mentor is a person who through support, counsel, friendship, reinforcement and constructive example helps another person to reach his or her personal and professional goals. Inside and outside the workplace, mentoring relationships provide valuable support to individuals, especially those with disabilities, by offering both only career guidance and effective role models for leadership, interpersonal and problem-solving skills.

### **The Benefits of Mentoring**

All mentoring relationships share a common goal of helping people grow. While young people have been the traditional beneficiaries of mentoring, increasing numbers of employers have implemented mentoring programs in the workplace for one simple reason: mentoring produces positive results, both immediate and for years to come.

- Through mentoring, *employers* gain:
- An effective employee recruitment and retention tool
- Improved supervisory skills, work habits and productivity
- Increased employee job satisfaction

- A way to promote professional development within the organization
- An opportunity to create positive attitudinal changes in an organization's culture
- An opportunity to help shape the workforce of tomorrow

Research shows that *mentors* derive the following benefits from their experience:

- Increased self-esteem
- A sense of accomplishment
- Increased patience and improved supervisory skills

## Mentoring Formats

Mentoring relationships take different forms and may include interaction that takes place off-site and outside of work hours. Some popular models of

workplace mentoring include:

- *Peer Mentoring:* A person close in age to his or her mentee acts as a sounding board for ideas and plans and provides guidance in an informal manner
- *Disability Mentoring:* A person with a disability mentors another person, usually with a similar disability
- *Group Mentoring:* A mentor works with a group of mentees with similar interests and needs
- *E-mentoring:* A mentor advises a mentee through e-mail or the Internet

## Workplace Mentoring of Employees with ABI/TBI and/or PTSD

Many employers are learning that peer-to-peer mentorship programs within the workplace can help employees with ABI/TBI and PTSD succeed in their jobs. Mentors can offer these individuals guidance on appropriate interpersonal skills and work behaviors, assist with one-on-one job training at the worksite, problem-solve as needed and help acclimate the individual to the workplace. As the employee with ABI/TBI or PTSD develops job skills, the involvement with the mentor decreases or "fades." The fading process can foster autonomy by gradually transitioning the employee as he or she learns to perform the job independently.

## Characteristics of Successful Mentoring Relationships

Because mentoring relationships are between individuals, each is unique; however, all effective mentoring relationships have certain things in common. For example, the longer the relationship continues, the more positive the outcome. Individuals who perceive high-quality relationships with

their mentors experience the best results. Successful ABI/TBI and PTSD mentoring program practices include:

- Pre-screening of mentors to ensure suitability
- Making structured and regularly monitored mentoring matches
- Providing training for mentors, both before a match and periodically throughout the relationship
- Focusing on the needs and interests of the mentee, not the expectations of the mentor
- Ensuring that appropriate levels of visibility and accountability are built into the mentoring relationship, including the relationship between the supervisory staff and the mentor

## Disability Mentoring Day

The American Association of People with Disabilities (AAPD), with support from the U.S. Department of Labor's Office of Disability Employment Policy, sponsors Disability Mentoring Day. This annual event promotes career development for students and job-seekers with disabilities through job shadowing and hands-on career exploration. Both public and private employers provide one-on-one mentoring for students to learn about the preparation necessary to qualify for a range of job opportunities. Disability Mentoring Day is held annually each October, but the program can be implemented by employers at any time throughout the year. For more information about ways employers can participate, visit [www.dmd-aapd.org](http://www.dmd-aapd.org)

## 15. Job Coaching

### *How Does Natural Support Differ From Job Coaching?*

Most natural support providers are not trained to be professional job coaches. A job coach is typically provided by an outside agency or through OVRs to assist the employee. Job Coaching is *A Promising Practice for Supporting Employees with ABI/TBI and/or PTSD*.

When it comes to employment, several promising practices exist to help transitioning service members with ABI/TBI, PTSD and many other disabilities and/or combat related injuries succeed in the workplace. One such practice is job coaching.

### **What is a Job Coach?**

A job coach is a person, usually supplied by an outside agency, who provides specialized on-site training to employees with disabilities. Typically, a job coach will help an employee learn to perform his/her job accurately, efficiently and safely. In many cases, the job coach may also help the employee acclimate to his/her work environment.

## What Do Job Coaches Do?

Typical job coach duties include:

- Assessing and assisting a person with a disability to develop a list of interests and potential skills
- Performing job analyses at work sites in order to match people with optimal positions
- Providing one-on-one training on a job site
- Providing job retention services to employers and people with disabilities

The job coach's degree of involvement with the employee should decrease over time -- as the employee masters the requirements of the position, the job coach will then contact the employee and supervisor on an as-needed basis.

