

Working With Disabilities

Part I

Bret: Hi and welcome to NVTI's podcast on Dealing with Disabilities. I'm Bret Anderson and I'm here with Jan Trunce and we are talking about the types of disabilities that individuals are seeing as a result of OIF and OEF and we want you to hear the conversation. So, Jan we are covering this section because we know we needed to update a lot of this piece for Case Management. So can you give us why we needed to cover this section? Why you added this to the course?

Jan: I think it is important, Bret, that the DVOPs & LVERs understand what is going on with individuals who are returning from OIF and OEF and that they are coming back with more and more significant injuries than we have seen any other wars in the past. The numbers are really kind of staggering when you think about how many people that have sustained injuries and there's a lot of reasons for that.

Bret: OK, what are the results of this increase survival rate? I know that in the course you talk about Vietnam, you talk about World War II. Why are we seeing more people?

Jan: Well, the real reason is for improved body armor, technology that is being used in the field and increased training for the medics that are working with people and also the things that are at their disposal in terms of helping people in the field. For example right now there is a plastic piece that they can utilize to replace an artery that will last for up to 72 hours, which I think is pretty phenomenal. That coupled with the fact that a lot of the people are getting back to hospitals much faster than they ever did in the past.

Bret: Well, with a lot of the media hype that is going on with this particular conflict or war, what is it that, you know, a lot of these members are surviving but they are surviving with pretty serious injuries, so how are people coping? Is it different this time around than it was in World War II or Vietnam or any other conflicts? What do your statistics and notes say about that?

Jan: Well, if we look at other conflicts for example, World War I when an individual was killed we have 1.6 that was injured and in Vietnam the number was 2.6 and for this war the number is 16, so that says we are seeing so many more people and usually Kevlar Armor protects the body, the trunk, but the limbs are pretty well left exposed and the head unfortunately. So what types of injuries we are seeing now are probably more than any individual would have been able to not survive that in the past.

Bret: So, we are seeing arms, legs, things like that that are bigger issues. Ok, so how are people coping with this? Is it different? When I see the media and also when I see the

individuals that are displayed in some of the videos that we use in the course they seem fine with this.

Jan: Well, one of the things we have to look at is that when an individual has an injury it is very similar to the process that people go through for, say death and dying. They actually are mourning the loss of the person they used to be. So now they have to be able to accept this new person and they go through a process and everyone does, some for a longer period of time than others, but it starts out usually with denial and isolation, in other words this didn't happen to me, this is going to go away, I'm not really that bad off. So they kind of isolate themselves, so they don't have to be faced with it. The next thing that you see is that they are starting to see that this is their world and therefore they fall pretty quickly into anger, "Why me?" "Why did this happen to me?" and there really isn't an answer for that and so trying to struggle with that piece, they fall into depression and depression is probably where we see an awful lot of people who maybe coming into job service or who maybe at a place where they don't know what to do next, either that or they are holed up in there home. So what we really want to do is make sure that in the field when you see these folks, if you can recognize what is going on with them; that you can see that what they really need is they need to learn to accept what is going on. As soon as they learn to accept, then they learn to gain hope. And some of the things that happen for them to be able to gain hope is for them to see other people who have similar kinds of injuries who've gone through to the other side kind of speak and can really start to see their life as being the way, maybe different than it was, but definitely being happy and productive and hope that they do have a future.

Bret: Yes, that brings up the idea that I see a lot and that's the technological adaptation that have been made because of the loss of limbs. It seems like people are much easier in terms of their transition through this cycle, because of the sophistication of technology. Is that true?

Jan: For people who have lost limbs, absolutely. Technology has been phenomenal in terms of what has happened; even recently. A lot of times we will look at individuals who will have multiple prosthesis for legs, for example, they have what they call a sea leg, which is a computerized leg that can detect changes in the surface that they are walking on. We have running legs, we have cosmetic legs, so there are several that can help them really get through things that they thought might be more difficult, than they would have been in the past, so it's really enlightening, I guess is the right word to say, that we can see that they can really produce a lot of different technology to help them really get along as best as they can.

Bret: So does technology give false hope?

Jan: Hmm! I don't think so I think that; first of all we have to back up to that whole acceptance piece and individuals have to accept what is realistic and what is not. We have people who with missing limbs, for example, who have gone back to active duty, which would never have been heard of in the past. People who are going out and expecting to do their same job or their same activities exactly the way they did in the past, they have to again learn that there is adaptation, there are changes that are going to come in their life. If they can accept that then I think they can feel pretty good about what they can achieve.

Bret: Alright, sort of the last thing in this segment we have the Wounded Warrior Program does that allow the individuals to have more camaraderie because their working with folks that are dealing with some of the things, is that when they leave that type of environment are they more likely to fall into these symptoms that you recognized or they less likely?

Jan: You are right on the first one, more likely. Many of them when they are in a hospital setting, when several people are around them who have the same disability or worse as they have often said to us is that there is always somebody worse off than you. They're fine when they leave and go home back to their small town and there is no one there who is missing limbs or has any kind of injury similar to theirs and everybody starts staring they will fall probably back to depression.

