



► **Work Talk**

Effective workplace communication
with employees with
acquired brain injury

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Acknowledgement

This resource was produced by Wodonga TAFE in association with Aware Industries with funding from the Australian Government Department of Families, Community Services and Indigenous Affairs.

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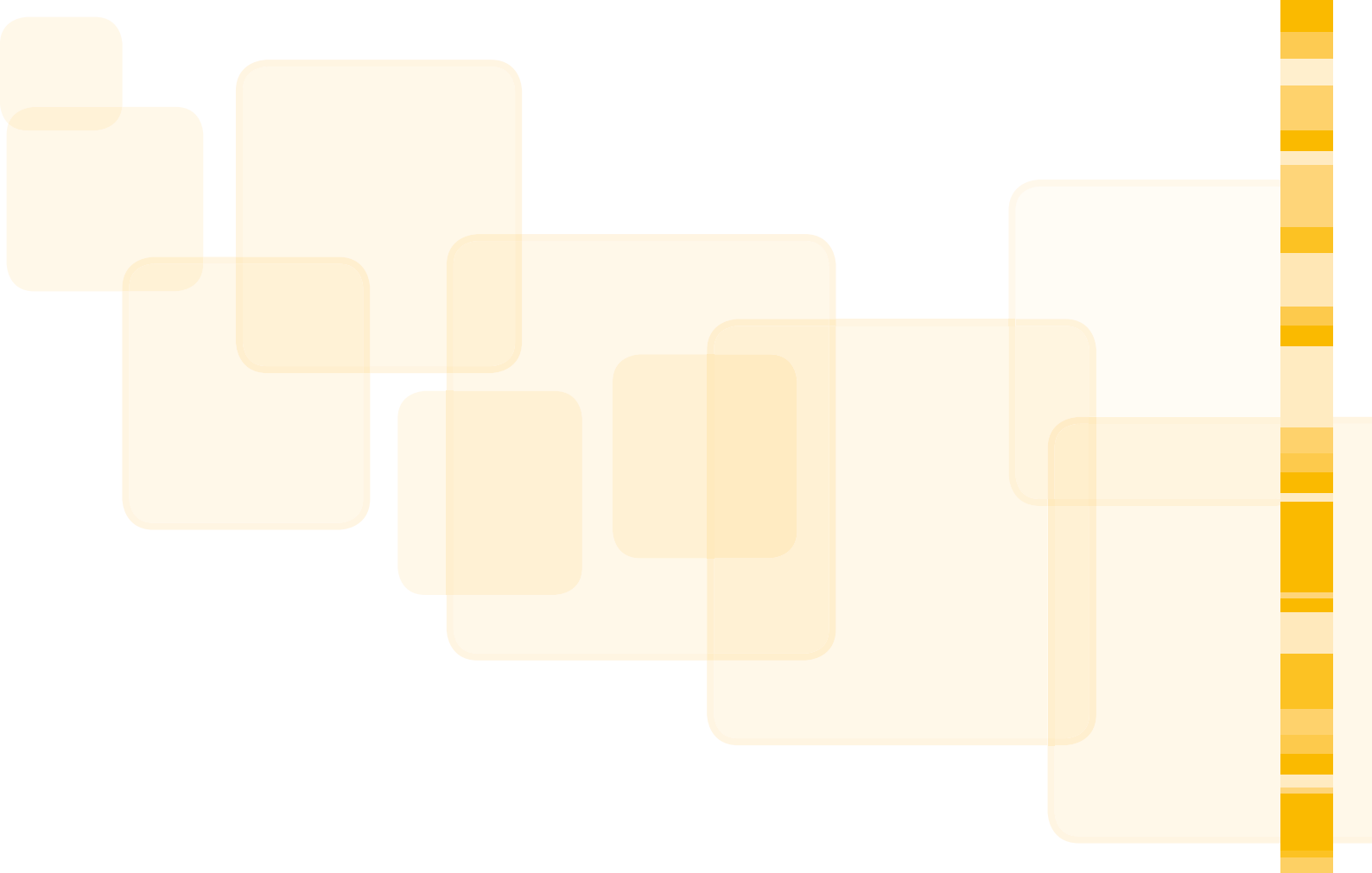
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Introduction



Welcome to *Work Talk*.

The team who put the manual together and the Department of Families, Community Services and Indigenous Affairs who funded its production hope you find it useful in your work supporting employees with disabilities.

Aim of this manual

The aim of the manual is to bring together information about and strategies for effective workplace communication in Disability Employment Services. It focuses on the communication between the employee with a disability (we've called them 'supported employees' here, but your service may use a different term) and staff who work with them directly (again, we've used the term 'support staff' but your service may use terms like 'supervisor', 'team leader' or 'job coach'). If you have a different role, you may find the examples and case studies less familiar or directly relevant but we hope you will still be able to make use of the strategies we suggest for your workplace communication with supported employees, specifically those with acquired brain injury.