## How Can Employees with ABI/TBI and/or PTSD Benefit from Job Coaching?

Employees with ABI/TBI and/or PTSD can experience a range of physical, cognitive and emotional symptoms that may interfere with everyday activities, including work. By providing one-on-one guidance and assistance, job coaches can help these individuals achieve workplace success. Coaches can help individuals with ABI/TBI and PTSD -- or any disability -- identify their particular job challenges, and help find solutions for meeting those challenges.

## How Can Businesses Benefit from Job Coaching?

- Job coaches offer businesses access to a pool of pre-screened candidates, reducing the time it takes businesses to fill positions
- The up-front work of a job coach can complement the business's screening and hiring processes
- Job coaches can help identify accommodations the employee may need and may also serve as a resource for the employer's diversity efforts
- Job coaches are on-site resources who can provide ongoing supports and job retention services

## 16. Customized Employment

Customized Employment is the voluntary negotiation of a personalized employment relationship between a specific individual and an employer that fulfills the business needs of the employer while also accommodating the specific needs of the individual. The negotiation process addresses a variety of areas, including job duties, terms of employment, services and supports necessary to carry out the job duties, and employer expectations.

At its core, Customized Employment is based on an individualized determination of the strengths, requirements, and interests of a person with valuable skills but potentially complex workplace needs. The process is designed to meet the workplace needs of the employer and the employee.

## **Why Consider the Customized Employment Approach for Employees with ABI/TBI and/or PTSD?**

Employees with ABI/TBI and/or PTSD can experience a range of physical, cognitive and emotional symptoms that interfere with everyday activities, including work. Customized Employment can provide an advantage for these job seekers who may struggle in the competitive job market.

## **Everyone Customizes**

Job seekers routinely consider the work environment, employer characteristics and other conditions they prefer when assessing a specific employment opportunity. It's not uncommon for newly-hired employees to begin customizing their jobs based on personal preferences, contributions or strengths. Customized Employment starts this process with up-front negotiations between job seekers and employers and may result in more significant modifications to the employer's work expectations.

## **A "Win-Win" Situation**

Because the relationship between job seekers and employers is individualized and voluntarily negotiated, opportunities can be created that benefit both parties. This approach gives an advantage to the customized job seeker over other applicants since that person uniquely fits the position. At the same time, the employer gains the best possible person to meet the company's needs.

## **Customized Employment Strategies**

The Customized Employment process is not a single strategy, service or support but rather a flexible plan designed to increase employment options for job seekers with complex needs through voluntary negotiation of the employment relationship. Customized Employment can be useful for all job seekers, including those without disabilities, who have unique circumstances affecting employment. It builds on proven principles, such as supported employment, that result in success for job seekers with complex needs. The Customized Employment process is appropriate for both job seekers and existing employees whose changing circumstances require negotiation to customize employment tasks, expectations or working conditions.

## **Examples of Customized Employment Arrangements for Employees with ABI/TBI and/or PTSD**

Certain work environments support the needs of employees with ABI/TBI and/or PTSD better than others. Customized Employment plans for these individuals may include offering alternative schedules or job sharing; limiting the verbal demands of a job (such as telephone duties); allowing them to work in a quiet area when they are feeling overwhelmed; and dividing large assignments into smaller tasks. They may also include physical accommodations such as memory aids, electronic organizers and special lighting.

## Customized Employment Principles

The following principles are fundamental to Customized Employment:

- The employer voluntarily negotiates specific job duties and discusses the employee's expectations.
- The negotiated employment relationship meets the needs of the employer and employee.
- Customized Employment results in jobs that fit the individual and therefore have the potential for advancement for job seekers who have been chronically unemployed or underemployed.

The following fundamental principles are shared by Customized Employment and other employment processes:

- Work occurs in an integrated, individualized work situation in the community or in a personal business alongside people who do not have disabilities.
- Employment results in pay at the prevailing wage or "going rate."
- Employment outcomes may include creating a job through self-employment.
- The process is facilitated through a blend of services, supports and resources that include the workforce system and other public and private partners such as disability service providers. These resources are coordinated to meet the job seeker's needs.
- Customized Employment can be used either prior to or after employment as a strategy to modify job duties and/or other employer expectations for an individual who has complex needs.

