

Brain Waves

Volume 4, 2006



VOCATIONAL REHABILITATION SERVICES

MARIA CROWLEY, STATE HEAD INJURY COORDINATOR

Many individuals with traumatic brain injury (TBI) relearn skills and abilities while adjusting to a new way of life following injury. When employment is one of the areas affected, an individual's ability to work following injury can result in pride, dignity and independence. Vocational Rehabilitation Service (VRS), a division of the Alabama Department of Rehabilitation Services (ADRS), is a valuable program in helping an individual reach his/her employment goals. VRS provides specialized employment and educational services and training to assist individuals with disabilities. The types of services available through VRS are as varied as the people being served and designed specifically to meet the needs and interests of each individual. In fact, one of the most important features of the VRS process is consumer choice. Each person with a disability has the right to suggest, consider, accept or reject options throughout the entire vocational rehabilitation process with his/her plan for employment. Through any of the VRS offices statewide, services can include vocational assessment, evaluation and counseling, education, job training, assistive technology, orientation and mobility training, and job placement. Additionally, VRS can provide on-the-job assistance for those individuals who need extra support.

The process begins with a Vocational Rehabilitation Counselor being assigned to an applicant based on his/her area and type of disability. Counselors have specialized training and experience in disabilities and counseling issues. A counselor will work closely with the individual, providing information, resources and counseling and guidance related to specific strengths and challenges. A counselor meets with an individual

to collect a detailed history, gather related medical and assessment information, and also work with the individual's health care professionals to help determine the best employment direction. Sometimes, an in-depth vocational assessment may be arranged for major changes in employment or for long-term academic training.

From there an Individualized Plan for Employment, also known as an IPE, is created. The plan identifies the vocational goal, lists the services required to achieve that goal and reflects input from the individual. Programs, businesses or training facilities for the services indicated are identified, and then utilized. Training may involve several different avenues, including rehabilitation facilities for work adjustment type training, paid or unpaid on-the-job training with an area employer, or college.

When a person with a TBI is ready to go to work, he/she may need accommodations, job training or individualized support to secure employment. The Rehabilitation Counselor is skilled in identifying and in implementing those needs. Accommodations can involve changes in job duties, schedules or adaptive equipment, such as organizers, calendars, tape recorders or PDAs. Armed with the right strategies the individual is ready to engage in training or employment. VRS can also arrange for an individual to "try out" a job prior to making the commitment to full-time permanent work. There is direct job placement, sometimes with the assistance of a job coach. A job coach can be helpful in locating a job, learning the job duties and tailoring accommodation strategies. Throughout the process of training and employment, the Vocational Rehabilitation Counselor is there to provide counseling and guidance support so that the individual is able to achieve success. With skilled guidance and appropriate accommodations, a TBI survivor can

continued on page 2

definitely be successful in the workplace.

VRS continues to be incredibly cost effective for Alabama taxpayers. For each dollar expended on a VRS consumer who becomes employed, Alabama can expect a return of \$21.13 to the State's economy through employment.

ADRS will be hosting a State of the State in Brain Injury Conference on February 27, 2007 in Birmingham, AL. If you or someone you know needs TBI information or services offered by the ADRS, please call the toll-free help line at 888-879-4706 or visit their website at www.rehab.state.al.us.



SOCIALIZATION AND RECREATION

SUSIE MONTGOMERY, ALABAMA HEAD INJURY FOUNDATION, DIRECTOR OF RECREATION

Socialization and recreation are a vital part of human existence during all stages of life. Often, after a brain injury, former friends no longer come around. At this time loneliness and isolation may become an issue. As part of the Alabama Head Injury Foundation's (AHIF) mission of improving quality of life for Alabamians living with a traumatic brain injury (TBI), the Recreation Department offers several different recreation opportunities.

Small Places is a day social/recreation program for adults 18 and older. There are eight full time and part time programs located throughout the state. Full time programs meet three to five days a week and are located in Birmingham, Anniston, and Jasper. Part time programs are located in Tuscaloosa, Huntsville, Florence, Cullman and Gadsden. Part time programs meet two to four times each month. Entrance into the Small Places programs is based on an application and an interview with the Recreation Coordinators. Annual membership fees are \$25 for full time programs and \$10 for part time programs.

While participating in the Small Places programs, members enjoy activities such as playing games, arts and crafts, cooking, special events, guest

speakers and community reintegration outings. AHIF Executive Director, Charles Priest describes the friendly family style Small Places environment as just like the old "Cheers" television show theme song "where everybody knows your name and they're always glad you came".

Many Small Places members also attend one of the two adult camp sessions offered to all Alabamians living with a TBI. Camp sessions are held each year at beautiful Camp ASCCA on Lake Martin. AHIF's Spring Camp session is a weekend outing, and the Summer session is a six day outing. While at Camp ASCCA, campers enjoy activities such as swimming, arts and crafts, horseback riding, environmental education, canoeing, fishing, riflery, tubing, tennis, campfires, ropes courses, cookouts, games, talent shows, special events, and more!

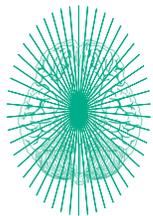
Currently, Spring Camp is held in May and the fee is \$35 per person. Summer Camp is held in August and is \$65 per person. Optional themed T-shirts are offered for an additional \$10. Campers may attend one camp session each year and may bring up to two family members.

