



VOLUNTEER PROGRAMS

# The Spirit of Serving

An Orientating Guidebook for Volunteers

## A Spirit of Service

Thanks to a grant from the Philip Graham Fund, in the summer of 1997, Brain Injury Services funded a Volunteer Coordinator position and began to develop and manage opportunities for our survivors. They are Opportunities for growth; for learning... Opportunities for fulfillment and services... Opportunities to give, to give back and to be grateful... opportunities for all.

*Don't walk in front of me. I may not follow.*

*Don't walk behind me. I may not lead.*

*Just walk with me and be my friend.*

Albert Camus

Volunteers at Brain Injury Services are utilized in a myriad of ways. They are available to provide services for our organization by supporting our consumers in their journey to recovery as well as assisting with the growth of our programs through events, etc. Volunteers are respected at Brain Injury Services and their gifts of time are valued.

# Introduction to Brain Injury Services

**Mission**

**Core Values**

**Overview**

**History**

## **Mission**

The mission of Brain Injury Services is to help children and adults with a brain injury build the skills and confidence they need to lead a fulfilling and productive life.

## **Core Values**

### **RESPECT**

We respect the individuals we serve, ourselves and our community, believing that people have a right to control their own lives and make their own choices.

### **PARTNERSHIP**

We believe in bringing together diverse resources in order to maximize the opportunities available to individuals and the community.

### **INTEGRITY**

We are committed to being honest, accountable and professional in our relationships and communications.

### **CATALYST**

We strive to create innovative solutions to the challenges faced by those affected by brain injury.

### **COST-EFFECTIVE**

Providing the most effective services at the least cost to the consumer and the community.

## **Overview**

Brain Injury Services was created in 1989 to assist and support survivors of traumatic brain injuries in Fairfax County, Virginia. Initially, the pilot program's goal was to develop an array of services for the survivors, many of which had multiple disabilities. Since 1989, the non-profit organization has grown to include comprehensive, person-centered case management, support groups, a tailored volunteer department, and a transitional day program for residents of the Northern Virginia area. Brain Injury Services strives to make a significant difference in the lives of those affected by brain injury.

## **History**

In the early 1980s, parents of survivors of acquired brain injury in Fairfax County, Virginia, searched for local independent housing for their adult children. With none found, they began raising money to provide it on their own. Years of grassroots fundraising and awareness work produced \$18,000; a sizable amount of money but a drop in the bucket of what would be needed by a group of individuals with multiple disabilities. Their children also needed to benefit from a multitude of basic social services. The parents found that acquired brain injury was rarely recognized as a distinct disability with distinct services, but rather often lumped into the mental health field. Realizing the difficulty of their task, the group requested assistance from the local government.

In 1988, the Fairfax County Board of Supervisors commissioned a study to determine what services were being delivered to residents whose disabilities directly resulted from an acquired brain injury. The study demonstrated that little to nothing was available specifically for the citizens of Fairfax County within that realm. Brain Injury Services, then Head Injury Services Partnership, was founded in 1989 as a pilot program in Fairfax County by its Board of Supervisors to meet this need.

Whereas fifteen years ago 90% of the survivors of auto accidents, falls, assaults and other causes of traumatic injuries would have died, today many are sustained by medical technology. Once the quantity of life is lengthened after such an event, Brain Injury

Services assists the survivor in developing the quality of his/her life. Brain Injury Services provides comprehensive case management for all qualified survivors which can include coordination of specialized doctors and/or educational services, training in the utilization of public transportation or home and self management and encouragement, support and oversight in taking the many steps needed to reach a consumer's specified goal.



# Volunteering Materials

**Volunteering 101**  
**Checklist for Applicants**  
**Standard Policies & Procedures**  
**Informed Consent Form & Code of Conduct**  
**Closure Form**

## **Volunteering 101**

### **SO YOU WANT TO BE A VOLUNTEER...**

“Volunteer!”, the enthusiastic Volunteer Coordinator cheers. “Yes!” the interested person on the other end of the telephone answers back. “But why?” inquires the Volunteer Coordinator.