Bret: Alright, so depression seems to be sort of the anchor for this group.

Jan: It seems to be, yes.

Bret: Ok, that is similar to what we have seen in the past with others. Alright, so with that in mind let's talk a little about attitudes. I know that we talk about attitudes when we're referencing this in the course, it is something we have delved into a lot, so how do we maximize or, let me put it this way, what is our responsibility as to for the placement specialist that comes to this whole attitude area?

Jan: They obviously need to observe and see where the individual is or the potential employee is as far as their attitude and to check their own attitude. I think that, I think probably when we talk about attitude we tend to put people in boxes and think of the things they can't do rather than what they can do. And it is important to have a conversation with the individual to see what they feel they are capable of or what they would like to do and then to explore those options, because there are accommodations that are available for most disabilities.

Bret: Now we are going to talk about some of the attitudinal factors that affect how we place individuals into meaningful and gainful employment. What is the responsibility of the Placement Specialist when dealing with someone who is coming back from OIF or OEF?

Jan: I think they first need to recognize the attitude for the veteran and then look at what their own attitude is. Examine where you are in terms of how you are feelings are about attitudes and make sure that you are not putting people into a box that you are actually opening the door for possibilities. And I think it really comes from our own background how you were raised, what your experience in working with people with disabilities, or what's your exposure, have you had friends or family members or what did you watch on the media when you were growing up, have you had that exposure. Because I think those 3 things Experience, Exposure, and Education really are what make it help.

Bret: Well, I noticed that when I'm in the class room and we've delivered this section many of the DVOPs and LVERs are trying to sort of impose what their experiences were on to these other individuals. Is that something that is common that you see?

Jan: Yes.

Bret: How do we avoid that? What are some things we can do?

Jan: I think that really talking to people putting yourself in a place where you can be exposed to people who have had difficulty or disabilities that they have had to work around in order to go to work. Your fellow workers have disabilities; you yourself probably have a disability that you have to deal with. So think about how you want to be treated and think about how you would really like to, that would be fair to other people and that is they want to be treated like everybody else. They want to be able to have the same opportunities that everyone else does. This will take some creativity on your part and being able to keep an open mind about what people can and can't do.

Bret: Certainly, a level of self awareness too...

Jan: Absolutely.

Bret: So if I'm going to go off and do job placement one of the bigger portions of this obviously is working with the employers. Is there a way that I need to do that that is different or how do I approach dealing with employers?

Jan: Well, I think that when we talk to people who are doing a lot of placement and talking to employers that what you recognize is the public at large is very accepting to our soldiers these days, which is very nice that they are able to separate the soldier from the war. And that's true of employers as well, however we know that employers are much more open to accepting people with visible disabilities, partly because it makes them look like they are very supportive and engaged, so they definitely want to make sure that person has the qualifications to do the job which is true on any person, but if they have a disability and it's visible and they can do the job employers see that as a win win for them.

Bret: So it seems it could be easy to get someone with a visible disability into an employment opportunity.

Jan: Certainly missing limbs, that one should be fairly easy and we are hearing that from several people that it has been.

Bret: We talked about technology in the last segment. Is that allowing for easier accommodation?

Jan: Oh! Absolutely! I mean we look at what computerized technology has done in the work place and that allows people to have a lot more options available to them than they never did in the past. Plus possible working at home from a computer and voice recognition all the things that really help people who need that kind of accommodation.

Bret: If I am a Placement Specialist, do I enter seed or do I go in front of the person who has a disability or do I allow them to explain it and work with the employer?

Jan: Bret, that is definitely the choice of the person with the disability, they always have the driver's seat, so to speak here. I think you just want to explain to them that when they go into to see an employer if their disability is obvious and the employer is not aware of it and they'll spend a lot of time focusing on that issue rather than on the skills and abilities that you've brought to the table. They can make that choice, but it is probably better if they have some heads up before hand.

Bret: I'm sure they are concerned about liability issues the first time they see someone who doesn't have a limb. But with the technology, seems like the liability issues would be shorter. Is that still the case?

Jan: I think liability is really always a fear of an employer, but it shouldn't be an issue at this point, because if those disabilities are because of an injury they sustained in conflict they would usually be covered by the VA for those kinds of things anyway. So, it's just knowing the facts that I think employers need to hear to feel comfortable with hiring people on who have disabilities.

Bret: It sounds like they can still benefit the bottom line and that's what employers want the most.

Jan: Exactly. They'll do a lot to look good but bottom line they want to make money.

Bret: They want to make money great. OK, so we are going to move on to the next segment. That gets more into the non visible disability or the non obvious disability. So I know that the complications related to this are pretty broad, so can you give us a sort of a broad stroke as to some of the examples that you provide in terms of the non obvious disability?

