



BRAIN INJURY
SERVICES



A Guidebook for VOLUNTEERS

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History

In the early 1980s, caregivers of adult survivors of acquired brain injury searched for local independent housing in Fairfax County, Virginia. Unable to find appropriate available housing, the caregivers began raising money to provide housing and other supportive services.

Years of grassroots fundraising and awareness efforts produced \$18,000; a sizable amount of money but a drop in the bucket compared to what would be needed by a group of individuals with brain injuries. Realizing these individuals also needed a range of therapeutic and social services, the caregivers were surprised to find that survivors of acquired brain injury were often referred only to services for the mentally ill.

Their advocacy work paid off. In 1988, the Fairfax County Board of Supervisors commissioned a study to determine which services were available for Fairfax County residents with an acquired brain injury. The study concluded that little to nothing was.

Brain Injury Services (BIS), then called Head Injury Services Partnership, was officially founded in 1989 as a pilot program for Fairfax County. It went on to become the first community-based agency in Virginia to specialize in serving individuals with an acquired brain injury.

With the support of the Virginia General Assembly and the passage of state budget amendments, BIS has been able to increase the scope and extent of its services to cover Northern Virginia and Fredericksburg.

In 1990, the Beyer Commission Report, led by Lieutenant Governor Donald S. Beyer, Jr., recommended creating a coordinated service delivery system that featured consumer choice, state investment, and community involvement. The report's major outcome was the development of a legislative Commission that addressed people with brain injury and other related disabilities.

Since then, the unmet service needs of individuals with physical and sensory disabilities have been addressed by the Disability Commission, a legislative commission, staffed by the Virginia Board for People with Disabilities. The Commission provides a vehicle for advancing budget proposals and addressing policy issues within a vision for a service system that is coordinated, community-based, and consumer-driven. It has been through the members of the Disability Commission's support and many Virginia Legislators that BIS has been able to increase its funding for innovative services for survivors of brain injury.

In January 2001, BIS received its first accreditation by The Commission on Accreditation of Rehabilitation Facilities (CARF), for its Medical Rehabilitation Case Management Programs.

At that time, BIS was one of only three community-based brain injury programs in the nation to be certified in Medical Rehabilitation Case Management. The three-year accreditation was successfully renewed in 2016, 2019, and 2021, demonstrating our commitment to continually improve our services and meet high standards in service delivery.



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

Our Mission

To empower those impacted by brain injury.

Our Vision

We dream of a community where every person touched by a brain injury pursues their vision of a fulfilling life.

Our Values

Dream big and take small steps

Create extraordinary experiences

Focus on strengths and what can be done

Have fun, be creative, and value humor

Build strong teams

Practice blameless problem solving

Pursue knowledge, growth, and improvement

Spread our passion

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.

You are now a part of the Brain Injury Services family and we welcome you and honor your work with our clients. We believe that you will play a crucial part in the empowerment and recovery process of our clients and we are very grateful you have chosen us. WELCOME!

"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.

These forms can be found at www.braininjurysvcs.org/volunteer

- ✓ _____ Volunteer Application
- ✓ _____ Background Check Form
- ✓ _____ Volunteer Confidentiality Statement
- ✓ _____ Media Release Form
- ✓ _____ Informed Consent Form
- ✓ _____ Release and Authorization Statement
- ✓ _____ Review of this handbook
- ✓ _____ In-person or virtual one-on-one training with
Director of Volunteer Programs

OVERVIEW, POLICIES and PROCEDURES and FAQ

Overview

The Volunteer Programs of Brain Injury Services were established to develop a customized approach to the socialization needs of adult clients. The Volunteer Program has strived to create programs that fill the gaps in service that exist for survivors of brain injury.

PALS Program


The goal of the PALS program is to engage in a mutually enriching friendship between a community volunteer/peer client and a client of Brain Injury Services. The hope is to provide a steppingstone toward increased socialization skills through the act of friendship. PALS make a one-year commitment to connect in person or virtually at least once a month, preferably in the community, while maintaining regular communication and coordination of outings. After the one-year commitment has been made, the match moves to month-to-month.