## 17. Hiring Individuals with ABI/TBI and/or PTSD

### Do's and Don'ts for Employers and Hiring Managers

*When it comes to hiring individuals with ABI/TBI, PTSD and other disabilities or combat-related injuries, employers can follow these helpful hints to guide them through the hiring process.*

<b>Do!</b>	<b>Don't!</b>
Do learn where to find and recruit individuals with ABI/TBI or PTSD.	Don't assume that individuals with ABI/TBI or PTSD are unemployable.
Do learn how to communicate with persons who have ABI/TBI or PTSD.	Don't assume that individuals with ABI/TBI or PTSD lack the necessary education, training or skills for employment.
Do ensure that your applications and other company forms do not ask disability-related questions and that they are in formats that are accessible to all persons.	Don't assume that individuals with ABI/TBI or PTSD do not want to work.
Do consider having written job descriptions that identify the essential functions of the job.	Don't ask if a person has a disability or injury during an employment interview.

<b>Do!</b>	<b>Don't!</b>
Do ensure that requirements for medical examinations comply with the Americans with Disabilities Act (ADA).	Don't assume that certain jobs are more suited to persons with TBI or PTSD.
Do relax and make the applicant feel comfortable.	Don't hire a person with a disability who is not qualified to perform the essential functions of the job even with a reasonable accommodation.
Do provide reasonable accommodations that the qualified applicant will need to compete for the job.	Don't assume that you have to retain an unqualified employee with a disability.
Do treat an individual with ABI/TBI or PTSD the same way you would treat any applicant or employee-with dignity and respect.	Don't assume that your current management will need special training to learn how to work with people with ABI/TBI or PTSD.
Do know that among those protected by the ADA are qualified individuals who have ABI/TBI or PTSD.	Don't assume that the cost of accident insurance will increase as a result of hiring a person with ABI/TBI or PTSD.
Do understand that access includes not only environmental access, but also making forms accessible to people with cognitive or psychological disabilities.	Don't assume that the work environment will be unsafe if an employee has a disability.
Do develop procedures for maintaining and protecting confidential medical records.	Don't assume that reasonable accommodations are expensive.
Do train supervisors on making reasonable accommodations.	Don't speculate or try to imagine how you would perform a specific job if you had the applicant's disability.
Do understand that a person with ABI/TBI or PTSD is on a course of recovery and reintegration with the community.	Don't assume that you don't have any jobs that a person with ABI/TBI or PTSD can do.
Do expect, with proper access to treatment and support resources, that the person with ABI/TBI or PTSD will regain significant functioning in their work and personal endeavors.	Don't make medical judgments.
	Don't assume that a person with ABI/TBI or PTSD can't do a job due to apparent and non-apparent disabilities.
	Don't assume that your workplace is accessible.



## 18. Tips for Communicating with People with ABI/TBI and/or PTSD

Not everyone has experience communicating with people with disabilities. However, it should not be intimidating. Appropriate etiquette when interacting with people with disabilities is based primarily on respect and courtesy.

Listed below are some general suggestions for communicating with people with disabilities, as well as things to keep in mind when interacting with those with combat-related conditions such as TBI and PTSD. These tips can apply both inside and outside of the workplace to veterans and non-veterans alike.

### General Tips for Communicating with People with Disabilities

- When introduced to a person with a disability, it is appropriate to offer to shake hands. People with limited hand use or who wear an artificial limb can usually shake hands. (Shaking hands with the left hand is an acceptable greeting.)
- If you offer assistance to the person, wait until the offer is accepted. Then listen to or ask for instructions.
- Treat adults as adults. Address people who have disabilities by their first names only when extending the same familiarity to all others.
- Relax. Don't be embarrassed if you happen to use common expressions such as "See you later," or "Did you hear about that?" that seem to relate to a person's disability.
- Don't be afraid to ask questions when you're unsure of what to do.

### Tips for Communicating with People with ABI/TBI

(Note: Many people who have ABI/TBI don't need any assistance.)

- Some people with ABI/TBI may have trouble concentrating or organizing their thoughts. If you are in a public area with many distractions, consider moving to a quiet or private location, and try focusing on short-term goals.
- Be prepared to repeat what you say, orally or in writing. Some people with ABI/TBI may have short-term memory deficits.
- If you are not sure whether the person understands you, offer assistance completing forms or understanding written instructions and provide extra time for decision-making. Wait for the individual to accept the offer of assistance; do not "over-assist" or be patronizing.
- Be patient, flexible and supportive. Take time to understand the individual, make sure the individual understands you and avoid interrupting the person.

## Tips for Communicating with People with PTSD

(Note: Many people who have PTSD don't need any assistance.)

