

Acquired Brain Injury

Technical Assistance Brief (2001-01)

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Introduction

This Technical Assistance Brief on acquired brain injury is intended to:

1. provide a clear, detailed understanding of the disability;
2. describe some vocational rehabilitation services that can be particularly effective;
and
3. identify specialized resources that might be particularly useful.

The **Key Points** are intended brief summaries that precede and highlight the main points of each section. The narrative sections following the key points provide a detailed discussion of the points. For issues related to ACCES-VR policy, the policy sections of the Vocational Rehabilitation (VR) Manual should be consulted. The Technical Assistance Brief is not vocational rehabilitation policy or a prescription for services.

Key Point Summaries

Section I: Acquired Brain Injury and Its Implications Key Points

1. Acquired brain injuries include traumatic brain injury, as well as brain injuries resulting from many other diseases or conditions that directly affect brain function. [Click here for more information on the Definition.](#)
2. Cognitive effects (e.g. impaired memory, attention, concentration, processing speed and problem-solving) are typically experienced by the person with a brain injury. A brain injury can also effect emotions, behavior and the executive functions (e.g. planning, organizing, initiating, inhibiting, self-monitoring actions). [Click here for more information on Cognitive Effects.](#)
3. Brain injury results in a diverse array of abilities and deficits in each person. [Click here for more information on Diversity of Abilities.](#)
4. Pre-injury life factors and abilities need to be carefully considered during the entire rehabilitation process. [Click here for more information on Pre-injury Life Factors.](#)
5. Research has shown that individuals with brain injury who are more engaged in the planning and other steps in the rehabilitation process tend to have better employment outcomes. [Click here for more information on the Rehabilitation Process.](#)

Section II: Effective Strategies and Approaches for VR Services Key Points

1. The VR counselor plays a critical role in assisting the individual with a brain injury in navigating and obtaining essential community services that lead to the employment goals. A coordinated system of care and support is often missing, putting the person at risk for "dropping out" of services or not benefiting from available services. [Click here for more information on the Role of ACCES-VR Staff.](#)
2. Research and feedback from consumers and experts in brain injury point to other effective strategies and approaches when providing vocational rehabilitation to individuals with brain injury. The opportunity to participate in vocational activities strongly related to personal interests is particularly relevant for individuals with brain injury. Motivation and cognitive performance are likely enhanced by the value placed on the activity by the individual.
3. Studies suggest that individuals with brain injury who are more aware of their residual strengths and weaknesses and the steps in the VR process, are more likely to be employed at the time of closure.
4. Assessments (e.g. neuropsychological evaluations) need to address vocationally relevant questions which can serve as the basis for developing a solid vocational strategy. [Click here for more information on Assessment.](#)
5. Community-based situational assessments are valuable opportunities for individuals with brain injuries to test interests and learn skills in real work settings. Community-based situational assessments (with support services) facilitates the learning process for the consumer with a brain injury, the family (when appropriate), and vocational rehabilitation providers. [Click here for more information on Community-Based Situational Assessments.](#)

6. A person-centered planning approach (e.g. Personal Futures Planning) engages the consumer, and when appropriate, family members, in making meaningful choices in developing and supporting viable employment plans. [Click here for more information on Plan Development & Implementation.](#)
7. Cognitive and behavioral strategies are best developed, learned and practiced as part of everyday training and employment activities. Services may be needed over an extended period of time since the learning process may take longer after a brain injury and the vocational interventions and services may be more complex.
8. Compensatory strategies, environmental modifications or other workplace accommodations need to be practical and consistently available to enhance performance on essential work tasks. Cognitive remediation; developing compensatory strategies for improving cognitive processes and compensating for deficits; learning or relearning employment skills; and facilitating social and emotional adjustment - need to be integrated into the training and employment process. [Click here for more information on Cognitive Functions and Developing Compensatory Strategies.](#)
9. Research suggests that support in the work environment seems to be the most important predictor of ongoing vocational success.