BUT WHY? People choose to give of their time for many reasons. A chapter of someone’s life is being developed but does the main character know why the storyline bends this way? During the application process to be a volunteer at Brain Injury Services, you will be faced with this question. The best answer is the truthful one. Is there a family experience that leads you here? Do you feel the need to be a good person? To give to your community? Are you mandated by school or another reason to donate your time? Are you looking to develop your resume and job skills? Are you just plain curious? Whatever road it is that leads you to this guidebook, let it also lead you to experiences that you will grow from and that others will benefit from as well.

### **THE SPIRIT OF SERVICE IS YOU!**

At Brain Injury Services, all volunteers go through the same application procedures regardless of their relationship with the organization. A completed application, interview, background check, confidentiality contract and training are all mandatory.

*“A friend is a present you give yourself.”*

Robert Louis Stevenson

## Checklist for Applicants

Here's a handy way for you to know what to expect as you apply to become a volunteer.

- ✓ \_\_\_\_\_ Application
- ✓ \_\_\_\_\_ Volunteer Application
- ✓ \_\_\_\_\_ Informed Consent Form & Code of Conduct
- ✓ \_\_\_\_\_ Closure Form
- ✓ \_\_\_\_\_ In-person Training (if possible)
- ✓ \_\_\_\_\_ Review of Training Materials

## **Standard Policies & Procedures**

PALS (Providing a Link for Survivors) is a one-to-one friendship program for survivors of brain injury. The goal is to provide opportunities for survivors to connect with people and socialize in the community. This is accomplished by pairing a survivor and a volunteer with similar interests.

Person-Centered Volunteer Program offers the opportunity to build a friendship through goal-oriented activities. Case managers and the Director of Community Engagement help to identify a goal that may be reached within a six month period of time. Friendship and connection are established through the shared experience of participating in goal achievement. Goals could include but are not limited to; gardening, cooking, exercise or any goal that has been difficult for the consumer to reach due to their brain injury. Time commitments are typically tailored to the individual goals.

## **FREQUENTLY ASKED QUESTIONS**

### **How do I know which clients are appropriate for the PALS/PC program?**

PALS/PC are primarily community-based programs. Therefore, not all clients are appropriate for the program. We cannot accept clients with significant mental health, behavioral, substance abuse or alcohol-related issues at the time they would be matched. Consumers need to be able to participate in a mutually enriching friendship and be able to communicate freely with their volunteer. All consumers must express an interest in the programs and be aware of the commitment they are making to their new friend. They also need to have a means of transportation in order to attend monthly one to one activities in the community and group outings four times a year.

### **What is the process to refer a client to the PALS/PC program?**

If the case manager believes a consumer is appropriate for PALS/PC, they complete a referral form. The Director of Community Engagement then arranges to meet the client to discuss their interests and describe the program further. Once it is decided the consumer is a fit for the program, a volunteer is recruited or matched from the waiting list.

## **What are the primary requirements of the program?**

PALS/Person Centered volunteers and clients make a commitment of at least one year to see one another one on one at least once a month, (community outings, at each other's homes, etc.) attend group activities at least once a year and communicate weekly through phone or email contact. Once friendships develop after one year, these guidelines will naturally cease to exist and the matches will see each other as they see fit. The hope is that the friendship will extend beyond the program and will become a lasting, true friendship like any other.

## **Is a client's confidentiality respected?**

Yes. When clients fill out the volunteer application they give their signature that information can be shared with their potential match. Until that time, no information is shared with any volunteer.

## **How long will a client have to wait until he/she is matched with a PAL/PC volunteer?**

The list is a pool of volunteers and clients rather than a waiting list. Depending on what volunteers we have ready to be matched that are appropriate for your client, it could be days, weeks or even several months before a match is made. We stress to all volunteers and clients that we may not always have the right person ready for them at the right time. Each situation is unique.

## **How do you train volunteers to work with a client?**

Volunteers need not have any experience working with someone with a disability when they apply. We provide a one-to-one training on brain injury, including concrete information on brain injury and its potential behavioral, physical and cognitive effects. Also, volunteers are either introduced or given the name of the case manager working with their match so that they feel comfortable asking any questions or addressing concerns.