- Stress can sometimes affect a person's behavior or work performance. Do your best to minimize high pressure situations.
- People experience trauma differently, and each will have his or her own various coping and healing mechanisms, so treat each person as an individual. Ask what will make him or her most comfortable and respect his or her needs.
- Be tolerant if the person repeats his or her stories and experiences, and avoid interrupting the person.
- In a crisis, remain calm, be supportive and remember that the effects of PTSD are normal reactions to an abnormal situation. Ask how you can help the person, and find out if there is a support person you can contact (such as a family member or your company's Employee Assistance Program). If appropriate, you might ask if the person has medication that he or she needs to take.

### Remember:

- Relax.
- Treat the individual with dignity, respect and courtesy
- Listen to the individual.
- Offer assistance but do not insist or be offended if your offer is not accepted.
- Don't be afraid to say "I don't know," or "Let me check." You can be clear about the limits of your authority or ability to respond to a person's needs or requests.
- Be mindful that symptoms of ABI/TBI and PTSD may fluctuate and are influenced by many factors -- there may be periods of ease and comfort as well as more challenging times.
- Support, patience and understanding go a long way. Be generous with use of these strategies.

## 19. The Words We Use

Positive language empowers. When writing or speaking about people with disabilities or combat-related injuries, it is important to put the person first. Group designations such as "the blind," "the retarded" or "the disabled" are inappropriate because they do not reflect the individuality, equality or dignity of people with disabilities. Further, words like "normal person" imply that the person with a disability isn't normal, whereas "person without a disability" is descriptive but not negative. The accompanying chart shows examples of positive and negative phrases.

<b>Affirmative Phrases</b>	<b>Negative Phrases</b>
Person who has an Acquired/Traumatic Brain Injury (ABI/TBI) or Brain Injury Survivor	A victim of ABI/TBI
Person who has Post-Traumatic Stress Disorder (PTSD)	Afflicted by PTSD
Person with an intellectual, cognitive, developmental disability	Retarded; mentally defective
Person with a psychiatric disability	Crazy; nuts
Person who is blind, person who is visually impaired	The blind
Person with a disability	The disabled; handicapped
Person who is deaf	The deaf; deaf and dumb
Person who is hard of hearing	Suffers a hearing loss
Person with epilepsy, person with seizure disorder	epileptic
Person who uses a wheelchair	Confined or restricted to a wheelchair
Person with a physical disability, physically disabled	Crippled; lame; deformed
Unable to speak, uses synthetic speech	Dumb; mute
Person who is successful, productive	Has overcome his/her disability; is courageous (when it implies the person has courage because of

## 20. Accommodations for the Job Seeker

### Issue: Difficulty remembering information

An individual may have difficulty remembering tasks from day to day or instructions about job seeking tasks. He or she may also have difficulty remembering new information, which impacts learning. He or she might forget job interview appointments or follow-up appointments with the One-Stop staff.

## **Strategies:**

- Establish a structured routine of daily job seeking tasks
- Provide written information whenever possible
- Encourage the individual to write down information in a “job-seeking notebook”
- Remind the individual to refer to the “job-seeking notebook” often
- Encourage the use of a day planner or calendar for recording interview dates or appointments at the One-Stop Center
- Encourage the individual to have a family member or friend provide a reminder about appointments
- Call the individual on the morning of a scheduled interview

## **Issue: Difficulty focusing and paying attention**

A office can be a busy place with lots of distractions. It is common for an individual with a brain injury to have difficulty paying attention in this kind of environment. The individual may appear uninterested, but in fact is having problems following conversations.

## **Strategies:**

- Work in an area with limited distractions.
- Be aware of surrounding noises that may interfere with concentration, such as radios, other people talking, etc. Try to limit these noises as much as possible.
- Re-focus the customer’s attention if he or she becomes distracted. (For example, “John, let me repeat that point again. It’s important.”)
- Re-schedule the session for another time; perhaps early in the day when the individual has more energy.
- Ask the individual if there is some way you can help. For example, “John, you appear distracted. Is there something I can do to help?”

## **Issue: Difficulty with initiation**

As a result of a brain injury, an individual may have difficulty beginning activities. It may appear that he or she is not interested or motivated, but instead he or she needs assistance to begin working on tasks.

### **Strategies:**

- Establish a structured routine of daily job seeking tasks.
- Break down activities into simple steps. Encourage the individual to complete one task at a time before beginning the next.
- Make a checklist of activities that need to be completed each day.
- Instruct the individual to check off each task that is completed.
- Establish time frames in which each task should be completed.
- Provide reminders and encouragement.

### **Issue: Difficulty with organization and planning**

In order to find employment, an individual must be able to successfully carry out a job search plan. This may be difficult for a person with a brain injury who has problems with organization and planning.

