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TRAUMATIC BRAIN INJURY: WHAT VOCATIONAL SPECIALISTS NEED TO KNOW

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>> PATRICIA GOODALL: Hello everyone. I am happy to speak with you about employment issues for people with traumatic brain injury. I am always happy to share my knowledge as well as the knowledge of those across the country that has been gathered on this very challenging topic, as well as from around the world.

Let's jump in. Very briefly, I will just touch on some of the research. There certainly is a whole lot out there. There are currently it is estimated 3.2 million people who are living with the effects of brain injury in the United States.

Sadly they also estimate nearly half the folks with brain injury have failed to return to work. We're going to talk about why that is so. One Colorado study used the state registry of patients who were hospitalized for traumatic brain injury.

One would assume if you are hospitalized for brain injury, it is probably mild to severe. Folks with concussions or mild traumatic brain injuries for the most part will not be hospitalized.

So these are the more severely injured folks living with lifelong disabilities. Their studies showed that only about half of those people returned to work within the first year.

In 2006, failure to return to work several years post injury. The other way to look at it you can say 80% of people do return to work. But we don't know how long employment is retained, so that is question we would want to ask.

And in looking at vocational rehab services, along with the same 2006 study, vocational rehab services, the traditional services assisted only about 50% of those served to achieve successful employment.

I actually I did a very brief survey a couple years ago and I asked many of the other states, what is your successful closure rate in VR? It ranged from about 30-60%. So the 50% figure we are looking at really jives with what we discovered from the many states who responded to my request for information, and that isn't good; we can and want to do better.

Let's talk about some of the ways we can do that. One of the things that came up in some of the research that I was looking at, there was a small study that looked at in 1997 sample of hospitalized TBI patients, and only about one third were even

aware of the vocational rehab system.

That is certainly an issue we are dealing with here in Virginia. One may say that it kind of makes sense if you are suddenly hospitalized with a brain injury, what do you know about brain injury and services?

But we are working with social workers to try and do better outreach to the hospitals to give people appropriate information. That is one of the things that is a recommendation, that there is better outreach from the VR system, not only to people who are newly-injured in the hospital, but also those with long-term injuries, folks that are chronically unemployed.

One of the recommendations also was that there should be better partnering between vocational rehab and researchers to identify what is working, what works, what doesn't work to help build a strong evidence base.

I did read there were problems with assigning people to a control group, so that is kind of a barrier. It would be very difficult to justify you are not going to get these services that we think are good, or you are not going to get these services because you are in the control group. So that is an issue we need to work out.

Specifically with regard to return to work strategies, one size does not fit all. I think anybody who has worked with folks with brain injury, they know that you really need to use an individualized approach from beginning to end.

Really I will talk a little bit later. There is no end for a person with a brain injury. For us and in our job, we may say yes, we have successfully placed this person, but for an individual with a brain injury, that doesn't end. We will talk about some long-term supports as well, in addition to the work assistance.

It is critically important that job placement staff have knowledge of brain injury. You really can't go that this without being educated and learning more about the effects of brain injury, short and long-term effects, what strategies have been shown to be very effective, and other strategies that really maybe don't work at all.

So it is not one size fits all; you can't just put people through a cookie-cutter process. The research, sort of some rising providing early vocational rehab services early on is helpful.

That can range from doing early assessment early on in the process, what is the work history of the person, do you think they will be interested in returning to work, will they have to be looking at doing something new depending on severity of injury?

But the earlier -- not only VR services, but I think rehab has to be provided early with the focus on employment, returning people to work. That should always be your ultimate goal, if the person desires, of course.

Create supportive work environment. That seems to be kind of a given, of course. For any of us in the job placement business, when you are working with employers and companies, you have to have a supportive work environment if you are placing folks with disabilities, or anybody who needs any kind of accommodation or specialized approach, what have you.

Cognitive training has shown some value in helping folks really kind of work on their thinking strategies, processing, all of those things. In vocational rehab, by the time folks are referred it to us and are ready to really focus on an employment goal, we are thinking more of an emphasis on compensatory strategies versus that sort of restorative approach.

That is because of the cost issue involved, and restorative, you can participate for years in cognitive rehab because you may continue to see some incremental increases. But really, don't we want people to get out and start living their lives again as quickly as possible? I think that is what we would all want.

So the compensatory approach is how can I live as fully and productively and independently as possible, given the deficits I may now have due to a brain injury.

That is sort of an approach that we look at in Virginia. Of course, assistive technology is becoming really huge, really important and beneficial. That should always be included in an evaluation when we look at employment.

