

Brain Waves

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SUPPORTED EMPLOYMENT: A JOB OPTION

MARIA CROWLEY, STATE HEAD INJURY COORDINATOR

For most adults, having a job means more than simply earning a wage. Work is usually important to us because it also gives us feelings of personal and social value.

Many individuals with traumatic brain injury (TBI) want to work, but they often experience a number of lifelong challenges that interfere with obtaining and maintaining employment. Personal challenges of TBI might be mental, emotional, physical or behavioral. Since TBI is often an “invisible” disability, most people do not realize that someone’s unusual reasoning or behaviors are related to brain injury. Also, many employers and coworkers simply do not understand TBI-related difficulties with motivation, job performance, social interaction, and a need for transportation that some individuals with TBI have.

Many studies over the last 20 years have shown Supported Employment (SE) services to be effective in helping someone with TBI overcome barriers. What is Supported Employment? SE was put into place to create job opportunities for individuals with the most severe disabilities. Because of the challenges their disabilities cause, these individuals need special support in order to perform and/or keep their jobs. SE is a way to transition people from dependence on a service delivery system to independence via competitive employment, increasing job retention. Although traditional Vocational Rehabilitation (VR) services are traditionally provided over a limited time, SE assistance can be provided for the duration of employment. VR can provide job development, job coaching, specialized job training, community-based assessments, assistive technology and individually tailored supervision.

Essentially, SE is provided in three phases:

- 1 Pre-Employment Preparation - A good job match is key to any type of successful employment, particularly for individuals receiving SE services. Individual employment assistance is provided to match a person’s interests, skills and abilities with an appropriate job. A person with TBI may need help completing an application, practicing for a strong interview, and knowing what to disclose about his or her disability.
- 2 Employment/Training - Once an individual with TBI is hired, a job coach (someone who provides specialized job training) is available on the job site to teach the new employee job tasks and how to interact with coworkers and customers. Although this training process may take a considerable length of time, the job coach will gradually reduce time spent at the work site as the employee gains skills and confidence. The goal is for the employee to eventually work independently. A job coach can return to the job site if employee retraining is needed for a new job responsibility, to address employee behaviors, or provide periodic orientation and training for co-workers and supervisors when needed.
- 3 Post-Employment Supports - To ensure long-term employment, the employee with TBI and employer can receive continued support if needed. This support may come from extended support services through community rehabilitation programs or natural supports, which involve supervisors, co-workers, and family members who provide feedback on job performance, learning a new skill, or on-the-job behaviors. Natural supports are particularly

continued on page 2

effective because they enhance the social integration between the employee with a disability and other employees at the work site, and these may be more permanent, consistent and readily available.

Supported Employment services can be successful for some individuals with traumatic brain injury. SE can help someone develop new skills to earn wages and benefits through employment. At the same time, the increased community participation can help enhance quality of life with feelings of personal and social value.

ADRS will host the Second Annual State of the State in Brain Injury Conference in February 2008. For further information contact Maria Crowley, State Head Injury Coordinator, at 205-290-4590 or at mcrowley@rehab.alabama.gov.



Resources: Department of Labor, Alabama Association for Persons in Supported Employment, Vocational Rehabilitation and Supported Employment, and Employment after Brain Injury.



COMMUNITY HOUSING

SANDY KOPLOM, ALABAMA HEAD INJURY FOUNDATION,
DIRECTOR OF COMMUNITY OUTREACH

Housing is a priority of the Alabama Head Injury Foundation (AHIF) because accessible and affordable housing offers independence to many individuals with traumatic brain injury (TBI). In the late 1990s, AHIF raised \$25,000 to collaborate with Accessible Space Incorporated (ASI), a nonprofit organization specializing in developing supportive living opportunities for adults with disabilities. Combined with money from the Alabama Impaired Driver's Trust Fund, the AHIF/ASI partnership obtained additional funds from the US Department of Housing and Urban Development (HUD), the Federal Home Loan Bank of Atlanta and local communities. These funds were used to develop the Dogwood Terrace Apartments in Florence, AL and the Patton Ridge Apartments in Hoover, AL.

Dogwood Terrace Apartments in Florence was completed and ready for occupancy in 2004. Deibert Park, a 72 acre accessible city park, is directly across the street. This one story complex has 20 one and two bedroom barrier free apartment units. In January, 2006, Patton Ridge Apartments were completed in Hoover, Alabama, a suburb of Birmingham. Patton Ridge has 18 one and two bedroom apartments. This three story complex has elevator access and is located in a community setting with banks, grocery stores, shops and restaurants nearby.

Apartment amenities at Patton Ridge and Dogwood Terrace include spacious, accessible kitchens, carpeted bedroom(s) and living room, window blinds, large accessible bathrooms with roll-in showers, and generous closet and storage spaces. Common areas feature a community room, outdoor patio, library/parlor, controlled access entry system, on-site laundry facilities and off street parking,

ASI manages day to day operations of both the Florence and Hoover apartments, and applications for residency are required. One adult household member must be 18 years old and have a qualifying disability such as a TBI. Applicants must also meet applicable income limits as well as other relevant selection criteria. These include passing a required background check of rental, criminal, and credit history. All of the apartment units are HUD subsidized, so qualifying individuals pay approximately 30% of their gross adjusted monthly income for rent and receive allowances for utility costs.