## **How do you keep volunteers motivated to work with a client?**

All volunteers are given training materials on brain injury and community engagement with survivors. Volunteers are also added to our CONNECTIONS newsletter, where

they receive information on special events, programs and new matches made in the programs. They are also invited to an annual volunteer banquet where all of the volunteer programs are honored for their involvement in the programs.

### **Are volunteers screened?**

All volunteers are given a complete background check, which Brain Injury Services pays for. All applicants who have been convicted of a misdemeanor within five years of the date of their application are not eligible to participate in the programs. Anyone convicted of a felony is mutually excluded from participation, including charges that take place during the volunteer commitment.

### **How do you evaluate the programs?**

The primary methods of evaluation for the programs include;

- Satisfaction surveys mailed to consumers and their families annually
- Speaker's Bureau clinical study conducted with Argosy University to evaluate the effectiveness of sharing personal experiences to future practitioners in the field.
- Speaker's Bureau survey monkey survey on the consumers' engagement in the program.
- VPA survey every other year through George Mason school of psychology. The VPA's overarching vision is to help nonprofit leaders understand the strengths and weaknesses of their volunteer program, from the perspective of their volunteers, and provide insights into the strategic management of their volunteer resources. VPA strives to support the nonprofit community by providing scholarships for free volunteer assessment services that might otherwise be unavailable to nonprofit organizations and their leaders.

### **Who pays for one to one activities and group outings?**

PALS/PC matches handle one to one outings as they would any outing with a friend. Each individual pays their own way, unless it is a special occasion and a volunteer or a client would like to treat the other. Any PALS/PC group outings are on a case by case basis per community partnerships established.

## **Can the volunteer drive a client to outings?**

The volunteer is left to make the decision of whether or not they feel comfortable driving their match. Some volunteers check to make sure they have enough insurance coverage should an accident occur and others just prefer to meet their match in the community. Volunteers sign a waiver stating that driving their match is at their own discretion and BIS requests a copy of their driver's insurance.

## **What if the friendship does not work out?**

There are people in life that we get along with and click with and others that we don't. Individuals are matched based on geographic location and similar interests, but sometimes the friendship may dissolve or not work out. At that time, we assess the situation and re-match if necessary. Each match is unique. After one year, the relationship can extend on, dissolve completely or continue, but not under the auspices of the program requirements.

## **What is the dismissal policy for PALS?**

If a volunteer fails to adhere to the policies outlined in the consent form, a dismissal policy will be signed.

## **What supervision do you offer volunteers?**

Volunteers are provided a one on one 45 minute training that outlines the programs, discusses the history of BIS and engages the volunteer with the agency. On-going support and email and phone "check in's" take place on a regular basis, as well as individualized support to the volunteer with each match as needed. Support is also provided by the case manager on a case by case basis if more information is needed on the consumer.



## Informed Consent Form & Code of Conduct

I, \_\_\_\_\_ wish to volunteer my services as part of Brain Injury Services volunteer program.

I wish to volunteer and hereby assume the risk, with respect to any liability of Brain Injury Services for such risks, of any accident or injury to persons or property which I may sustain in connection with my participation as a volunteer. In addition, I hereby release and discharge Brain Injury Services and any of its directors, employees, partners, affiliates, agents and successors from any and all liability for any such accident or injury.

Understanding that Brain Injury Services is an organization involved in assisting survivors of brain injuries and their families, I hereby affirm that I have never been convicted of a violent crime, child abuse or neglect, child pornography, child abduction, kidnapping, rape or any sexual offense, nor have I been ordered by a court to receive psychiatric or psychological treatment in connection therewith.

I hereby understand that as a volunteer of Brain Injury Services I am representing the organization when performing my duties. I agree to adhere to the Volunteer Code of Conduct. I will exhibit maturity and a respect for the individuals associated with Brain Injury Services and communicate appropriately with individuals associated with Brain Injury Services. I will be dressed appropriately for the job which I am to perform. I will not deliberately destruct facilities or equipment, possess fireworks or firearms except under supervision for a specific activity, possess or use alcoholic beverages or illegal drugs prior to or during my volunteer assignment. I will not disrespect consumers, their families or any individuals associated with Brain Injury Services. I understand that failure to adhere to the Volunteer Code of Conduct will result in the termination of my volunteer job.