Section III: Employment Supports and Specialized Resources Key Points

1. Employment supports have been found to be the best predictor of Vocational success for persons with brain injury. Supports help the person learn and perform on the job and on the everyday activities that make working possible. [Click here for more information on Employment and Community Supports.](#)
2. Job coaches can provide essential assistance in learning the job, dealing with the social demands of the workplace, and figuring out and using job-related compensatory strategies, environmental modifications or other accommodations. [Click here for more information on Job Coaching.](#)
3. An identified staff person as a natural support "resource" for the person with a brain injury, once job coaching has been completed, is essential. This "resource" can provide on-going problem-solving and feedback to the person. [Click here for more information on a Job Coach.](#)
4. Counseling and family interventions can help the person with emotional and behavioral issues and can contribute significantly to the person's ability to sustain employment. [Click here for more information on Counseling.](#)
5. Home and Community-Based Services (HCBS) Waivers can complement vocational rehabilitation (VR) services to achieve more successful outcomes. The availability of other community resources, such as health care, housing, transportation and social supports is often critical to establishing a successful employment plan. For example, the Medicaid waiver programs, described below, can often provide the person with a more comprehensive range of services than would otherwise be available. [Click here for more information on Home and Community-Based Services \(HCBS\) Waivers Programs.](#)

6. Benefits counseling provides options for individuals to use work incentives to increase earned income without losing essential public or private benefits. Click [here](#) for more information on Benefits Advisement.

Acquired Brain Injury and Its Implications

Definition

Acquired brain injury refers to damage or destruction of brain tissue due to trauma or a wide range of medical conditions, e.g. anoxia, poisoning or aneurysms. It does not include disabilities from neurological impairments that may occur at or before birth such as cerebral palsy or mental retardation. *Traumatic* brain injury refers to damage or destruction of brain tissue due to a blow to the head or violent shaking of the head, such as occurs in assault, a car crash, a fall or similar incidents. Even a "minor" injury could result in cognitive, emotional and physical impairments.

1. Traumatic Brain Injuries

A. Closed Head Injury

After a closed head injury, damage to the brain can occur either in specific brain areas (due to bruising, bleeding, and/or subsequent reduction of oxygen to critical parts of the brain) and/or can be diffuse, i.e. located throughout the brain (due to stretched or destroyed axons).

Damage occurs because the blow to the person's head whips it forward and back or from side to side, causing the brain to collide at high velocity with the bony skull in which it is housed. Specific areas of the brain - most often the frontal and temporal lobes - are damaged because of this harsh shaking or rotating of the brain tissue within the skull. This type of damage can sometimes be detected through MRI or CT scans.

In addition to focal damage, the rapid movement of the brain can stretch or injure the axons of neurons - the long threadlike arms of nerve cells in the brain. Axons link cells to one another and link various parts of the brain to each other. Diffuse axonal injury interrupts functional communication within and between various brain regions. However, this type of diffuse damage often cannot be detected through currently available imaging technology.

A brain injury can be mild, moderate or severe. The extent of the injury can sometimes, but not always be measured by: the length of time the person is either unconscious or dazed and confused; the extent of their memory loss surrounding the onset of injury; and the location and extent of the observed tissue damage to the brain.

Brain injury can also occur due to the cumulative effect of multiple blows to the head, i.e. concussions, over a period of time. In these situations, a single event may not result in the person becoming symptomatic, but the cumulative effect of multiple "blows to the head" may result in impairment.

B. Open Head Injury

Open head injury, the second type of TBI, occurs when the skull is penetrated. A bullet wound to the brain is an example of an open head injury. Damage following open head injury usually is focal. Sometimes the effect on the individual's functioning is more limited because damage is not spread throughout the brain. But often the effects are the same as in closed head injury.

In some instances of either open or closed head injury, a loss of consciousness occurs following a TBI. The period of loss of consciousness can last for anywhere from a few minutes to several months. Sometimes loss of consciousness does not occur at all, and only a sense of confusion, dizziness or the like signifies the brain's immediate reaction to trauma. Such events can be momentary to several hours or days in duration.