There was a 2009 study that actually summarized three of the practices that showed what they called "weak support" for these approaches. I would kind of argue that and say I think there is a little bit more than weak support, but I didn't do the research.

One approach is support employment. That is something very close to my heart. I was one of the first job coaches in the country. It is a very simple, intuitive idea that works woud three one to one assistance in the process.

The other intuitive thing we anecdotally know is effective, case coordination or management. To have one person being the one overseeing and coordinating all services, including employment I think is just invaluable, effective, beneficial.

Then the third one that was recommended in this 2009 study, a program-based vocational rehab approach. That was looking at a very structured thing where people come in, build resumes, maybe using videotape to enhance job interviewing skills.

There is a program, for example, at Mt. Sinai that has shown to be effective. There are costs involved with that, and of

course not everybody can afford that. When we talk about the voc rehab process, specific to federal and state programs that is present in every state, there is an agency in every state that is responsible for employment services.

Number one, does the person want to work and want assistance? You can't rely on the family insisting that the person wants to work. We have run into that time and time again. If the person wants family members involved, that is fine, terrific, we will honor that.

But we do not meet with the family, without the individual with the brain injury or disability. The question really has to be from the individual with the disability to say yes I want to work or return to work, I want to get a job. Otherwise, time and time again we have seen that it won't work.

Then, of course, determining eligibility for services. Again, this is specific to the vocational rehab program. The person has to have a documented disability which has to be a barrier to employment. There are many folks who have disabilities, and they may have a disability due to brain injury that does not present significant employment barriers or any barriers, and that is the eligibility requirement.

Also we look the financial need. There is a financial needs test if there will be cost services involved. We do provide counseling and guidance and other types of job placement services.

But if training is involved or the purchase of technology and so forth, then we have to look at the financial status of the person.

Also in working with folks with brain injury, we look at -- and you heard this, I am sure, in Dr. Zasler's presentation. Is the individual medically and psychologically stable and able to focus on an employment goal?

We really need to know that the physician or whoever is kind of overseeing that person's medical and psychological care has released the person has being ready or able to focus on the employment goal. If somebody is still receiving intense medical treatment or therapy, it might not be the best time to refer to vocational rehab.

If you can see when the person will be stable or will be completing rehab, then I would say yes, go ahead and refer the person to your vocational rehab counselor. Really, you can consult with the VR staff at any time. I only include this because I have heard it from folks who have called me up and said I was told most of my recovery would happen in two years, so they said I shouldn't come to VR sooner than two years after the injury.

That is absolutely not true. It is a rule of thumb that the

most significant recovery does take place in the first two years, but it doesn't mean that you wait to access VR services. It is really dependent if the person is medically stable and psychologically stable emotionally stable. If they participate heavily in therapy two or three times a week, that may not be the best time.

Can the individual return to the same job he or she had at the time of the injury, or do they have to consider looking for a new job based on changes in ability, capacity, strengths in their challenges. That all needs to be assessed, and an employment goal developed together with the person and the vocational rehabilitation counselor providing the service.

That is one of the first things you need to determine. We have had experience with many folks and wonderful employers saying oh, this person can come back and we will let them work part time or we will ease up on some of their job duties, it will all work out and be great.

Very often, it does not work out and it can be very frustrating for the employer as well as for the individual with the brain injury, and his or her family. On the other hand, it is also perhaps a good learning experience because the individual who has sustained the injury will become a little bit more aware of his or her deficits and maybe become a little more realistic about what they are able to do post-injury.

I know the prior speaker reviewed the effects of brain injury, but I will kind of go over them quickly because I think these are kind of the categories you look at when you consider returning to work. Medical issues certainly is a major thing to look at, like we mentioned a little bit earlier, and physical.

If the person is still receiving physical therapy or occupational therapy, you need to figure out how that can assist in employment and certainly I think most therapists nowadays will look at daily living and what type of job somebody is returning to or trying to get somebody to be as functionally as possible.

And then cognitive intellectual. We will go into it in more detail, and emotional behavioral, which is probably one of the biggest issues that we need to look at and address when returning to work for folks with brain injuries.

So where do you start in it can seem rather overwhelming. Brain injury is very complicated and complex, often. One size does not fit all. We already said that.

It is kind of like where do we start, how do we figure out what works and what we will do. I always promote the use of a support team approach, a little more challenging and difficult to implement within the VR system, simply because counselors carry huge, huge caseloads.