I have read and understand this Informed Consent Form and Code of Conduct.

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Signature of Volunteer

Date

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Signature of Responsible Adult

Date

\*\*If the volunteer is a minor, the signature of the minor's parent/responsible adult must accompany the signature of the volunteer.



## Closure Form – Volunteer Program

Volunteer Name: \_\_\_\_\_

Consumer Name: \_\_\_\_\_

Date: \_\_\_\_\_

*Purpose of the Program:* The goal of the program is to match all interested consumers in one to one relationships with community volunteers in order to improve socialization opportunities and community integration.

At this time, the relationship between \_\_\_\_\_ and \_\_\_\_\_ will be dissolved.

Reasons for termination of volunteer services could include but are not limited to; failure to adhere to the BIS policies outlined in the consent form, lack of follow through on the minimal requirements of the program, criminal charges that take place during the duration of the volunteer match, lack of follow through or change in goal plans by the consumer. If further assistance or information is needed, please speak with the Director of Volunteer Programs.

Signature of volunteer: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Director of Volunteer Programs: \_\_\_\_\_

Date: \_\_\_\_\_



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## Policies for Dismissal

Based on our commitment to providing the highest quality service to consumers and adhering to national standards, Brain Injury Services reserves the right to terminate a volunteer's involvement within our programs.

Dismissal of a volunteer will occur only as a last resort, and will generally take place following progressive disciplinary actions where possible.

Immediate dismissal of a volunteer may occur in extreme cases.

Ground for volunteer dismissal may include, but are not limited to the following;

- illegal, violent or unsafe acts
- failure to abide by agency policies and procedures
- gross misconduct
- theft of property or misuse of agency funds, equipment or materials
- being under the influence of illegal drugs or alcohol while performing volunteer duties
- failing to perform volunteer duties as agreed

Brain Injury Services will investigate all performance concerns and incidents which may serve as grounds for dismissal. This investigation will include hearing the volunteer's account of the incident, or perspective on the situation.

Where appropriate, verbal warnings may be issued to the volunteer, and documented.

The Director of Community Engagement will inform the acting case manager of the consumer and the Executive Director of all verbal or written warnings issued to a volunteer as well as present the case to the BIS QA/QI committee for review. Dismissal of a volunteer will take place after consultation between the case manager and the Executive Director.

Where appropriate, the volunteer will be permitted to bring closure to the consumer which he/she was matched with. If this is not deemed appropriate, agency staff will ensure that the client is informed of the termination by phone, email or in person.

Subsequent to dismissing a volunteer, all appropriate agency staff should be made aware of the dismissal.



# BIS Volunteer's Kit to Good Service

**Guidelines**

**General Information**

## Guidelines

### VOLUNTEER DO'S

**DO** remember that you are a valued staff member.

**DO** remember that your actions represent the organization.

**DO** become familiar with BIS's policies and procedures.

**DO** respect client confidentiality. Never divulge any information about a client to anyone outside of the workplace, including to the police. Only a direct court order may make an exception to this rule.

**DO** call the Director of Community Engagement or case manager if any scheduling changes are necessary.

**DO** be familiar with your assigned duties and do not accept new tasks without adequate preparation and without notifying your supervisor.

**DO** uphold the professional standards of the agency by not pursuing personal relationships with people whom you have met as clients.

**DO** ask questions when they arise.

## **General Information**

If you ever have a question concerning your participation as a volunteer at Brain Injury Services, do not hesitate to call or visit the Director of Community Engagement. You are a valued part of the organization and we appreciate the investment you have made to help make it so successful. Here's some helpful information in order to help you reap the most out of the investment of your time.