Jan: Sure. You know if we look at the non obvious, are the most common the two that we think of most are Post Traumatic Stress or other stress related types of mental health issues and/ or traumatic brain injury. We see a lot of people with traumatic brain injury who are coming out of this conflict primarily because of the IEDs improvised explosive devices. Which sophisticated explosives are imploding, these are exploding and when they go off they create winds from 800 to 2000 mph. And that means anybody who's within quite a distance can be affected by this, primarily any part of your body that is in fluid or in water is going to bounce around, including your brain. When someone gets traumatic brain injury it depends on what part of the brain was injured or what part of the brain sustained concussion in order for that person to really recognized what the problems that they will be facing. There are some common things for example, fatigue is very big for people with traumatic brain injury, short term memory loss is also common. We also see people have headaches that are pretty common, beyond that it could be just about anything. Your brain controls most parts of your thought process and your body functions, so there is not one thing we can say. There are a lot. So you have to really get to know that person and what's going on with them and be able to learn what could be accommodations for them to help the work in the work place.

Bret: You know we have an example on the web site of how our brain looks and the kind of concussion thing that you described from the wind. There is also literature out there that talks a lot about the types of things people are experiencing who have traumatic brain injury, so I am going to focus in on that one for just a moment. In relationship to these individuals, the literature says that they will present like their normal, like an IQ of over 100 and everything else, but subtle things will begin to show. Can you describe some of the subtleties that begin to manifest from a person who has a TBI and some examples that you may have experienced.

Jan: I think most people who have TBI recover from this within three months.

Bret: OK.

Jan: About 80%. The rest of them it can go on for a life time. And some of the things that happen is they don't recognize they have Traumatic Brain Injury, but little things start happening to them, like they don't say the proper things in social settings. They say things that people are like, "We weren't talking about that" or "what are you saying", and they start to feel like they aren't very bright like people are treating them like they are stupid. They are aware that something is wrong; they just don't know what it is. You might see somebody who is coming in to see you for example has had a series of short term jobs or their relationships are starting to fall apart, their wives or husbands, their

friends are starting to pull away from them, they are feeling very isolated and really starting to feel somewhat and there's that word depressed again, because they don't feel like they belong. They'll come to you and I think that what's important is that you recognize that some of these things are happening as we speak. Take them down, write them down and you know as we suggested in the case note process. Make sure you document in an observable fashion. What you hear, what you see, that you can present this to an individual who can make a diagnosis, who can give them some areas to go for help.

Bret: OK. One of the examples in the literature it validates a lot of what you are saying. There was a woman who had a traumatic brain injury. She was working in a pretty complex job and the amount of effort and energy it took for her to continue to do this series of steps that she needed to do were starting to become insurmountable and she felt very frustrated. Like you said she sort of felt like she was no longer as smart as she was. So she did anchor in the depression area. Is it appropriate then for us as Placement Specialists if we notice that and observe that to then talk to the person and then ask them, sort of validate with them that it is happening. Could you mention that they may not even be aware of this is what is going on.

Jan: Absolutely. I think a lot of people would be glad to know that they are not just experiencing things and somebody else is going to help work toward solving what their problems is. Traumatic Brain Injury can be seen as in a diagnosis you can see most of them on a MRI or a CAT scan that a part of the brain has been injured, so it is a real disability that people will have and their memory tests they can take and it would be really helpful for them to know what those are. Easy adaptations, write things down, memory joggers, things that you could possibly have people carry around with them, note cards, or electronic devices that can help remind them.

Bret: The example is that she had a PDA that assisted her and she had to make sure she wrote it down at the moment, because if she didn't she wouldn't remember to go back to it. Ultimately she ended up not being, not going back to that job. She ended up moving into a different kind of job. Is that something that is common?

Jan: Yes, very much so. I think it is important that you recognize that a lot of people need to start out slow.

Bret: OK

Jan: Just for the fatigue factor and also start getting their memory back into, as good as it can get.

Bret: Yea, because they said they had to find many ways to adapt to the changes that were happening. So it is OK if an individual is made aware that they may not be able to go back to where they were. It's ok to tell them that.

Jan: I think they already know that.

Bret: They do?

Jan: I think it is something that they know or they suspect and it is hard for them, but if someone else works with them to say however, back to that hope issue, there are many things you can do and some ways we can help you do that.

Bret: OK, get them to accept it out of depression.

Jan: Right

Bret: OK, well in our next section we are going to talk about a lot of the things that are related to the non obvious disability. Also how we as Placement Specialists can work on some alternative work strategies. In the meantime what I want to do is I want to make sure that individuals know they can go to the web site and download a lot of information that we have covered, such as Americans with Disabilities Act, The Job Accommodation Network, and to make sure they look at the brain slide . I think that is really helpful for them to get more information. In our next podcast we are going to talk about alternative work strategies. Thanks Jan.

Jan: Thanks Bret

Bret: And that concludes part 1 of the podcast. We want to remind you to go to the NVTI website and click on the podcast link to get the information that we mentioned during part 1, which related to the Americans with Disabilities Act, Heroes at Work, The Job Accommodation Network, and how the brain is affected when dealing with Traumatic Brain Injury. For Part II we are going to get into alternative work strategies and how you as a Placement Specialist can help an individual find important and meaningful work, while they are still dealing with their traumatic brain injury or other issues. Thanks Jan

Jan: Thank you Bret.