2. Other Acquired Brain Injuries

In addition to traumatic brain injury, there are numerous other types of events that can lead to an acquired brain injury, such as stroke, aneurysm, anoxia, encephalitis, brain tumors, brain toxins (e.g. overuse of alcohol or drugs) or other conditions. These types of brain injuries can have similar effects on a person's cognitive, physical and behavioral functioning, depending on how and to what extent the damage to brain tissue has occurred.

A. Incidence

It is estimated that between 5% and 7% of the population of the United States have been treated for a traumatic brain injury. There tends to be higher incidence of traumatic brain injury in younger age groups, particularly young adult males. These individuals tend to have limited work histories.

B. Prevalence

The Centers for Disease Control estimates that 5.2 million Americans are living with some degree of disability caused by TBI.

What is the Impact of a Brain Injury on the Person's Life?

A wide range of cognitive, physical, emotional and behavioral impairments may follow brain injury. Physical, i.e. motor, and basic sensory functions can be affected, as well as the functioning of multiple (e.g. hormonal, endocrine) body systems. Cognitively, individuals with brain injury may have subtle to significant impairments in their perception, language, attention, concentration, information processing, learning and/or memory.

The direct effects of brain injury can be complex and diverse within any one individual and will vary greatly from one person to the next. Some individuals who have

experienced a brain injury are highly aware of these effects; others may be unaware of them, even with feedback from others.

Executive Functions

Executive function deficits are common and associated with damage to the frontal lobes of the brain. These impairments can have marked impact on a person's ability to initiate, plan, organize and complete every day and higher level, work-related tasks. They may hinder the person's ability to follow-through with suggestions, to use compensatory strategies, and to inhibit impulses to act inappropriately.

Executive function deficits may be inaccurately perceived as a lack of interest in or motivation for services.

Executive functions include cognitive abilities related to:

- gaining insight into strengths and limitations;
- goal setting;
- planning and organizing;
- initiating tasks;
- self-control or self-inhibiting behavior;
- monitoring and evaluating performance;
- problem-solving; and
- transferring newly acquired skills to alternate settings or situations.

Emotional Behavior and Behavior Patterns

The injury can modify the individual's emotional behavior and overt behavior patterns. Emotional changes may include depression, anxiety and problems with substance abuse. Behavioral problems include difficulties with emotional control and problems with controlling anger and aggression. Alternately, the person may have a flat affect and appear unmotivated.

Fatigue and Other Effects

Fatigue can also become a significant factor, particularly for employment. The individual may experience significant physical and/or mental fatigue which may need to be accommodated. Residual deficits can also affect a person's reaction to light, sound, taste or smell. Seizure disorders may also be a factor and medication side effects or prohibited activities need to be considered.

Learning

Finally, for a person with an acquired brain injury, pre-injury learning may be intact but new learning can be affected. During the vocational planning process, it is important to assess how the individual learns and applies new information. Vocational situations that draw on pre-injury learning are more likely to be successful for some individuals.

Implications for Vocational Rehabilitation (VR)

The interaction among the person, the impact of the injury and the environment present a challenge to vocational rehabilitation. The implications for employment are a function of the nature and extent of cognitive, behavioral and physical impairments, combined with the personality and characteristics of the individual, the personal resources they possess in coping with the effects, and the supports available in the workplace.

- The severity of the injury and the resulting effects may not accurately predict the impact on functional impairments in everyday activities, especially on the demands of a particular job. For example, a "mild" injury could have substantial impact on a person's ability to perform a particular job, while the impact of a severe injury on some types of work could be limited.
- Even when the brain injury leads to reduced functioning, there are remaining areas of strength and interests which also help define the person's capabilities, as does his or her social context.
- The person's ability to identify their residual cognitive strengths and weaknesses is important to consider when providing employment services. Lack of awareness is a common difficulty that leads to frustration as the person is not aware of his/her limitations. Consequently, he/she remains unaware of the need to compensate or how to compensate for limitations.
- Vocational service providers cannot assume that the person's life started after brain injury. It is important to explore the past with the person and weave this information into the plan. The person may need to gain a broader awareness of "who you are now" versus "who you were" prior to injury.
- Thus, pre-injury hopes and dreams need to be examined within the context of post-injury strengths and weaknesses. Through counseling and vocational experiences, he or she can embrace a new vocational direction.
- Recovery from brain injury is a process, not an event that is time-limited. Individuals and their families or employers will need support and services over this period of time if the vocational process is to result in enabling the person to become engaged in a meaningful work role. Furthermore, decisions about workplace supports often require flexible exploration in the workplace and frequent adjustments over time.