### **TAXES**

Volunteers can itemize certain costs associated with the donation of their time. An easy way to keep track of mileage is by keeping a small journal in your car and recording the number of times you make a regular trip as well as notations of special trips. Any purchases or monetary donations made on behalf of your volunteer work are also deductible. Save your receipts and file with your tax return for that year. Charging a rate per donated hour of your time is not allowed as a deduction. If you have any questions about itemizing expenses involved with volunteering, contact the IRS at 1-800-829-1040, Virginia Department of Taxation, Individual Taxes, at 1-804-367-8031 or the Virginia Office on Volunteerism at 1-804-692-1950

### **RESUME**

Remember to include your volunteer work at Brain Injury Services on your resume. Businesses appreciate the value of an employee who is active in his/her community and will often offer incentive to those who volunteer with a non-profit organization such as Brain Injury Services

### **INSURANCE**

The Volunteer Protection Act of 1997 says that volunteers are not liable for causing injury to another person or property while acting within the scope of your duties unless the volunteer was grossly negligent. For added protection, Brain Injury Services' general liability policy covers you, the volunteer, for acts within the scope of your duties. If other volunteers or employees were injured or had property damage due to your actions, coverage would fall under your own individual homeowner's policy.



# What's Responsibility? (And Can I Catch It?)

**Statement on Responsibility**

**Confidentiality**

## **Statement on Responsibility**

Policies and procedures spell out letter by letter an organization's stance on different issues. What is important for you to remember is that you, no matter what your background or your volunteer job, are in the position to influence individuals with brain injuries.

At Brain Injury Services, all volunteers go through the same application procedures regardless of their relationship with the organization. A completed application, interview, background check, confidentiality contract and training are all mandatory.

Volunteers will not work with any consumers if their criminal background check reflects a felony at ANY time or a misdemeanor within ten years of the time the volunteer applies to volunteer with BIS. Extenuating circumstances can be considered for approval through the BIS Quality Assurance, Quality Improvement team, comprised of BIS administrators. If at any time, a volunteer discloses any criminal involvement that is deemed inappropriate by BIS, but the conviction does not process with our background check, it is up to the discretion of the Director of Volunteer Programs and the QA/QI team of BIS to decide whether or not that volunteer can become involved in the BIS volunteer programs.

All volunteers must follow the BIS Informed Consent Form and Code of Conduct. Failure to do so will result in the termination of the volunteer job. The purpose of these rules is not to restrict your rights, but rather to be certain that you understand what conduct is expected and necessary.

## **Confidentiality**

As you work with staff and clients, information of a confidential matter may be shared with you. This can include but not be limited to information relating to a person's health, finances, activities, job, personal or family life. You must not share this information with anyone who does not have a professional right or need to know. Such information is not to be shared with your family, friends, or acquaintances.

If you will be working with a particular client or project in which the exchange of personal, confidential information may be necessary, the client(s) will give written permission for you to do so. Even with permission, you are only allowed to exchange information about that client with the other people and organizations listed on his/her consent form.

If you believe that you have been made privy to information that is relevant to the physical or other safety of a client, staff or other person(s), it is your duty to pass that information along to a BIS staff member, preferably the client's case manager or the Volunteer Services. When it is reasonable to believe that a delay would result in serious danger to the individual or others, you should contact emergency services.

Federal and state laws govern the exchange of information. Failure to maintain confidentiality will result in a reassignment or the termination on your volunteer job.



# Emergencies Happen

**Emergency Plans and Procedures**

## **Emergency Plans and Procedures**

A copy of the Fire and Safety Manual is kept at each office. Please feel free to review the entire manual at any time.

### **ACCIDENT REPORT**

In event of an accident involving a consumer, an accident report needs to be filled out within one hour after the accident has ceased and immediately filed with the Director of Community Engagement. If the accident takes place on a weekend and it is NOT a group event where BIS staff are in attendance, contact the emergency number listed on your volunteer information sheet and then contact the Director of Volunteer Programs as soon as possible

Example – 1) Someone cuts his hand while preparing food for lunch at ADAPT. 2) While at the local library, where you meet a survivor to help her practice her reading, she has a seizure and falls.

### **INCIDENT REPORT**

An event involving consumers or staff requires that an incident report must be filled out within 1 hour after the incident ceases and immediately filed with the Director of Program Services. Contact your supervisor or the Director of Volunteers if you believe that an incident report needs to be filed.