### **Strategies:**

- Develop a written job search plan and include the individual in the development of the plan.
- Ask the individual to repeat information that was just heard to make sure the conversation was understood.
- Be sure to have the customer's attention before starting a conversation.
- Develop a checklist for the individual to use to ensure that each step of the plan gets accomplished.
- Review the plan often to make sure that it is understood and that it is working.
- Offer praise for a job well done.

### **Issue: Difficulty with decision making**

Following a brain injury, an individual may have difficulty making decisions. Identifying which job leads to pursue, deciding what to wear for an interview or answering interviewer's questions may be difficult. An individual may act impulsively and not think through the relevant options.

### **Strategies:**

- Help the individual identify what the options are for solving a particular problem.
- Discuss with the individual the advantages and disadvantages of each option.
- Have the individual write down (or assist him in writing) the possible options, along with the pros and cons to each.

- Encourage the individual to “stop and think” before making a decision.

### **Issue: Difficulty in social situations**

Getting along with co-workers and bosses is as important to keeping a job as being able to perform the job tasks. After a brain injury, an individual may not have a clear understanding the impact of his or her behavior on others. Break down the job search plan into simple steps, with clear and detailed instructions of how to complete each step.

#### ***Strategies:***

- Assign different activities for each day of the week. For example, on Sunday look in the want ads and circle job leads, on Monday make phone calls, on Tuesday send out resumes, etc.
- Provide clear expectations for appropriate behaviors at the One-Stop Center. Provide positive feedback for expected behavior.
- Encourage the individual to consider the consequences of his/her actions.
- If undesired behavior occurs, discuss the issue privately with the individual in a calm, reassuring manner. Review expected behaviors.

### **Issue: Difficulty controlling emotions**

Looking for a new job is particularly stressful for a person with a brain injury. The process involves the strain associated with meeting new people and learning new things as well as anxiety related to being interviewed and facing rejection. As a result of the brain injury, a person may have difficulty controlling emotions in these stressful situations.

#### ***Strategies:***

- Expect the unexpected. Always be prepared to deal with a situation, even if it occurs at an inopportune time.
- Try to remain calm. Modeling calm behavior can help the individual modify his behavior and might prevent the situation from escalating.
- Take the person to a quiet, more private, area. Give him or her a few minutes to calm down and regain control.
- Re-direct the individual to a different topic or activity.

### **Issue: Difficulty respecting social boundaries**

An individual with a brain may have difficulty engaging in conversation and may not always be sensitive to social boundaries. This may be a roadblock to doing well in a job interview.

### **Strategies:**

- Discuss with the individual the types of questions that can be expected on a job interview and figure out with the individual the best answers to these questions.
- Role-play the interview with the individual and give honest feedback.
- Rehearse until the individual appears comfortable answering a variety of questions.

### **Issue: Difficulty with self awareness**

A person with a brain injury may have difficulty developing an accurate understanding of his or her strengths and weaknesses, particularly those related to areas that have changed since the brain injury.

### **Strategies:**

- Anticipate possibly skewed self-perceptions.
- Ask the individual to discuss his or her strengths and weaknesses with people who know him or her (family members and friends).
- If the individual lost his or her job after the brain injury, discuss with that person the problems that led up to the dismissal. If the individual is unsure, ask if he or she would be comfortable returning to the previous employer to discuss the issues. This might be done through e-mail correspondence or writing a letter to the employer.
- As the individual gains more insight into his or her strengths and weaknesses, discuss this information with the person and encourage him or her to present this information accurately.
- Provide positive feedback.
- Understand that the effects of brain injury may prevent the individual from feeling guilt or empathy.
- Provide constructive feedback after a person has regained control.
- Use humor in a positive, supportive way.

## **21. The Job Interview Process:**

### **Information Helpful to Job Applicants and Employers**

Each person with a brain injury needs to decide whether to disclose the disability to an employer when applying for a job. This is a personal decision and one that needs to be thought through carefully. On one hand, the person may feel that his or her prospects of receiving a job offer are reduced if disability is disclosed. On the other hand, accommodations made during both the interview process and on the job could enhance that individual's success in getting and keeping the

job. If a person does choose to disclose his or her disability, the following information may be helpful to both job applicants and employers.

Title I (The Employment Provisions) of the Americans with Disability Act (ADA) guarantees the rights of individuals with disabilities to seek and obtain employment. To “qualify” under the ADA as an individual with a disability, a person’s disability must substantially limit the ability to perform “one or more major life functions.” If requested by the job applicant with a disability, the employer must provide accommodations during the interview process to determine if the applicant has the necessary background for the position and can perform the job with or without accommodations.