Effective Strategies and Approaches for VR Services

Role of ACCES-VR Staff

A person with brain injury who is reentering the community may have a range of needs that have to be identified and addressed if the person is to achieve an employment outcome. Developing multiple options and networking with a broad range of community resources is often necessary to achieve a successful employment outcome.

The counselor needs to develop a strong network that links the consumer to a range of community services that meet his or her unique needs. Navigating successfully through the network of community service providers and forming a coordinated team of providers will enhance the successful employment of a person with a brain injury.

Assessment

1. Individuals with brain injury typically have a complex and unique profile of abilities and functional deficits. There may be marked variations in intellectual functioning between and within different areas, resulting in a profile with marked strengths, as well as significant gaps in knowledge or abilities. Assessment is a learning process that requires mutual cooperation and meaningful feedback to be effective.
2. Information obtained through formal assessment needs to focus the impact of the brain injury on everyday functioning of the individual: What do the results of the assessments mean in terms of what the person can or cannot do in a work setting?
3. Assessment should also define what supports should be provided to the individual to enhance strengths and overcome or work around limitations. There is usually a need to experiment with the potential supports, modifications and/or strategies that will enable the person to meet the essential performance demands of the work situation.

What questions can be asked when referring for an assessment?

1. How well does the person learn and remember?
2. What types of information does the person recall?
3. How aware is the person of his/her deficits?
4. Under what circumstances is information best learned and/or tasks performed?
5. How well does the person concentrate? How distractible is the person?
6. Can the person be expected to consistently maintain performance on work related tasks?
7. What type of work environment would be optimal?
8. What environmental modifications and/or accommodations are recommended?
9. How can the person be expected to form and manage work and social relationships?
10. Is the person likely to become agitated? Under what circumstances? What types of interventions are suggested in these situations?
11. How can we best assist the individual to use strategies that will improve performance on work-related tasks? What are the strategies?
12. What level of support is needed to perform essential tasks?
13. How well does the person respond to feedback?
14. How does the person respond to assistance from others?
15. What is the person's stamina or endurance on cognitive tasks?
16. What is the examiner's confidence that their findings will apply to work settings?

Many of these questions need to be answered in the context of an actual work environment to provide valid information.

Neuropsychological Assessment

Often the neuropsychological assessment can be a starting point for the counselor to work with the consumer and the neuropsychologist (and others involved in providing services) to organize a situational assessment, develop compensatory strategies and

related cognitive supports, and to solve problems that impede progress. The counselor needs to gather any previous neuropsychological reports and determine if a current report would benefit the consumer in the employment planning process.

1. What to Specify in the Referral to the Neuropsychologist
 - A. Provide information that links the profile of cognitive strengths and weaknesses to the individual's day-to-day functioning in the type of training or work environment that they are interested in pursuing.
 - B. Provide recommendations that address the types of compensatory strategies that might be helpful and the nature and extent of any needed remediation.
2. What Questions Can Be Asked When Referring for an Assessment
 - A. Can serve as guide when making referrals for neuropsychological assessments.