Work Talk introduces a fictional business service, *Merrinvale Enterprises*.

Throughout the manual you will meet a number of people connected with Merrinvale, including some of its supported employees and support staff (who Merrinvale calls 'supervisors'). Merrinvale provides the 'stage' for case studies and scenarios that illustrate the communication situations support staff may encounter in their everyday work with people with acquired brain injury.

Merrinvale Enterprises is used as the organisation for the case studies presented throughout the workbook. The implementation guide includes information and background about Merrinvale and its staff.

Relationship to the Disability Services Standards

Using *Work Talk* may assist services in addressing some of the requirements of a number of Standards. For example, it may be useful in demonstrating steps taken to provide appropriate and relevant training for staff.

Structure

This manual has four sections:

- ▶ this introduction
- ▶ an implementation guide
- ▶ an introduction to acquired brain injury
- ▶ the series of 10 communication and learning topics that make up the bulk of the manual.

The learning topics are based around communication situations you are likely to encounter in the workplace.

On each of the learning topic pages you will find four sections:

- ▶ some background information or theory about effective workplace communication strategies
- ▶ a case study or example. The case studies and examples are set in a fictional business service called *Merrinvale Enterprises* and describe some of the interactions that members of the support staff have with supported employees and/or their reflections on those interactions
- ▶ strategies for achieving effective communication and learning in the situation described
- ▶ a page for you to add your own notes or thoughts.

Using the manual

You may be asked to use this manual in a number of ways:

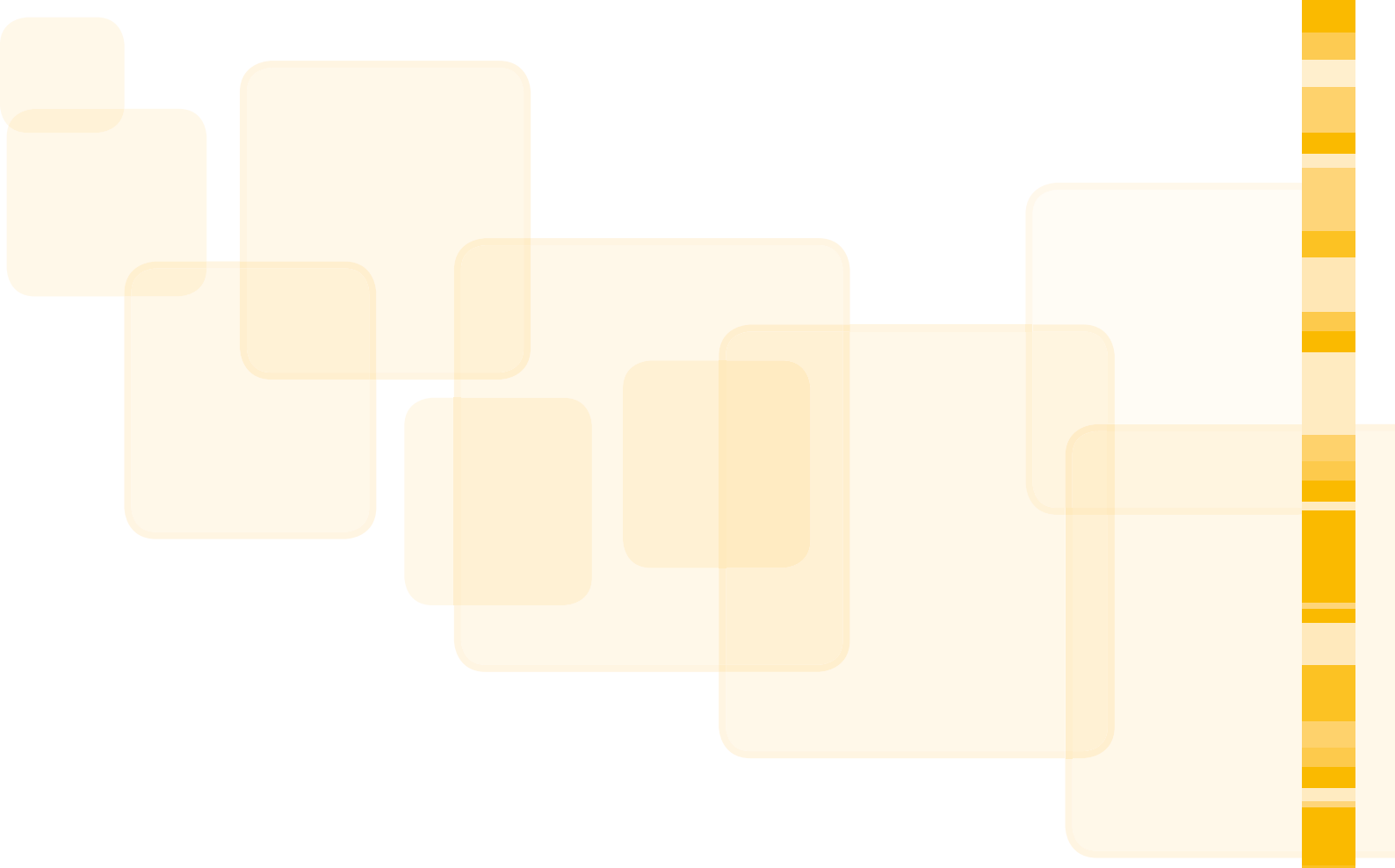
- ▶ as a self-paced learning resource that you work through on your own
- ▶ as a basis for discussion and learning about a particular topic or topics at a staff meeting or in a short training session
- ▶ to help you develop your strategies in particular situations or with particular supported employees
- ▶ as the basis for a training session for other support staff.