Person-Centered Volunteer Program

This program offers the opportunity to build a friendship through goal-oriented activities. Case managers and the Director of Volunteer Programs (DVP) assist the client in identifying a goal that they and a volunteer can enjoy together. This activity can serve as a connector between the client and the client if socialization is difficult for the client or a particular activity or goal is preferred as an outing. Activities/goals could include, but are not limited to gardening, cooking, movie outings, or exercise. Volunteers connect in person or virtually with clients approximately twice per month, depending on the goal for a six-month time period and then go from month to month continuing with the particular goal or activity.

Eligibility

In order to be eligible for the volunteer programs, the client must be referred by a BIS staff person. Active status is preferred in order to propel the client forward in relation to other goals being achieved, however Consultative and Follow Along status are also acceptable on a case by case basis, if the client is still benefitting from the program. All decisions are at the final discretion of the DVP. Extenuating circumstances may be considered and reviewed by



QA/QI if the client is closed with BIS Case Management and would like to be reopened ONLY for referral to one of the Volunteer Programs or is closed with BIS but continues to benefit from involvement in one of the programs.

If a client has been involved in a program in the past and wishes to be re-referred, it is at the discretion of the DVP if continuation in the program is appropriate and in fulfillment of case management and program goals for the client. All programs should be considered a steppingstone toward other case management goals unless socialization is not a mainstay in the client's life outside of involvement in the programs or client is benefitting long term.

All referrals are received by the DVP and processed in a reasonable amount of time depending on the waiting list. All referral/eligibility requirements are at the sole discretion of the DVP. If it is found that criteria outside of the list provided below would place the volunteer or the client at risk, the match will be not be made or will be dissolved immediately.

Eligibility criteria for the program referrals are as follows:


- Client must have reliable transportation to see their volunteer (either drive themselves, have a ride from family or friends and/or know how to use public transportation). Volunteers are encouraged but NOT required to pick up their matches, therefore transportation options at the time of referral are necessary.
- Client with significant mental health challenges that are untreated and affecting their lives at the time of referral may not be appropriate candidates for referral. (family members with significant mental health challenges living with the client referred are also a consideration when making a safe match with a volunteer)
- Client must be seizure free for three months from the time they are referred and/or on medication if they have had seizures in the past. If the client is experiencing auras or seizures primarily at night, the team may consider evaluation from the QA/QI committee at BIS in order to assess risk and acceptance of referral.
- Client must be informed by both the case manager and the DVP of the requirements and commitment of the programs and be able to participate in a mutually enriching experience. If a lack of follow through and initiation is presented even before the match is made, the DVP may not deem the client an appropriate fit.

- Client needs to have access to funds for monthly outings if they are referred to PALS or PC program. Clients also need a system by which to effectively coordinate outings with the volunteer, either by phone, email or text.
- Client must be able to participate in community outings on their own. If an aide or ADL assistance is needed, this would be arranged at the time of the match and assurance from the family is needed that the aide would be in attendance at ALL match outings.
- Client with significant behavioral issues or those with an inability to interact appropriately in public are not appropriate referrals. (see code of conduct)
- A client can be deemed inappropriate for the program at the sole discretion of the DVP if the client exhibits NEW behaviors or there are new, unsafe family circumstances during the time of the match. At this time, the match can be dissolved immediately.

Application Process

A BIS Case Manager completes referral form for services for interested clients in the BI first system. The DVP coordinates an initial meeting (phone call, virtual/zoom or in person) with the client to assess interest, learn more about the client's interests and begin the process of finding appropriate matches or joining the Speaker's Bureau. If the client is referred but deemed not appropriate after Director of Community Engagement completes initial meeting, the client will be notified right away.

Every volunteer participates in a 45 minute, one to one training with the DVP (virtual or in person) A training packet is given to the volunteer that includes information on the cognitive, physical and emotional effects of brain injury as well as relevant information on being matched in a friendship with a survivor of brain injury. A volunteer handbook is also reviewed with FAQ on the program as well as other relevant information. On-going support is provided as needed to the volunteer by both the DVP and the case manager if the volunteer is unsure of their role within the framework of the program. The volunteer is asked to fill out the following information: PALS/PC volunteer application, media release, consent form, and criminal background check. Every Brain Injury Services volunteer is required to complete a criminal background check at no cost to the volunteer. If the check deems the volunteer to have been convicted of a felony at ANY given time, the volunteer is not eligible for involvement in the program. If the volunteer has a misdemeanor within ten years of the time



that they apply as a volunteer, they are also ineligible. Extenuating circumstances can be presented to the BIS QA/QI committee for consideration and all information would then be disclosed to potential clients being matched. Please note that involvement in the program is at the sole discretion of the client and Brain Injury Services assumes no risks associated with the choice to become involved in a match at any time.