Community-Based Situational Assessments

1. Community-based situational assessments are particularly relevant for persons with brain injury since research has shown that assessments within the actual life context yield more valid information than "decontextualized" assessments. In addition, some individuals may need to visit or try out their former position before considering other options
2. The process starts with talking with the individual with brain injury and trying out job situations to see what the person can do in certain types of jobs.
3. Situational assessments provide critical information on the way in which cognitive or behavioral impairments interface with job performance.
4. They allow for more accurate observations of many traits associated with successful employment, such as:
 - A. the efficacy of strategies and interventions to improve performance (e.g. compensatory strategies);
 - B. ability to solve problems inherent to the work being performed;
 - C. ability to cope with the stresses inherent to the work situation;
 - D. ability to perform job-related tasks and consistency of follow-through;
 - E. interpersonal skills and responses to feedback and supervision;
 - F. ability to maintain focus (e.g. fatigue; distractibility; or impulsivity); and
 - G. environmental issues (e.g. noise, lighting, proximity to people).
5. Community-based situational assessments can be done at any point in the rehabilitation process but are most valuable early in the process to help with plan development after an individual is determined eligible for services. Community-based situational assessments are sometimes available from community rehabilitation providers who offer supported employment services or vocational evaluation.

Plan Development & Implementation

1. Actively engage the person in the process of choosing and setting personally meaningful goals.
2. Enable individuals to choose and negotiate a plan of services by involving significant people, both service providers and family members, in the planning process, as they are often able to make significant contributions to the development of the person's "vision" for the future.
3. Conduct structured planning meetings to facilitate this type of plan development process.
4. Enlist the support of the consumer and significant people in his or her life. As a result, the consumer is more likely to take the steps and have the supports necessary to act on the plan. Family members often provide substantial support during implementation.
5. Provide regular updates on progress and problems via conferences that include the consumer, family members and others essential to plan implementation. Regular communication encourages the family to play a positive role in the consumer's efforts to achieve meaningful employment.
NOTE: Family counseling intervention can be a useful vocational rehabilitation service in helping the family to play a positive role. (Link to Counseling section.)
6. Redefine objectives within the plan. For some people with brain injury, achievements must be defined so that smaller increments are acknowledged, providing a positive experience to the person with brain injury.

Cognitive Functions and Developing Compensatory Strategies

Strategies to enhance residual skills or compensate for deficits need to be developed that meet the individual's needs in a particular training or work setting. ACCES-VR staff may need to include the development of compensatory strategies as part of the employment plan.

As described above, an individual with brain injury often will have cognitive difficulties that interfere with participation in employment services. Compensatory strategies, environmental modifications, training or job modifications or other accommodations can be developed to enable the individual with a brain injury to learn new work skills or perform the essential aspects of a job at an acceptable performance level.

In many circumstances, cognitive remediation services are helpful in enabling the individual to regain or improve functional cognitive abilities and learn compensatory strategies as part of the rehabilitation process.

The unique strengths and deficits of each individual in the context of their respective work or training environment must be carefully and creatively considered in developing any effective compensatory strategies or environmental modifications.

In addition to learning specific strategies, the goal is to help the individual to become more strategic in their approaches to learning and not simply have them acquire one or more compensatory behaviors.

Related Training/Supports to be considered:

- Travel training from occupational therapists, job coaches or other community resources may also be necessary or specialized transportation.
- Assistive technology or creative use of new technology products.

The following tables are provided as examples, but not as "prescriptions". Each strategy must be developed with an individual for the particular situation or task where a support, strategy or modification may be needed.

Chart #1 Examples of Compensatory Strategies	
Cognitive Challenge	Possible Intervention
Orientation	Keep a calendar for appointments, to-do lists, checklist, phone #'s, etc.
Attention/Concentration	Ask for clarification and step by step instructions when necessary. Present new information slowly.
Visual Perceptual Process	Provide orientation to written documents or screens/fields on a computer screen.
Organization	Follow an established, set process, organized checklist or schedule for completing certain tasks. Do one thing as a time.
Memory	Use a tape recorder to remember information provided in presentations or meetings. Take notes. Summarize information. Organize notes.
Problem-Solving	Depending on the task, use a decision table or chart to solve recurring problems.
Self-monitoring	Keep a schedule or checklist of work tasks necessary to complete. Check-off completed items.
Chart #2 Examples of Environmental Modifications or Accommodations	
Cognitive Challenge	Possible Intervention
Orientation	Organize work materials or set up in a consistent

	manner. Keep a calendar with schedule and daily tasks.
Attention/Concentration	Minimize distractions through noise control or visual barriers.
Visual Perceptual Process	Use high contrast materials to complete certain tasks.
Organization	Use graphics, checklists or charts to outline essential job functions. Keep files.
Memory	Use a planner pad/appointment book to track meetings, goals and "to do" lists.
Problem-Solving	Identify staff as "resource" people to help solve certain problems (natural supports). Plan and structure each day.
Self-monitoring	Keep a checklist of tasks that need to be completed daily.