On January 26, 2006 AHIF Executive Director, Charles Priest, accepted an 811 HUD award to fund the Anderson-Fischer Apartments in Mobile. This will be the third community-based living project of the AHIF in partnership with ASI. Groundbreaking for these new apartments will be held in the fall of 2007.

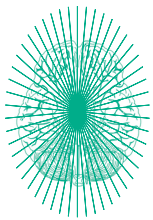
For more information on these housing projects or to get an application, go to www.accessiblespace.org/ or call 800-466-7722.

Alabama Head Injury Foundation

AHIF

Improving Life After Traumatic Brain Injury

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CONNECTIONS

TEMPER OUTBURST

“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.

After my son’s car accident, he had terrible trouble controlling his temper. He was a typical moody teenager, but now it seemed like everything sets him off. He becomes angry “out of the blue” and starts screaming and cursing at people around him. We stopped going out in public because inevitably, he would cause a scene. We realized that this was taking too much of a toll on our lives, so we started to focus on figuring out what was triggering these outbursts in hopes that we could deflect them before they got out of control. For example, we found that he tires quicker than before his injury, and he is much more irritable when he is tired. So he has fewer outbursts if we limit activity to when he is refreshed, and we plan a lot of quiet time for rest during the outing. We also plan our day because he has fewer outbursts if he knows what to expect. We also learned that he is overwhelmed by loud, noisy, crowded or bright stimulations. He still has several anger outbursts in a week as opposed to several in a day, and we feel like we are now able to take some control over our lives again.

- Kim

My husband had a serious brain injury last year. After a long hospitalization and recovery, he returned home. However, it has been a difficult transition for him. He is now limited in the activities he is able to do because of continuing difficulties with his memory and judgment, weakness on the left side of his body and balance problems. This does not stop him from thinking that he can jump back into his old life, including driving the car and going back to work. When we tell him he can no longer do those things, he becomes very angry - yelling and cursing. He has even gotten to the point where he has thrown things and hit the wall. The

doctor has prescribed a medication to help take the edge off of his anger as well as a “prescription” for me to show my husband every time he wanted to drive. This prescription stated that he was not yet able to drive because he was still healing from his brain injury. These prescriptions have helped reduce my husband’s anger and no longer made me the “bad guy” keeping him from driving. Instead, it was “doctor’s orders.” I kept the prescription with me to show him when he would forget due to his memory problems. If I ever felt unsafe with my husband’s anger, my doctor also said that I should leave the house or call the police rather than try to deal with it on my own, particularly with children in the house. Fortunately, this hasn’t been a problem yet, but it is a relief to know that I don’t have to deal with severe problems all on my own.

- Melanie

My 20 year old daughter had a brain injury about 6 months ago and has returned home to live with us while she continues recovering. Following her brain injury, she had changes in her personality in that she’s more irritable and angry than she was before her injury. Also, we cannot reason with her when she is angry. Attempting to reason with her makes her angrier. For example, she gets angry when we will not let her cook by herself, and she gets angrier if we try to explain that she is still forgetful and may burn the food (which she has done in the past). Now, we are managing her outbursts by deflecting her attention in manner that helps her feel like she is meaningfully contributing without any danger. For example, we suggest that she help us figure out what we should eat instead of cooking. If one suggestion doesn’t calm her anger, we suggest a “time out” for her to go for a walk or go to her room until she feels like her anger is under control. Sometime suggestions works, and some don’t. But we manage her anger better overall than we did when she first came home.

- Tracy



EMPLOYMENT AFTER TRAUMATIC BRAIN INJURY

This brochure was developed for friends, family members, and caregivers of persons with brain injury. It also may be used in discussions with health care professionals and others about the problems one may face when living with brain injury.

www.biausa.org/elements/BIAM/2004/employment.pdf

CHALLENGES, CHANGES, AND CHOICES: A BRAIN INJURY GUIDE FOR FAMILIES AND CAREGIVERS

This booklet is to prepare you for the journey toward recovery. You will find information about the nature and consequences of brain injury; resource information to help with decision making; and practical suggestions about ways to help your family member, take care of yourself, and enlist the support of others.

www.biausa.org/elements/pdfs/awareness/challenges_changes_choices.pdf

THE ROAD TO REHABILITATION SERIES

This Series is sold as a set of 8 brochures or in bulk quantities for individual brochures. The information provides persons with brain injury and care providers with a basic understanding of the complex challenges following brain injury.

www.lrsssl.com/biaa/bookstore.asp#Treatment%20and%20Rehabilitation

- 1 Pathways to Comfort: Dealing with Pain and Brain Injury
- 2 Highways to Healing: Post-Traumatic Headaches and Brain Injury
- 3 Guideposts to Recognition: Cognition, Memory and Brain Injury
- 4 Navigating the Curves: Behavior Change and Brain Injury
- 5 Crossing the Communication Bridge: Speech, Language and Brain Injury
- 6 Mapping the Way: Drug Therapy and Brain Injury
- 7 Traveling Toward Relief: Dealing with Spasticity and Brain Injury
- 8 Journey Toward Understanding: Concussion and Mild Brain Injury

The BIAA is the leading national organization serving and representing individuals, families and professionals associated with TBI. If you or someone you love has sustained a brain injury, please call the BIAA at 1.800. 444.6443 for information on these or other resources and/or visit, www.biausa.org.



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