So taking the helm of an employment support team can be a little daunting. But if you have someone who has very complex multiple needs, in my opinion that is the way to go. It really does take a village, and we need to all work together to support the person to succeed at the job.

Success is very important, and I know most people will agree with that. One thing you want to do, make sure that there is a recent neuropsychological evaluation that is comprehensive. I am also a big proponent of real life assessments whenever possible.

The testing is really important. It should be the counselor requesting the testing should be specific with the psychologist or neuropsychologist that this is what I am looking for, I need vocational recommendations, I want it to be a vocationally oriented assessment.

There is literature out there, in fact a doctor here at the Virginia Commonwealth University has done work and has guidelines for counselors and others who may see be a bit shy about asking for what they need.

But you are the need to be specific. Psychologists like that. Then they know exactly what tests that will be most beneficial.

We can move onto the next one. We talked -- I touched a little bit on strategies should be compensatory in nature, not restorative, but also that an individual has to buy into a compensatory strategy; otherwise, it won't be effective.

You can come up with the greatest Ipad app in the world and say this will help you track your meds and it will be really great, but if the person isn't into it and it doesn't meet their needs or their lifestyle, then no matter how great you think it is, it is no good

So the person has to be involved in identifying, developing and implementing any compensatory strategy. But in my opinion, this is the way to go, versus the more kind of restorative approach which kind of puts things on hold.

If you are taking a restorative approach, you tend to have a mindset of let's keep doing this cognitive training and see how much better, see where we can get the person in terms of expanded cognitive and daily functioning.

And that job placement kind of gets pushed to the back burner, and if you think about it you are using your brain, you are active. So I recommend compensatory versus restorative when we really are trying to get back to work.

On this session, I think it is all about support and a good job-match. If you don't have a good job match, take your time and find the proper job match. The hallmark of a disabled person, they will turn down a job because it isn't a good match.

So it is about finding the right niche that will enhance success.

Kind of going back to the categories when you are helping someone return to working these are the things that we hope to consider, is the person medically stable, has the physician released the person for employment? That would be sort of the No. 1 thing.

Based on the medications they might be taking, the fatigue levels and all of that, you need to get kind of a medical picture, a medical release to see where the person is at, because that will help guide your job development activities.

If the person is receiving follow-along care by a physiatrist, like the doctor who just presented, specializing in rehab immediate season. Often they will be overseeing all the medically-oriented care.

They need to be very important in the team. You need to make sure he or she is available to participate on the team or at least share updates and reports as appropriate. We talked about the medications. Typically after a traumatic brain injury there are a lot of medications that may or may not be prescribed.

For one thing, a lot of doctors are still automatically prescribing anti-seizure medication. That is something that should be looked at and evaluated because that medication can have an effect on someone's cognitive processing and abilities.

If it is not really needed -- I have seen people on anti-seizure medication for 10-15 years without having a seizure. It might be time to wean them off and look into the likelihood of seizure, because that can have negative side effects with regard to employment.

The other things in terms of medical issues finding job placement and its direction, fatigue, headache and pain. Those all affect job performance and the ability of someone to carry out all the work duties in certain positions.

If somebody is still suffering from these medical side effects of a traumatic brain injury, you may have to look at perhaps part-time work to start out with because they are simply not going to be able to work 40 hours a week or an eight-hour day.

And you may have to look at just some other accommodations that you might be able to work out with the employer. Another area that is very important to consider, the physical. Is the person still receiving outpatient medical therapies? If so, what are the therapies and what are the goals?

Are you in contact with the therapist and are you working together as a team? Usually medical teams staff within a hospital or rehab setting. But if you are an employment specialist or job development or VR, can you be a part of that

team? Because it is very important somebody focuses on the same goals of the individuals.

What is the prognosis and how much healing or recovery is expected. I think physical and occupational and speech therapists can project fairly well how much recovery somebody will have. Again, that will guide your plan.

I put real life evaluations in here. How does somebody do when you talk them out to lunch or McDonald's and you can assess their speech when they try to order, how do they interact socially and so forth, and what about assistive technology, augmentative communication, orthotics; all of those have to be considered and put in place in a person needs them, as you are focusing on employment.

Cognitively and intellectually, this is probably one of the biggest areas people immediately jump to when they think traumatic brain injury, the person will be affected cognitively, and that is true. However, one of the hallmarks of brain injury, the individual may score lower on personal tests of intelligence, but not across all of the scales.