Employment Supports and Specialized Resources

Employment and Community Supports

Employment and Community Supports

Employment supports can be any service or strategy that enables the person with a brain injury to engage in employment and/or to increase earned income. A few of the employment supports that may be of significant value to some individuals with brain injury are job coaching, counseling, the Home and Community-based Services Medicaid waivers and benefits advisement.

Job Coaching

1. Ideally, a skilled job coach can also be effective as part of a team approach, to help the individual with brain injury apply compensatory strategies for cognitive, physical and behavioral functions and make the necessary environmental modifications or other accommodations to be successful in the work situation. For person's with brain injury, a cognitive remediation specialist may be able to train or consult with the job coach to develop strategies for supporting the individual.
2. *Job coaching* usually refers to the training of an employee by an approved specialist, who uses structured intervention techniques to help the employee learn the job tasks to the employer's specifications.
3. A job coach can work directly with an individual with brain injury at a training or work site to help to orient co-workers or supervisors to a possible role they might play in supporting the person with a brain injury.

4. In addition to work site training, job coaching may include related situational assessments, job development, counseling, advocacy, travel training and other interventions needed to maintain employment.
5. In some circumstances, coaches can be used to provide direct hands on supports outside of the job site, in the community. For example, a coach can help with assisting a person in a training/education program to organize information and scheduling tasks to stay on track.

Counseling

Brain injury and the resulting impairment of executive functions may increase problems with behavioral and cognitive self-regulation. Counseling interventions with the individual and, as appropriate, the family, may be needed to address with these adjustment and self-regulatory issues to achieve the employment outcome.

Decision Guide for Counseling

Specialized counseling can be an effective intervention when:

1. counseling and guidance provided as part of the vocational rehabilitation process is not able to address the scope of adjustment issues;
2. the challenges that the individual faces cannot be met due to the level of self-awareness and/or adjustment;
3. adjustment issues for both the individual and the family are critical to achieving the objectives of the employment plan;
4. the person with a brain injury needs to align their hopes and dreams with a realistic view of what they can do; and
5. problems with emotional, behavioral or cognitive self-regulation are interfering with job performance.

What is Self-Regulation?

Self-regulation is a pattern of behavior characterized by thoughtful planning, careful monitoring and evaluation of a plan of action, and strategic revisions in the plan in the event of difficulty.

Specialized Counseling for Individuals with Brain Injury

Counseling interventions for individuals with brain injury include:

1. structured goal and action planning,
2. intervention in the context of everyday situations,
3. collaboration with other professionals, service providers and significant people in the person's life,
4. family counseling, and
5. supportive/peer counseling.

Structured goal and action planning refers to helping the person to experience positive emotional states related to socially acceptable action strategies. Individuals with brain injury have to be involved in selecting the goals and action strategies that will compensate for cognitive or behavioral limitations. The action strategies must be taught

to the individual, often requiring frequent cueing and practice in the context of everyday challenges until the individual can use the strategy independently.

Providing the counseling **intervention in the context of personally meaningful activities**, settings and interactions is more likely to have a lasting effect for people with cognitive and behavioral impairments. For this reason, **collaboration with other service providers**, employers and family members to support action strategies is often essential. It allows the individual with a brain injury to use the strategy while engaged in personally meaningful, chosen life activities.

Applying these interventions to cognitive remediation, the role of the counseling or **family intervention specialist** is to train the individual and his or her primary support system on action strategies that relate to the attainment of employment, academic, social and community goals. In addition, family-counseling intervention can also help the family to deal with their respective adjustment issues which will have a substantial impact on their ability to support the individual with a brain injury. The family's understanding of brain injury and their ability to actively support the person, e.g. in getting and staying organized, can have a direct impact on the person's participation in vocational services.