Examples – 1) A survivor who has difficulties with anger management loses his temper and uses obscene language in a discussion with you. 2) You are threatened in any way.



# **So What Exactly Is A Brain Injury? (Otherwise Known as Brain Injury 101)**

**Frequently Asked Questions**

**Terminology and Definitions**

## Frequently Asked Questions

### WHAT EXACTLY IS A BRAIN INJURY?

Damage to the brain that results in impairments in one or more functions. The damage may be caused by external physical force (accident, fall), insufficient blood supply (stopped breathing), toxic substances (drugs, alcohol), malignancy (brain tumor), disease-producing organisms (bacteria), congenital disorders (birth defect), birth trauma (injury due to forceps) or degenerative processes.

### WHO IS APPROPRIATE TO RECEIVE SERVICES FROM BRAIN INJURY SERVICES?

An individual who has sustained a brain injury and needs coordinated services in order to achieve his/her personal goals. The person must have a documented brain injury, be at least sixteen (16) years of age, and reside in Northern Virginia, which includes Arlington, Fairfax, Fauquier, Loudoun and Prince William Counties.

### CAN PEOPLE BE CURED OF THEIR BRAIN INJURY?

If you broke your finger, the doctor would tell you, “The bone can heal but the break will always be noticeable”. While the survivor’s brain can develop new pathways for the axons and neurons to do their jobs and conduct our physical, cognitive, emotional abilities, the new pathways are never as effective or efficient as the original ones. Or, in other words, the brain can heal but the injury will always be noticeable.

### WHY HAVEN’T I HEARD AS MUCH ABOUT BRAIN INJURY AS I HAVE ABOUT OTHER DISABILITIES?

We now know that thanks to advancements in medical technology, more people are surviving accidents and traumas. This has resulted in a growing population of citizens who require more in order to function in their daily life. Some people still feel a stigma attached to saying they have disabilities resulting from an injury to their brain. Twenty years ago, the same stigma was felt about cancer.

## **WHAT IS THE DIFFERENCE BETWEEN A BRAIN INJURY AND A HEAD INJURY?**

A head injury refers to lacerations and contusions of the head, scalp and/or forehead. Until recently, an injury to the brain was referred to as a head injury. To better distinguish the two, the terms “brain injury” and “head injury” have been separated as two distinct injuries. Some people still lump the injuries together under the term “head injury”.

## **WHAT ARE THE COMMON SYMPTOMS OF PERSONS WHO HAVE SURVIVED BRAIN INJURIES?**

It is important to remember that each person who sustains a brain injury will experience a unique set of symptoms. Some symptoms may last for a few weeks while others may last for a few years. The following is a list of common physical, cognitive and emotional symptoms of persons who have survived brain injuries.

### **Cognitive Problems Involve:**

- Communication and language
- Memory, especially for learning new information
- Perception
- Attention and concentration
- Judgment, planning, and decision-making
- Ability to adjust to change (flexibility)
- Organizational skills
- Initiation (ability to get the self started)

### **Social and Behavioral Problems Involve:**

- Self-esteem
- Self-control
- Awareness of self and others
- Awareness of social rules
- Interest and social involvement
- Sexuality
- Appearance and grooming
- Family relationships
- Age-appropriate behavior

## **Neuromotor-Physical Problems Involve:**

- Vision and hearing
- Speed and coordination of movement
- Stamina and endurance
- Balance, strength and equilibrium
- Motor function
- Speech
- Eye-hand coordination
- Spatial orientation

## **WHY IS BRAIN INJURY CALLED “THE SILENT EPIDEMIC”?**

Many brain injuries result in disabilities, which cannot be seen by the naked eye. Cognitive deficits, including memory, stamina and self-initiation, as well as visual problems cause great difficulties for the survivors but are usually not immediately recognized by other people.

## Terminology and Definitions

**CASE MANAGEMENT PLAN:** document completed by the BIS case manager, individual, and other individuals of the consumer's choice which identifies a personal goal and the individual's strengths and barriers to meet that goal.