It is very important to find out where the strengths are and where there might be some weaknesses that can be accommodated, or just considered during the job development process. There is a rule of thumb that the higher the ability someone has pre-injury, the better the outcome will be post-injury. We know that as a rule of thumb.

The more ability you have going in, the better you will do post-injury, just because there is more reserve there, more to draw from and so forth. Mental processing may be slower and not as accurate. Those are things you may need to consider. Again, it isn't across the board, not for everybody, it doesn't affect everyone the same way.

That is why it is really, really important to get a good neuropsychological assessment that will show you and explain to you and to the individual and his or her family the specific areas and what can be done to maybe compensate for those deficits.

Concentration may decrease and distractibility increase. In my opinion, that would certainly be important to understand if someone is affected in that way when you are looking for a job match. Again, it is about the job match. You wouldn't want to put somebody in a very busy environment, the cafeteria here at VCU punching cards, too overwhelming and distractible.

You really have to tailor job development to the ability of the person and what their issues might be so that you can ameliorate those. Memory problems is probably the biggest, most significant challenge that we run across when we work with folks with brain injury.

It affects not only how you will place somebody in a job or how they will perform in a job, but how they function on a daily basis. That is where the compensatory strategies really, really come into play. And a good compensatory strategy, and two things about that.

One, it is very effective in the employment setting. In fact, we have had employers say wow, this is a great idea, you have labeled these areas so all my employees are doing better or doing things faster. That is good sales point when you work with an employer at a job site with a person with a disability, whatever the disability is.

And also, you need to use the same or similar strategies on the job site as you do at home and vice versa, so there should be continuity and continuity across environments. I think that is really key.

Emotional and behavioral issues after brain injury, very, very challenging. This is probably the biggest thing. People don't fair because they can't learn or can't perform a job.

But what we have seen t is the emotional and behavioral challenges that occur on a job site that really present the largest barrier to maintaining employment.

There may be emotional instability. People can become angry very quickly and lash out. They may curse. Again, this isn't everybody, I don't mean to stereotype but we have seen that many individuals -- especially if you consider the majority of individuals or the biggest group of individuals to sustain traumatic brain injury are young males who engage in risky behavior.

It kind of stands to reason that some issues you will see behaviorally and emotionally will be somewhat radical, inappropriate social behavior, we have seen inappropriate sexual behavior.

You have young guys who see women on the job site and may say things or just act inappropriately. We have had to deal with that, and you may have to deal with it too, as well as intervene.

Also, losing your temper, certain things you just can't do on a jobsite. Most of us feel angry inside, but we can control it and take it out on the husband or kick the dog when we get home. Again where to start for returning to work with folks with brain injury?

Team approach. It is never a bad idea to put a team together. It is always, in my opinion, a good option, the best option. I think it is a best practice or a promising practice to have everybody in the same room, hearing the same things, agreeing on what the plan of action is. It is very good for the family members and for the individuals to be able to refer back

and say, do you remember we all agreed we will do X and Y and Z, so forth.

Also I think psychologically it is kind of a wonderful thing to think wow, all these people are here in this team meeting for me, to support me and help me return to work and really help me function as independently as I can. I think that has a really positive effect. I think it is really critical. You definitely have to have a very recent -- I would say within two years.

If it is a new injury, you probably have had some neuropsych assessments done. But if you have had a longer post-injury person referred to you, if you haven't had one done in two years, probably good idea to get updated neuropsych assessment because people do continue to change and improve over time, even 15 or 30 years later.

So I think getting a good neuropsych assessment is important, and that you ask those specific questions. I also believe in real life evaluations, one thing we are doing in Virginia for folks with brain injury, we developed six clubhouse program models.

Within this model, it is a supportive and therapeutic environment. Some clubhouses have employee development services where you can get in-depth assessments of a an individual's ability to function in a vocational environment.

It isn't a competitive vocational environment, but for more than a couple hours or couple days, our counselors can order this service, evaluation service that is 30 days. The honeymoon period is over after a couple days, and you will really get a good picture of someone's ability to interact socially, to take direction, to interact with supervisors, to carry out specific job duties, work tasks. It has worked out very well.

It is still fairly new in Virginia, but we're pretty pleased with the results. The counselors have been very happy with it. And it is very reasonably priced. It is on a per diem or daily rate. If you want more information on that, I make it available to you.

And I also just think that the compensatory strategies and supports are again really keys to success. You need to evaluation, in conjunction with the individual where you are having problems, is it a memory issue, behavioral issue, let's put some strategies in place to provide the support you need to function better on a daily basis, which of course means that you will function better in your job.