The person with a brain injury may request accommodations when completing the job application. Some general accommodations may include:

- Allowing the applicant unlimited time to complete the job application
- Allowing the applicant to take the job application home and complete it with assistance
- Mailing the job application to the applicant
- Offering the services of someone in the office to assist in completing the application
- Inquiring of each applicant whether he or she can perform the requirements of the position

The following are helpful strategies to use when scheduling and interviewing a person with a brain injury (if the applicant has requested accommodations). It is important to remember that everyone’s needs are different. An applicant may benefit from one or more of these suggestions. Ask the applicant directly what would help during the interviewing process.

- Make sure the interview site is accessible to aid the applicant who may need physical accommodations.
- Follow-up spoken communications (e.g. phone calls) with a more permanent record (e.g. e-mail or letter) to assist an applicant who may have memory issues when providing information (e.g. directions, appointment times).
- Provide as much information as possible in writing during the interview.
- If the applicant has difficulty answering a question, change the format of the question or simplify it, to ensure better communication.
- If an applicant’s speech pattern is unclear or difficult to understand, repeat a statement back to make sure that it was understood or ask the applicant to clarify/restate the answer.

Ask if the applicant knows someone who could join the interview. Doing so can both make the process more comfortable for the applicant and assist in presenting the applicant’s skills and qualifications for the job.

- Minimize distractions in the room.
- When explaining job responsibilities, break down each task into steps, which may be easier to remember, or sequence.



A successful information-gathering job interview should include, at a minimum, the following steps:

- Show the written job description to each applicant.
- Discuss the physical and mental requirements of the position with each applicant.
- Encourage the applicant to take notes if he or she desire to do so.
- Present ideas concretely rather than abstractly.
- Move on to a new topic if the applicant appears frustrated and return to it later in the interview.

## Accommodations on the Job

Once a job applicant has been offered a job, he or she may request job accommodations. The ADA states that an employer must provide necessary and reasonable accommodations on the worksite, in training and when considering job changes.

The employee with a brain injury may already know the type of accommodations that work best in the particular situation. What works well for one person with a brain injury may not be successful for another. The process of selecting an accommodation should be a dialogue between the employee and the employer. Rehabilitation professionals who specialize in working with individuals with brain injury can also be used as a resource in exploring accommodation needs.

Accommodations can range from very low tech (at no or low cost) to more high tech (more expensive). Some potential examples of accommodations include:

- Memory assists: Memory logbooks, calendars, electronic/computer reminders, watches, timers, job checklists and cue cards
- Energy conservation assists: Reduced workday or week, job sharing, scheduled break time and scheduling demanding job tasks early in the day
- Organization and planning assists: Calendars, established routines during the day, scheduled review of progress on job assignments and filing systems
- Physical assists: Wheelchair-accessible facilities, ramps, raising table heights, enlarged keyboards or computer screens and electronic communication systems