Substance abuse issues can be a complicating factor for some individuals with brain injury. Individuals may have a pre-injury history of substance abuse or begin use following the onset of the brain injury. It is important to deal directly with these issues by connecting the person to effective treatment programs that understand brain injury as well as substance abuse. Alcoholism and substance abuse professionals may need to become part of the overall rehabilitation "team" to better understand the dynamics and issues related to brain injuries. In many instances, a coordinated team effort is required if the survivor who is a substance abuser is going to benefit from treatment services. Alcoholics Anonymous and Narcotics Anonymous can also play a role in recovery.

In addition to the above counseling interventions, other community resources can provide valuable **supportive counseling** to individuals with brain injuries and their families:

1. The Brain Injury Association of New York State (BIANYS) has a network of Family Advocacy, Counseling and Training Services (FACTS) Coordinators who provide **supportive counseling** and on-going emotional support for the individual and family (for individuals injured prior to age 22). There are about 18 coordinators covering the state. For the FACTS Coordinator in your area, call 1-800-228-8201 or link with the BIANYS website under **Resource Links**.
2. Independent Living Centers also provide **peer counseling services** and some have developed programs focused specifically for individuals with brain injury.

Home and Community Based Services Waiver Programs

New York State Department of Health (DOH) and the NYS Office of Mental Retardation and Developmental Disabilities (OMRDD) have federally-approved programs to expand

services covered by Medicaid to include care for individuals with TBI in non-institutional, community-based settings. This expansion, known as *Medicaid "waivers"*, allows New York State to offer comprehensive services tailored to meet individual needs. The waivers increase the opportunity for individuals with brain injury to live in the community and take control of their lives.

The primary benefit of the waiver is the availability of Medicaid reimbursable services which can be used by the waiver participant to live safely in the community, while also respecting the individual's right to choice and risk. A service plan is developed for each waiver participant. These service plans, which are reviewed and re-approved every 6 months, list all necessary sources of support, including natural supports, federally-funded services, non-Medicaid services, Medicaid services and HCBS/TBI waiver services. The availability of services and supports through the waivers can complement and enhance services provided by ACCES-VR.

Eligibility for DOH's HCBS/TBI Waiver

To be eligible for benefits under this waiver, an individual must be:

1. diagnosed with TBI or a related condition;
2. eligible for nursing facility level of care;
3. enrolled in the Medicaid program;
4. 18-64 years old (individuals injured before the age of 22 may be eligible for services under a waiver operated by the Office of Mental Retardation and Developmental Disabilities);
5. given a choice of living in the community or in a nursing facility;
6. in a living arrangement which meets the individual's needs or be capable of attaining such an arrangement outside the institutional setting; and
7. able to be served under the TBI Waiver and New York State Medicaid Plan.

What Services are available under the HCBS/TBI Waiver?

Services available under the HCBS/TBI waiver include:

1. Service Coordination
2. Independent living skills training and development
3. Structured day programs
4. Substance abuse programs
5. Intensive behavioral programs
6. Community integration counseling
7. Home and community support services
8. Environmental modifications
9. Respite Care
10. Special Medical Equipment
11. Transportation

These waiver services are provided only when other available supports -- such as family, insurance, non-Medicaid programs -- are not adequate and/or available to support an individual in the community. Waiver services are provided in addition to the other Medicaid services available in New York.

Regional Resource Development Specialists

Regional Resource Development Specialists (RRDS), contracted by the DOH, are assigned to regions throughout the state, composed of several adjoining counties. They are responsible for assisting in the implementation of the HCBS/TBI Waiver, helping the individual to be aware of the choices of services and providers, especially the Service Coordinator, and assuring that the philosophy of choice inherent in the HCBS/TBI Waiver is maintained. For contact information for the RRDS in your area, call the DOH TBI Program Office at (518) 478-1090.