I keep repeating, but it is very important that it is all about the job-match. A good job-match means everything. A bad job-match won't last, no matter the pay or where it is, if you think it has prestige.

If it isn't a good job match for that person and his or her

abilities, it is not going to last. And again, the support of the team. I mentioned the assessment should be within the last two years. Summarizing, evaluate the status medically, physically, cognitive and intellectual and emotional behavior, the major areas you look at.

Also, consult with and add to your support team as needed. It may be the physician, the rehab doc, physiatrist, speech language pathologist, OT, psychologist, behavior specialist, if an individual needs to have specialized behavior intervention such as behavior support.

And then the job coach and the vocational rehab counselor. The vocational evaluation or situational assessment, again I really promote the realtime assessments because I think you will really get much more valid information doing pencil and paper or neuropsych tests.

I think those are good adjunct information to have, but really the rubber hits the road when you have somebody in an environment that is either the same or similar to an environment in which he or she will be expected to perform job duties.

That means there might be a lot of people around. There might be a lot of different things that are coming up and so forth. You will see how somebody is able to react. I talked about how the VR counselor or employment specialist should request a vocationally related report when you are getting a neuropsych assessment.

Remember, you are paying for a service from this psychologist or neuro psychologist, so get what you need from that psychologist. They would prefer you are more specific, rather than less specific when asking for an assessment.

And also one of the things that we do kind of promote in Virginia, life skills training. If someone isn't doing well outside the work setting, it will affect their employment success. Especially early on when determining eligibility, can a person function better and do better if they have some life skills training?

It is really based on the whole supportive employment model. You intervene, try to introduce strategies, training, and then you fade so the person can function more independently. In my opinion, those things work very well together.

Again, talking about the strategies that may come from a life skills or community support services provider, consumer participation and direction are really critical in implementing these strategies.

And are there any medical or neuropsychological strategies. A good neuropsych assessment will come with a page of conclusions and then the recommendations. They should be listing some helpful strategies for addressing or ameliorate the

person's deficit following a brain injury.

You have to find out if behavior consultation is needed. And if so, what is that person's philosophy? There really should be a circle of support or a people approach, positive behavior support is kind of the way to go in my opinion because it does involve the support team.

The community living assessment that goes back to the life skills training or what we call community support services, what strategies are needed, at home, the community and at work.

The person may know what will work well for them -- I mean, they will know. The family might have recommendations, so you need to listen to them because they have been with the person day in and day out. If they have certain approaches and ways that have worked well, let's check that out and see if it will work well across these environments.

Basically it only works if it works. It can be the greatest idea in the world, if it doesn't work for individual or environment, then it isn't going to work. When we talked specifically about employment support or support on the jobsite, we talked about the need for individualized supportive plan for employment. Like we said earlier, every patient is different.

It makes sense that supportive employment is a one to one individualized approach that would be very beneficial. It is individualized job placement, onsite job training and long-term follow on which is very critical.

Employers love it. They feel like there is a partnership there, that they aren't going to be left in a lurch if something happens. The person's long-term employment success is going to be much higher, if you use this one on one long-term support approach.

I know in many instances, there isn't funding for long-term follow-on piece that is needed. So at a minimum, at least up front job coach training services which vocational rehab counselors can purchase. In Virginia, again talking about the clubhouse model of services, the clubhouse can actually provide that long-term follow-up support.

So supporting employment from a clubhouse setting is being implemented in Virginia, and we are waiting to see how that works. We have had our first two clubhouses approved as supportive services, and there have been a couple placements we are following to see how it works out.

But intuitively to me, it makes sense that it will work out. Employment specialist is part of the team, if not the head of the team. Again, I know it is putting a lot on a person, just as it would be with the VR counselor.

If you do put together an employment support team, which I do recommend, particularly for challenging cases, you need to

figure out who will be sort of the coordinator of that, and not everybody has a case manager. It may be something that you kind of rotate the leadership on, who calls the meetings, who coordinates them. You just need to be creative. It can be worked out.

We talked about how life skill therapy can be critical, and strategies should be used across all environments for the individual. I have said this several times, the job-match, very important. The work environment, I talked about that, the distractibility issues and slower processing.

So someone may say well, this is the type of work that I like, but a busy and loud environment may not be a good thing, or the fatigue issue may kick in. Until you are out there doing the work task, you may not understand your own strengths and some of your on challenges.

Situational assessments are good. As I said, in Virginia we are doing employee develop. Services, kind of more in depth assessment. One of the things I became aware of, an individual who did not handle interruptions very well. This person got very upset and distracted, and actually pretty irritable.