Additionally, please note that Brain Injury Services volunteers are supported by the GOOD SAMARITAN LAWS offered by the State of Virginia with regard to liability.

*All volunteers who are applying for the program as “peer PALS matches” need to be eligible under the same criteria as a community volunteer and are subject to a criminal background check.


Selection Priority

When clients are referred for services, they are placed on a referral list. There is an ongoing, rolling applicant and volunteer list for services within the speaker's bureau, PALS program and the Person-centered volunteer program. Volunteers and clients are notified when they meet with the DVP that the duration of the wait is directly related to the logistics surrounding the particular match. Some matches can be made very quickly and others have a larger wait, depending on the needs of the particular match. If the wait extends longer than six months, the client is notified and a secondary plan is established with the case manager OR the client continues to wait for services. When the programs extend beyond the scope of capability for the job description established for the Director of Volunteer and Community Engagement, the programs cease to accept referrals until further notice and once openings become available, selection criteria then resume.

Service Delivery

PALS Program

Training is provided to the community volunteers involved in this program. A job description outlines the duties of their one-year commitment (BIS website) The volunteer is committing to one year of a minimum of once-a-month outings in the community. Those outings can include activities that the two individuals enjoy, such as movies, museums, walk, dining out, etc. Volunteers are responsible for providing information on what took place during the meetings



by email or phone to the coordinator of the program. At the end of the one-year match, the volunteer can move to month to month status with the program or the match can be dissolved.

Person-Centered Volunteer Program

Training is provided to the community volunteers involved in this program. A job description outlines the duties of their six-month commitment (BIS website) The volunteer is committing to approximately six months of a minimum of two monthly visits that focus on a particular goal determined by the client.

Volunteers are responsible for providing information on what took place during the meetings and movement toward the goal to the coordinator of the program. At the end of the six months, the volunteer can move to month to month status with the program or the match is dissolved once the goal is accomplished.

*any volunteers that serve as interns at ADAPT or provides services to the agency itself follow the same guidelines for training and code of conduct that the volunteers in the programs listed above follow.

Documentation

The DVP requires that all volunteers share information on what transpired during outings. DVP copies and pastes all documentation in the exact words of the volunteer into BI first system to track the match. All documentation on initial matches and closure of matches takes place in the BI first system.

Client Contact

Process after the six months or one-year commitment ends:

- Volunteers commit to a six-month (person-centered) or one-year (PALS) time period within the program.
- Once the volunteer's time lapses with the client for PALS and PC, the volunteer has the right to dissolve their participation. In this case, the DVP assists with the closure process by phone or email and communicates with the case manager, volunteer and family.

- If the volunteer does not express an interest in dissolving the match, the volunteer commitment extends from month to month. The hope in doing so is that a natural friendship is established between the client and volunteer and the natural boundaries of the program feel less pervasive.
- If the volunteer is participating in a nurturing and successful long-term match with the client and it is expressed that time commitments need to change, we can address those changes on a case by case basis. Many times, continuation with the same volunteer, but at a different commitment level outside the requirements of the program could be more beneficial than dissolving entirely or re-matching.

All changes would be reflected in BI first system.


Closure Criteria

Based on our commitment to providing the highest quality service to children and youth, and to adhering to the National Standards, BIS 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.

- Grounds 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 and document 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 DVP will inform the acting case manager of the client 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. Dismissal of a Volunteer will take place after consultation between the case manager and the Executive Director.

Service Fees

Not applicable for Volunteer Programs

Procedure for Client Expenditures

Not applicable for Volunteer Programs

Frequently Asked Questions

How are clients screened for the PALS and PC program?

PALS and PC are primarily community-based programs. Therefore, not all clients are appropriate. We cannot accept clients with significant mental health, behavioral, substance abuse or alcohol-related challenges at the time they would be matched. Clients need to be able to maintain a mutually enriching friendship with a volunteer and have some form of transportation for outings in the community. All clients must have an active interest in following through with the volunteer and participating in their own empowerment through the act of friendship or goal-oriented activities. Volunteers and clients are expected to follow through on outings and communicate to the Director of Volunteer Programs when this is not happening.