**CLOSED STATUS:** individuals are placed in closed status when BIS case management services are no longer being provided.

**CNR:** Center for Neurorehabilitation

### COMMUNITY INTEGRATION

**QUESTIONNAIRE (CIQ):** a measurement tool used by BIS case managers to evaluate an individual's level of integration in the home and community.

**CSB:** Community Services Board/ community based mental health services

**CONSUMER:** a survivor who receives services through Brain Injury Services.

**DRS:** Department of Rehabilitative Services/ see Rehabilitation Counselor.

**DS:** stands for Direct Supervision; used in documentation

**DSS:** Department of Social Services (also called Department of Human or Family Services)/ see Social Services Worker

**ECNV:** Endependence Center of Northern Virginia

**FOU:** Fairfax Opportunities Unlimited/ supported employment agency

**ICON:** supported employment agency

**IDEA:** Individuals with Disabilities Education Act

**IEP:** Individualized Education Plan/ required when a student is deemed eligible to receive school services due to disabilities

**INACTIVE STATUS:** individuals are placed in BIS inactive status when they are currently unable to participate in case management services due to temporary circumstances (i.e., medical leave, extended travel, or incarceration).

**INDIVIDUAL WITH A DISABILITY:** as defined in the Brain Injury Glossary under Americans With Disabilities Act (ADA) terms, "this term refers to any person who: 1. has a physical or mental impairment that substantially limits one or more major life activities (i.e., caring for one's self, performing manual tasks,

walking, seeing, hearing, speaking, breathing, learning and working); 2. has a record of such an impairment (has a history of, or has been misclassified as having, a mental or physical impairment that substantially limits one or more major life activities); or 3. is regarded as having such an impairment”.

**IWRP:** Individual Work Rehabilitation Plan/ DRS’ vocational plan.

**INTAKE REVIEW BOARD (IRB):** a group of representatives from BIS and the community who meet monthly to determine the priority ranking for each applicant and to review changes in case status.

**IS:** stands for Indirect Supervision; used in documentation

**JOB COACH:** works with an individual to learn how to perform a job helps develop strategies to increase effectiveness and efficiency.

**LSW:** Licensed Social Worker

**LIFE SKILLS TRAINER:** provides community and home based one on one intervention. Focuses on assisting the consumer to develop and use strategies that compensate for deficits and/or difficulties that limit their optimum levels of daily functioning. A life skills trainer may be a licensed occupational

therapist, recreation therapist or other skilled professional who performs under direction of a neuropsychologist. Areas of focus include ADLs, organization, time management, travel training and money management.

**MAX A:** stands for Maximum Assistance; used in documentation

**MIN A:** stands for Minimum Assistance; used in documentation

**MOD A:** stands for Moderate Assistance; used in documentation

**MSW:** Master of Social Work

**MENTAL HEALTH COUNSELOR:** persons experiencing brain injuries and their families undergo a major life change and often struggle with adjusting to the many changes and new problems associated with their injury. The mental health counselor can give the individual and family focused attention to their psychological needs, assisting in the process of grieving the loss of the former self, adapting to new challenges and new roles in the family and community.

**NEUROLOGIST:** a physician specializing in disorder of the nervous system. He/she may be involved in the initial evaluation of the patient’s neurological status, may diagnose the type of injury the brain has sustained and make recommendations

regarding the need for surgery or medications.

**NEUROPSYCHIATRIST:** a medical doctor specializing in the relationship between the neurological system and psychiatric/psychological disturbances. He/she may provide direct therapeutic services and may prescribe medications to aid in the treatment of agitation, depression or moodiness.

**NEUROPSYCHOLOGIST:** the neuropsychologist understands how problems with the brain and nervous system affect emotions and intelligence. The neuropsychologist performs an evaluation to diagnose emotional problems as well as intellectual problems involving memory, learning ability and arithmetic reasoning. Special therapy is provided to help the individual compensate for intellectual problems, and counseling is often made available to the individual and the family.

**NEUROSURGEON:** the neurosurgeon specialized in problems of the brain and spinal cord. Typically, the neurosurgeon coordinated medical care in the early stages following injury, makes a decision regarding the necessity for surgery and monitors recovery. The neurosurgeon provides treatment for seizures that may often accompany head injury, as well as

documentation for medical disability claims.