So why would you place somebody in a job as a receptionist in which interruptions are inherent. That is what a receptionist does, take phone calls, handle people that walk up to the desk, but that is exactly what happened. Someone who didn't handle interruptions well was placed in the job of a receptionist.

One of the solutions they had was to put a sign up saying: Please do not interrupt me. Sorry, but I really don't think that was a good strategy. I think it was a poor job match and it wasn't going to turn out well. I haven't followed up with it, but I can almost guarantee you two or three years later now, that person is probably not working in that position. Again, that is just an example.

Another one, if an individual has very poor hygiene, what is your solution to job development? Do you find a job where the odor wouldn't be noticed like -- I don't know, maybe working unloading a truck or something like that?

Or would you work with the person to improve his or her hygiene using life skills training? Or would you do both? Those are questions you need to consider and ask when you are trying to arrive at a good job match.

Where to end? That may mean where to end this presentation and where to end your job develop. And return to work. For the rehab specialist, it may end when you find a good job match and successful placement.

But for the person with a brain injury, there is no end, that brain injury does not go away. He or she has to live with the brain injury and its effect for the rest of his or her life.

Actually, there is more research now showing that as people with brain injuries age, they may experience higher rates of dementia, if they are prone to it beforehand. We are still learning about people aging with brain injury.

Best practice, reassess all these areas on an ongoing basis. As we said, individuals continue to improve over time. And again yes, the two-year rule of thumb is usually true that you probably do make the most significant recovery in the first two years, but you will still improve many years down the road. If something is active cognitively and physically, and is working in a job that he or she likes and is good at and is contributing, that person will do a lot better than someone who is not.

And if somebody is currently employed, if their case has been closed, and there are issues or problems that come up, a risk of the person losing the job, you can refer back to your vocational rehab agency and the counselor can provide post-employment support or even reopen a case.

I just want to put that out there, if they are already working and people say I can't go back to VR because they are already in a job. But if there is a lot of evidence that the person is at a high risk for losing a job, you can go back and talk to the counselor and see what can be done.

We all talk about what is success and return to work and employment. We have to look at employment in the context of a person's life. It is not a separate event that begins and ends. It is actually for all of us it can be a career, a very important part of our lives and many people seeing a lot of identity from their employment.

It is important that somebody is feeling like they are participating in meaningful activity, contributing to society. It is not just something that begins and ends. It is going to change over time. We know the person's abilities and interests may change, the work site may change, and we need to be sensitive and open to that.

Also, individuals with fairly significant deficits due to brain injury will need long-term support, not just in employment. We have to constantly reassess how are things going outside of the job, and a good follow-along job coach will really be aware of that and assess for that.

Because if things are going bad at home or in other areas of the person's life, it is going to affect their work at some point. So if there is substance abuse, for example, or domestic issues, things like that, it is going to affect their employment, no question about it.

Again, a team approach. If you have a lot of people on this person's team across all these different environments, could be

church and work and maybe some hobbies of family, friends, neighbors, what have you, this is going to really be the key to help keep somebody functioning the best that they can on a daily basis in their lives owned on their job.

I think we do need to redefine success. Sometimes it isn't just come to the voc rehab agency, we will try to place the person in a job and that is the end of it. Often we have seen people go through several jobs before they really can figure out what is a good fit for them, what they really like and how they can be successful in employment; it is a growth thing.

A lot of the guys we work with, and of course women too, maybe they don't have really a wonderful work history. It may not be very long. Some people may have not worked, so it is all a learning process. They might think I would like to work in this area or this type of job.

But when you get there, they aren't too keen on it anymore. So there is that to consider. I think we have to be more forgiving about the learning process and helping people get through it.

One of the things I ran across, Dr. Rick Parantine (phonetic) did a small study showing people with social support access, as well as supportive employment, those were the two best indicators of successful employment.

What more can you say? That is kind of what this whole presentation has been about, the team approach, the social support is so critical. Also he talks about nutrition and how important it is to help cognitive functioning, exercise and nutrition, very important.

But his study showed access to social support and supportive employment. I was happy to hear that because I agree with that. Here is my contact information.

I am happy to make available the references, the citations on some of the research that I cited, information on the clubhouse model for people with brain injury in Virginia that we've been developing, and just any other information or questions that you might have.

Thank you very much. I always appreciate the opportunity to talk about this top you can I find very interesting and am very passionate about. So thank you.

(End Part 2)