There is also a Housing Support program for individuals who participate in the HCBS/TBI program. This program can provide funding for purchasing needed household items and rental subsidies.

How the Waiver can Support Services Toward the Employment Goal

It is important to understand that the resources of ACCES-VR, combined with the HCBS/TBI waiver, can provide a comprehensive and coordinated program of supports and services for an individual. The effective blending of these two resources can result in better employment outcomes for individuals with brain injury.

Service coordination and team planning sessions (e.g. personal futures planning) can occur through the waiver. The ACCES-VR counselor can contact the waiver participant's service coordinator to assure maximum coordination of services. Services that are considered "pre-vocational" or "therapeutic" can also be provided.

For example, Independent Living Skills Training through the HCBS/TBI Waiver can assist a waiver participant to maintain good grooming habits, utilize a log book/schedule to remember appointments, improve money management skills and be better able to solve everyday problems.

Specific services to address special needs, such as an intensive behavioral program, can be also provided under the Waiver.

OMRDD Medicaid Waiver

The OMRDD Home and Community Based Waiver is also available to individuals who have sustained their injury before age 22. Services funded through the waiver are organized within the framework of the individualized services environment and include service coordination, residential and day habilitation, respite, environmental adaptations, and adaptive equipment.

OMRDD waiver services are consumer-driven and designed, allowing participants to live in their own homes, a family care home, or an individual residential alternative (IRA) and to receive support services paid for by Medicaid, which are typically only available for persons living in intermediate care facilities. Broadly, the scope of services includes housing supports, day supports, family supports, individual supports and clinic services. Adult day supports provided under this waiver include a range of employment options

including supported employment in individual jobs, enclaves or workstations in industry, mobile work crews and entrepreneurial models.

OMRDD has designated Traumatic Brain Injury Coordinators in each of its DDSOs. For the name of the Coordinator in your area, you can contact your local DDSO or call the OMRDD Special Projects Coordinator in the Upstate Operations Office at (518) 474-8652.

Benefits Advisement

The risk of losing benefits can inhibit progress toward employment. Benefits planning and advisement can be provided to help the individual gain the information necessary to make choices about work activity.

The individual needs an opportunity to understand how work incentive provisions in Social Security and other public or private programs can be used to the best advantage.

Benefits planning and advisement provides reliable information on the impact of earned income on cash benefits and entitlement programs that the person may depend on for overall income, including SSI, SSDI, Medicaid and Medicare, private disability and "no fault lost wages". Benefits counseling can help the individual with brain injury to make informed choices regarding working and earnings and develop a plan that leads to greater economic self-sufficiency without sacrificing essential entitlements until a solid financial foundation can be established. This service is often available through independent living centers, legal services offices, SSA-funded Benefits Planning providers, and other qualified community providers.

References

- **Vocational Rehabilitation, Traumatic Brain Injury and the Power of Networking**, A Publication of TBI-NET, Mt. Sinai Medical Center, August, 1995
- **Moving On: A Personal Futures Planning workbook for people with TBI** available from the Research Center on Community Integration of Individuals with TBI, Mount Sinai Medical Center, New York, NY (electronic link below).
- **Traumatic Brain Injury: A Guidebook for Educators**, The University of the State of New York, The State Education Department, Office of Special Education Services, Albany, New York 12234, 1997.

Resource Links

- Brain Injury Association of New York State - <http://www.bianys.org>
- Mt. Sinai School of Medicine TBI-Net Research Center <http://www.mssm.edu/tbinet>
- Virginia Commonwealth University TBI Website - <http://www.neuro.pmr.vcu.edu>
- RRTC on Rehabilitation Interventions following TBI - <http://www.tirr.org/research/brain.html>
- University of Alabama National TBI Website - <http://www.rehab.state.al.us/tbi/>

Related Topics in VR Policy and Procedures

- Section 202.00 Eligibility for Service Policy
- Section 206.00 Individualized Plan for Employment Policy
- Section 1282.00 Neuropsychological Evaluation Policy
- Sections 1310.00 Supported Employment Policy
- Section 1320.00 Cognitive Remediation Policy