**OCCUPATIONAL THERAPIST:** a therapist who focuses on the physical, cognitive and perceptual disabilities that influence the patient's ability to perform functional tasks. Evaluation and treatment include focusing on the patient's ability to use his/her fingers and hands, eye-hand coordination, dressing, eating and bathing. Other functional skills that require knowledge and application of how the brain directs the body to carry out practical tasks are taught.

**PHYSIATRIST:** A physician who specializes in the field of rehabilitation. This individual typically has primary responsibilities for managing the individual's day to day care after discharge from neurosurgical care. The physiatrist often prescribes rehabilitation treatments including physical, occupational and speech therapies.

**PHYSICAL THERAPIST (PT):** focuses on restoring physical use of the body to as high a level as possible by facilitating walking, posture, balance, endurance, strength and coordination. The PT may also evaluate any special equipment needed and construct programs of exercise and movements. physiatrist often prescribes rehabilitation treatments

including physical, occupational and speech therapies.

**RECREATION THERAPIST:** evaluates the patient's leisure interests and skills, ability to initiate leisure activities, group interaction and skills in the community. Quite often, following a brain injury, past leisure activities may need to be curtailed or altered.

**REHABILITATION COUNSELOR:** the vocational rehabilitation counselor is a specially trained professional who coordinates an array of multi-disciplinary services involving medical, therapeutic and vocational services leading to employment for an individual. A rehabilitation plan, formulated and monitored by the counselor, specifies physical, cognitive or emotional supports necessary to enhance an individual's employability. These services are either provided by the counselor or contracted out to service providers. The counselor stays actively involved in counseling and follow-up on referral services with the individual and family regarding work-related and independent living needs.

**REFERRAL:** any BIS contact made on behalf of an individual seeking information or applicant status.

**SERVICE FOLLOW ALONG:** individuals are placed in this BIS status when goals

developed in the Case Management Plan have been met but the individual still requires minimal financial services to maintain his/her level of integration and independence.

**SOCIAL SERVICES WORKER:** the local Department of Social Services (also known as Human Services, Human Development, Welfare) can assist a person in providing help with applying for food stamps, Aid to Families with Dependent Children, Social Security, Medicaid or Medicare and make referrals for other community resources.

**SOCIAL WORKER:** social workers are trained to recognize an individual's financial and daily living needs, as well as to assess the individual's support system and bio-psychosocial status. The social worker is likely to be involved in advocating for services, arranging for insurance coverage and placement of the survivor after discharge from the hospital. Like rehabilitation counselors and mental health providers, the social worker may also be active in guidance, counseling and referral to community resources. Social workers may be involved in educating and communicating with family members.

**WAITING LIST:** a document which contains the priority order of all individuals who have been determined



eligible for services by the Intake  
Review Board but for whom no case  
manager is available.



# Walkin' In Another's Shoes



## **Walkin' In Another Shoes**

This exercise is to allow you to peak into the world of an individual with a disability- to see how an inconvenience becomes a point from which other things pivot around- to feel the challenge of everyday life- to hear the whispers of those around you- to taste the difference that the new ingredient brings to your day- to take time to smell the roses.

For at least twelve hours, you are to simulate having a disability while attending to your normal routine. This is not meant to disparage what an individual with a disability faces, but rather to educate you about some of the issues that he or she deals with day in and day out.

Keep a journal of your challenges and thoughts throughout the day. A worksheet to help you record your exercise follows this page if you would like to use it.

Some examples: stuffing your ears with cotton, taping two or three fingers together, blindfolding yourself, tying your legs together and using a wheelchair, taping a hand in a fist, etc.

## **WALKIN' IN ANOTHER'S SHOES**

My initial reaction to this exercise: \_\_\_\_\_

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Date/Time of exercise: \_\_\_\_\_

My simulation exercise: \_\_\_\_\_

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How it went: \_\_\_\_\_

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How I felt: \_\_\_\_\_

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Additional comments: \_\_\_\_\_

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