

Overcoming Barriers To Returning To Work

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Introduction

- A successful return to work (RTW) – often a personal goal
- The next logical step in the recovery
- Perceived as getting “back to normal”
- Financial pressure – mortgage, dependants
- Influenced by barriers and facilitators
- Aim to explore these through a vocational assessment and collaboratively set vocational goals and make appropriate referrals

Physical Impact of the injury

- Mild residual weakness
- Reduced co-ordination
- Mild imbalance
- Ataxia
- Reduced grip strengths
- Intention tremor
- Reduced standing tolerance

Impact greater on physical/manual skills based work

Physical continued.....

- Fatigue: common and enduring – need for recognition, rest, phased return to work, part-time basis, avoid shift work – sleep/wake cycle, training/new learning at peak, pacing –alternating demanding and less demanding tasks.
- Seizures: significant barrier if not controlled
- Visual: double vision/blurred vision, prisms. Problems with scanning, tracking – affects computer work. Lighting is important.

Speech Communication

- Expressive and/or receptive dysphasia – often linked with higher level cognitive linguistic deficits affecting ability to read/write.
- Good one to one communication – but often have difficulty in groups – social groups/team meetings
- Frequently complain of feeling overwhelmed
- Not so sharp, so quick-witted – affects sense of self, loss of confidence, withdrawal

Cognition

- Attention, concentration, memory: almost always affected after brain injury. Rehabilitation process works on developing strategies – quiet environment, minimal visual and auditory distractions. Use of diary, mobile phone, wall planner, post-its, calendar
- Resistance
- The person with insight who uses strategies can function well

Information Processing

- Frequently slowed after brain injury – the person needs time to assimilate and process information
- Need to work at a slower pace, not suited to working under pressure or to deadlines
- Sometimes need a quiet environment, difficulty with open plan
- Busy head syndrome – inability to tune out extraneous sound. Affects concentration, difficulty with training courses, affects sleep, increases fatigue

Frontal Deficits

- Executive Functions: planning, organising, problem-solving, goal-setting, self-monitoring, initiation, motivation, drive, social judgement – need for structure and support, cues, prompts, monitoring.
- Personality change: irritability, mood swings, reduced tolerance for frustration, aggression, disinhibition – neurobehavioural clinics, sometimes treated with medication.
- Slowed maturing, regression, childlike – can be vulnerable in the workplace.

Insight/Awareness

- Lack of or reduced insight often a significant barrier in the treatment process.
- If the person is not aware of their deficits they cannot benefit fully from interventions, usually slow to engage, often focus on physical goals only, resist strategies, poor carryover
- Good level of insight is usually a positive predictor for progress.
- Anticipatory insight.

Facilitators for RTW

- Job to return to – albeit on a part-time basis, phased return, familiar environment, good work record, accommodations, support from colleagues.
- Light duties – training on the job in lighter role
- Niche employment – family business – structure, support, monitoring.
- FAS services – workplace adaptation grant, employment support scheme, job coach.
- Support for employer – information around ABI
- Pre-vocational training

Barriers outside control

- Demands, expectations, complexities of the job – the focus on productivity and adaptability.
- Current economic downturn – fewer opportunities for persons with a disability
- Social Welfare/Benefit trap – fear of RTW, losing benefits, job not working out and difficulty reinstating benefits. Difficulty seeking, securing and sustaining
- Increased demand for training courses
- Need for some type of supported occupation for people with ABI

Some Research Findings

- Factors most consistently associated with employment outcome: pre-injury occupational status, functional status at discharge, global cognitive functioning, executive functioning, involvement in vocational rehabilitation services and emotional status. Ownsworth & McKenna 2004
- Reviews of the literature: Wehan, West et al (1993) and Yasuda et al (2001) – rate of unemployment after TBI greater than 60%
- Malec suggests case co-ordination, early involvement in vocational planning, appropriate medical and rehabilitation interventions, work trials, temporary or long-term supported employment, employer education and support, long-term availability of follow-up.