## 22. Summary

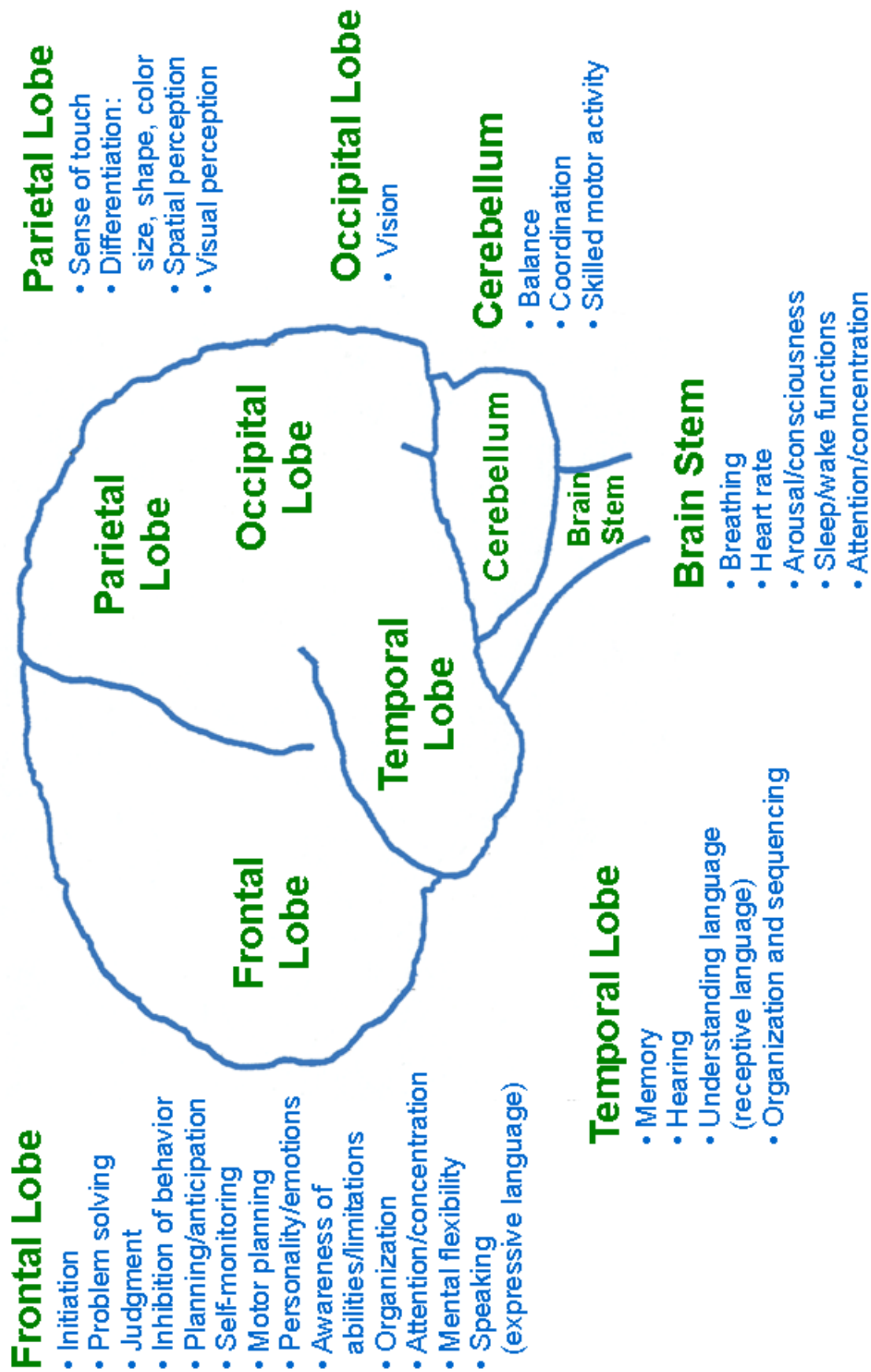
Work plays a major role in the lives of most people and is one important way in which individuals define themselves. It provides a sense of accomplishment, achievement, recognition, independence and meaning in a person's life. This also is true for individuals with brain injury. Often, persons with brain injury experience changes in behavior, emotions and thinking that can make returning to a work environment frustrating and difficult. As an employer, your willingness to adjust and accommodate work situations will help to create a positive environment which may serve to provide a more efficient and productive work experience.

The **OVR Counselor** can assist you with possible concerns or questions you may have about brain injury and return to work issues.

# **Appendix:**

## **Simplified Brain Behavior Relationships**

# Simplified Brain Behavior Relationships



## Resources

### **Job Accommodation Network**

West Virginia University  
PO Box 6080  
Morgantown, WV 26506-6080  
Toll Free: (800)526-7234 TTY: (877)781-9403 Fax: (304)293-5407  
jan@askjan.org <http://askjan.org>

The Job Accommodation Network (JAN) is a free consulting service that provides information about job accommodations, the Americans with Disabilities Act (ADA), and the employability of people with disabilities.

### **Office of Disability Employment Policy**

200 Constitution Avenue, NW, Room S-1303  
Washington, DC 20210  
Toll Free: (866)633-7635 TTY: (877)889-5627 Fax: (202)693-7888  
<http://www.dol.gov/odep/>

The Office of Disability Employment Policy (ODEP) is an agency within the U.S. Department of Labor. ODEP provides national leadership to increase employment opportunities for adults and youth with disabilities while striving to eliminate barriers to employment.

### **Brain Injury Alliance of Oregon**

PO Box 549  
Molalla OR 97038  
Toll Free: (800)544-5243 Direct: (503)740-3155 Fax: (503)961-8730  
info@biaoregon.org <http://www.biaoregon.org/>

The Brain Injury Alliance of Oregon creates a better future through brain injury prevention, research, education, and advocacy.

### **National Dissemination Center for Children with Disabilities**

P.O. Box 1492  
Washington, DC 20013-1492  
Toll Free: (800)695-0285 TTY: (800)695-0285 Fax: (202)884-8441  
nichcy@aed.org <http://www.nichcy.org/index.html>

The National Dissemination Center for Children with Disabilities serves the nation as a central source of information on: disabilities in infants, toddlers, children, and youth; IDEA, which is the law authorizing special education; No Child Left Behind (as it relates to children with disabilities); and research-based information on effective educational practices.