AHIF also offers Recreational Support Groups (RSGs) in various locations throughout the state. RSGs are facilitated by AHIF's Resource Coordinators or Recreation Coordinators. Planned activities include holiday meals, coffee-time, bingo, special outings, guest speakers, ice cream socials, and more! Depending on the location, RSGs meet quarterly, monthly, or two times a month. There is no fee to attend Recreational Support Groups and individuals with TBI and their family members are invited to attend.

These Recreation Programs are designed to increase socialization, promote independence and offer leisure opportunities in a safe, fun and non-threatening environment. For more information

(including specific programs, phone numbers, and hours), please call Director of Recreation, Susie Montgomery, MS, CTRS at 205-322-9979 or 1-800-433-8002.





CONNECTIONS

B E H A V I O R

“Although my husband was once regularly active with household activities, he wasn’t much help for over a year following his injury. I did all of the finances, housework, cooking and errands by myself. He used to be very social and outgoing, but he became content to be left alone. He didn’t seem to want to do anything anymore except to just lay in bed or sit and watch TV. I wanted to get him involved with his life again. First, I let him know that I wanted him to become more interested in household affairs. To my surprise, he wanted to be more involved too! We sat down and came up with a list of household activities to do together. We began to do little things around the house like fold laundry and help me dry dishes. We sit down to go over the bills together, but I retain control over the finances. Although he still will not participate in household chores unless I ask him to, he will take charge of chores like mowing the lawn and doing the laundry when he is asked. As for me, his increased help around the house has helped me feel as though we are a ‘team’ again.”

- Elaine

“Prior to my daughter’s traumatic brain injury (TBI), she was almost a second mother to her two young nephews who live nearby. Things changed following her injury. She is easily upset by loud noises and activity, and she can only be around the boys for a few minutes before she becomes upset and yells at them. The children are understandably confused by their aunt’s behavior changes, and her brother (the boys’ father) is angry when she is rude to the children. Fortunately, everyone in the family got some much needed education about how a brain injury affects a person’s personality. We came to understand and accept that my daughter’s rude behavior is not her fault. It is the result of her brain injury. Being that we can’t change her behavior, we found it best to limit my daughter’s contact with the boys to no more than 20-30 minutes at a time. We also encouraged the boys to ‘play quiet’ around her with coloring books or puzzles. These small changes were very helpful in reducing temper

outbursts and improving her behavior around the children.”

- Mildred

“My son became very rude and socially inappropriate following his brain injury. He says whatever pops into his head, and his words can be very hurtful to family members and friends and embarrassing when out in public! He also talks much more than he did before his injury, and it is hard to get him to stop talking without interrupting him and upsetting him. We know he is unaware of how his rude statements affect us or others, so we’ve learned not to take his words personally. However, we also had to learn how we could help him improve his behavior so we would no longer be afraid to go to the public. We tried many things, and we’ve had some success when we use nonverbal ‘time out’ or ‘thumbs-down’ sign if he is talking too much or being inappropriate. We practice these signs at home to reinforce his behavior to help improve his social interactions. He still has his rude moments, and we still limit our social interaction somewhat. However, his behavior is much improved.”

- Jared

“Connections” is an ongoing column in **Brain Waves**. The problems described are real problems faced by real caregivers. The caregivers’ names have been changed to maintain confidentiality.

The next “Connections” column will focus on issues of temper outburst. If you are interested in sharing your comments with others in the TBI community, please follow these instructions:

- 1 As briefly as possible, please describe the nature of the brain injury, the problems with temper that you face, and how you manage the problem.
- 2 Send your typed story to Phil Klebine by email at tbi@uab.edu or mail to
619 19th Street South - SRC 529
Birmingham, AL 35249-7330



GUIDE FOR FAMILIES AND CAREGIVERS

The Brain Injury Association of America offers this 158-page guide for people with brain injury, their families and caregivers. The up-to-date information covers such topics as: Intensive care - admittance and discharge - Mechanics of Brain Injury - Coma - Consequences of Brain Injury - Mental and Emotional Symptoms - Sexuality - Social life - Return to Work or Studies.

www.biausa.org/Pages/espanol_home.html
800-444-6443

FACTS ABOUT CONCUSSION AND BRAIN INJURY: WHERE TO GET HELP

This 18-page brochure from the Centers for Disease Control and Prevention (CDC) is written for Spanish-speaking people with brain injuries and family members or caregivers of these individuals. The brochure provides information about brain injury, symptoms of brain injury, tips for healing, and resources. Members of the Hispanic community, composed of a variety of ethnic origins and racial backgrounds, were involved in the development, design, and translation of this brochure.

AMERICANS WITH DISABILITIES ACT

ADA resource materials in Spanish provided by the Independent Living Research Utilization (ILRU) program, a national center for information, training, research, and technical assistance in independent living.

www.dlrp.org/html/publications/Spanish
800-949-4232

All educational materials published by the University of Alabama at Birmingham Traumatic Brain Injury Model System are available **FREE** on the Internet at www.uab.edu/tbi. Publications are also available by mail at the cost of postage. Call 205-934-3283 or send a request and self addressed envelope to;

Research Services
619 19th Street South - SRC 529
Birmingham, AL 35249-7330

JOIN THE TBI EMAIL DISTRIBUTION LIST and be notified via email as new and updated TBI materials become available. Email tbi@uab.edu and type "subscribe to TBI email distribution list" in the subject line.



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