What are the primary requirements of the program?

Volunteers and clients make a commitment of at least one year to see one another one-on-one, at least once a month, (2 times a month on average for PC program) and to communicate as needed/desired via phone, text, virtual platforms, etc. Once the commitment of your program is met, the commitment changes to month to month in order to accommodate changes in the client's goals, etc. The hope is that the friendship will extend beyond these programs and will become a lasting, true friendship like any other. In that case, there may be some months when you see your match and not at all other months.

How long will a volunteer have to wait until he/she is matched?

We maintain a "rolling" list of eligible applicants for both programs in various zip code areas. When a volunteer is trained and ready to go, the Director of Volunteer Programs matches based on the factors of shared interests, distance, age, etc. Therefore, a volunteer could be matched within a week or may have to wait a few months. Regardless, the DVP is in contact with the volunteer to let them know of current referral pool and if there are no matches available, they can search together for other volunteer opportunities within BIS or within NOVA. 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 keep us motivated to work with a client?

All volunteers are given the Director of Volunteer's contact information as well as the case manager who works with their particular match. They are encouraged to communicate the progress regularly and if there are any issues, the DVP's role is to support the volunteer through that. Additionally, Brain Injury Services is passionate about appreciating our volunteers. We do that with social media engagement on volunteer stories, photo's etc. From 2002-2019, BIS hosted an annual volunteer recognition banquet to honor all volunteers who participate in the programs. Due to the pandemic and changes in the availability and affordability of these type of events, BIS will be re-defining in years to come the ways in which volunteers are honored and appreciated. Volunteers are also added to the monthly mailing list so they can stay abreast of all other events and activities that BIS offers.

Do volunteers fill out paperwork after they are matched?


All volunteers are appreciated for their work in the community without having to spend hours on paperwork. Therefore, the only information that is expected is a short template (emailed to the volunteer when they start by the DVP) that outlines what took place in the outing, observations and plans for the future. This information is copied and pasted into the client's case notes so the team can utilize this information for future goal planning.

Who pays for one to one activities and group outings?

PALS and 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. For special situations where a client may have a special hobby or wish for a certain activity but financial limitations, the volunteers are encouraged to speak with the DVP about this. There is a BIS "wish fund" that a volunteer donor provides every year to utilize for client "extra's." Examples include but are not limited to art supplies for a client and volunteer to enjoy together, tickets to a professional basketball game, tickets to an opera.

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 wait a few months before offering to drive the client and some



choose to meet somewhere for the duration of their match. Volunteers sign a waiver stating that driving their PAL is at their own discretion and does not offer mileage reimbursement.


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 PALS program requirements.

What is the dismissal policy for PALS?

If a volunteer or client fails to adhere to the policies outlined in the consent form or are no longer interested in participating in PALS, they are encouraged to speak to the Director of Volunteer Programs who will work with them to dissolve the match. This typically involves letting the client know, sending an email or letter and closing out the status of the client in the case management system to "closed."

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



Guidelines and General Information



Guidelines

VOLUNTEER DO'S

- DO** remember that you are a valued part of the Brain Injury Services family!
- DO** remember that your actions represent the organization.
- DO** become familiar with BIS's policies and procedures.
- DO** respect client confidentiality.
- DO** familiarize yourself with your assigned duties.
- 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.
- DO** understand that while there is integrity to the programs, there is also a GREAT deal of flexibility needed in the empowerment of our survivors in their journey to recovery.

General Information

If you ever have a question concerning your participation as a volunteer at Brain Injury Services, do not hesitate to call or email the Director of Volunteer Programs. You are a valued part of the organization and we appreciate the investment you have made to help make it so successful. We cherish our relationship with volunteers at BIS and appreciate their role in the empowerment of our clients. 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. The current estimated national value of each volunteer hour is \$28.54.

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 incentives 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?

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, virtual or in person training and background check are all mandatory.

Volunteers are unable to 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 at 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, as these are community-based programs.



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 the event of an accident involving a consumer, an accident report needs to be filled out ideally within one hour and filed with the Director of Volunteer Programs. 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) Your PAL cuts his hand while working on a craft on an outing. 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 and immediately filed with the Director of Program Services. Contact 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.

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 specializes in problems of the brain and spinal cord. Typically, the neurosurgeon coordinates 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.