### **National Rehabilitation Information Center**

8201 Corporate Drive

Suite 600

Landover, MD 20785

Toll Free: (800)346-2742 Direct: (301)459-5900 TTY: (301)459-5984

naricinfo@heitechservices.com <http://www.naric.com>

The National Rehabilitation Information Center is a library and information center focusing on disability and rehabilitation research. Specialists can provide quick information and referrals, customized database searching, and document delivery.

### **National Resource Center for Traumatic Brain Injury**

Virginia Commonwealth University

Department of Physical Medicine and Rehabilitation

Richmond, VA 23298-0542

jhmarwit@vcu.edu <http://www.neuro.pmr.vcu.edu/>

The National Resource Center for Traumatic Brain Injury provides relevant, practical information for professionals, persons with brain injury, and family members.

### **Ohio Valley Center for Brain Injury Prevention and Rehabilitation**

Department of Physical Medicine and Rehabilitation

The Ohio State University

480 W. 9th Avenue, 1166 Dodd Hall

Columbus, OH 43210

Direct: (614)293-3802 Fax: (614)293-8886 <http://www.ohiovalley.org>

The Ohio Valley Center for Head Injury Prevention and Rehabilitation provides education and develops programs to improve the quality of life of persons who experience traumatic brain injury.

### **Perspectives Network, Inc.**

P. O. Box 121012

Melbourne, FL 32912-1012

Direct: (770)844-6898 Fax: (770)844-6898

tpn@tbi.org <http://www.tbi.org>

Positive communication between persons with brain injury, family members/ caregivers/friends of persons with brain injury, community members, and those many professionals who treat persons with brain injury in order to create positive changes and enhance public awareness and knowledge of acquired/traumatic brain injury.

## Society for Neuroscience

1121 14th Street, NW  
Suite 1010  
Washington, DC 20005  
Direct: (202)462-4000 Fax: (202)462-4941  
info@sfn.org <http://www.sfn.org>

The Society for Neuroscience promotes the exchange of information among researchers.

## References

- Brain Injury Association of America. (2006a). *What is brain injury?* [www.biausa.org/Pages/what\\_is\\_brain\\_injury.html](http://www.biausa.org/Pages/what_is_brain_injury.html)
- Brain Injury Association of America. (2006b). *Causes of brain injury.* [www.biausa.org/Pages/causes\\_of\\_brain\\_injury.html](http://www.biausa.org/Pages/causes_of_brain_injury.html)
- Equal Employment Opportunity Commission. (2000). *Enforcement guidance on disability-related inquiries and medical examinations of employees under the Americans with Disabilities Act.* [www.eeoc.gov/policy/docs/guidance-inquiries.html](http://www.eeoc.gov/policy/docs/guidance-inquiries.html)
- Equal Employment Opportunity Commission. (1995). *Pre-employment disability-related questions and medical examinations.* [www.eeoc.gov/policy/docs/preemp.html](http://www.eeoc.gov/policy/docs/preemp.html)
- Hirsh, A., Duckworth, K., Hendricks, D.J., & Dowler, D. (1996). *Accommodating workers with traumatic brain injury: Issues related to TBI and ADA.* *Journal of Vocational Rehabilitation*, 7, 217-226.
- JAN Job Accommodation Network, Accommodation and Compliance Series, Employees with Brain Injuries. [www.askjan.org](http://www.askjan.org)
- Social Security [www.ssa.gov](http://www.ssa.gov)
- State's Benefits Planning, Assistance, and Outreach (BPAO) Program:  
<http://www.ssa.gov/work/ServiceProviders/BPAODirectory.html>
- TBI Recovery Center, (2006). *What is a traumatic brain injury?* [www.tbirecoverycenter.org/whatis.htm](http://www.tbirecoverycenter.org/whatis.htm)
- Understanding Brain Injury for Employers, The Mayo Clinic, <http://mayoresearch.mayo.edu/mayo/research/tbims/>
- Vocational Rehabilitation and Employment program [www.vba.va.gov/bln/vre/index.htm](http://www.vba.va.gov/bln/vre/index.htm)

Brain Injury Association of Oregon, Inc.  
(BIAOR)

PO Box 549

Molalla OR 97038

Phone: (503) 740-3155 Fax: (503) 961-8730

Helpline: 1-800-544-5243

Website: [www.biaoregon.org](http://www.biaoregon.org)

E-mail: [Info@biaoregon.org](mailto:Info@biaoregon.org)

BIAOR offers training and support to Employers

Contact us if you would like to schedule a  
customized training/workshop or for assistance  
with an employee with a brain injury