Further information

In the preparation of this resource the development team has researched widely and identified some valuable and comprehensive material produced by a number of organisations. This includes in particular the fact sheets on brain injury developed by the Brain Injury Association of Queensland Inc and similar material developed by other state associations which has informed a number of the strategies identified in the resource.



Implementation guide



This section is designed to assist people delivering or co-ordinating staff training to use *Work Talk* most effectively, either in group training sessions or as an aid to individual, self-paced learning by individual staff members.

Purpose and focus

The main aim of *Work Talk* is to bring together information about, and strategies for, effective workplace communication between support staff and supported employees in Disability Employment Services. Effective communication is critical in any workplace, particularly between people who have supervisory or supporting roles and the people they are supporting or directing.

The focus is on communication – the skills, what makes communication effective, how to know when to use particular strategies, and practising those strategies.

Work Talk is designed to be used in a number of ways:

- ▶ **As a self-paced, independent learning resource.**

You may want staff to work through the workbook on their own, and at their own pace. If you are encouraging people to do this, suggest to them that they use the notes section at the end of each topic to record either additional strategies that they use or as a reminder of work situations or interactions with particular people where they are going to use one of the suggested strategies.

- ▶ **As a resource for assisting to resolve a particular communication difficulty.**

Because *Work Talk* is organised around a range of typical workplace communication situations, it can be a useful tool for tackling communication difficulties. For example, if there is a problem getting the message about safety across to a supported employee, the strategies suggested in *Talking about safety* might be helpful.

- ▶ **As a discussion starter at a staff meeting.**

Communication issues can often be at the bottom of other workplace problems. A section of *Work Talk* – perhaps just one of the case studies or a set of strategies – can provide a ‘neutral’ way of beginning a discussion rather than launching straight into the actual workplace problem.

- ▶ **As the basis for short training sessions.**

The topics in *Work Talk* are deliberately brief. They can be covered in 30 to 45 minute training sessions. Hints and tips for structuring a training session using a *Work Talk* topic follow.

- ▶ **As part of the resources used to run a longer/more comprehensive training program incorporating communication skills development.**

Case studies, diary extracts, strategies or whole topics from *Work Talk* can be used as resources for communication skills development in other training programs.

In addition to the printed copy of the workbook, your service will have received an accompanying CD which contains a set of .pdf files. They are:

- ▶ a file that contains the text of the whole workbook
- ▶ a series of ten files that cover each of the *Work Talk* topics
- ▶ a file that contains this implementation guide.

This gives you the opportunity to print multiple copies of all or parts of the workbook for use by staff. We suggest that if you are planning to use the entire workbook over a period of time you provide each staff member with a folder and add to the materials as you are preparing to use them.

Hints for running facilitated sessions

Here are a few hints for conducting a discussion or a training session using *Work Talk*.

Remember that *Work Talk* is not formal, accredited training – it's a learning tool and a practical guide to effective communication between support staff and supported employees with acquired brain injury. It is unlikely that you'll be running formal training. In fact it is a good idea to keep the atmosphere informal.

Your role

We've described you as a 'facilitator' quite deliberately. You are helping (assisting, facilitating) people to broaden the range of communication strategies they have at their disposal. This involves giving them access to information (from the materials in the workbook and from other sources), assisting them to share their knowledge and experience with others, encouraging them to be open to ideas and suggestions and strategies from others in the group, and developing their awareness of their own skills and learning needs.

It isn't as hard as it sounds, but there are things to remember about what NOT to do as a facilitator. Try not to:

- ▶ **Dominate.** You will have information, knowledge and experience to share, but your primary role is to draw the information and knowledge from other people and relate it to the topic in hand. If you talk for more than 10 minutes in a 30 minute session you've probably said too much.
- ▶ **Play favourites.** You will probably find some people's ideas or views are closer to your own than others are. Make sure that all opinions get a fair hearing. Remember you and others with knowledge can only help people who have a limited understanding of the topic to understand more, if you know what they are thinking and know already.
- ▶ **Get side tracked into talking about particular people, workplace issues or problems.** Remember in all sessions that you are using *Work Talk*, the emphasis is on communication skills.

Preparation

- ▶ Make sure you have enough copies of the section or sections of *Work Talk* that you are using. If you are expecting people to bring their own copy of the workbook, have a few spares – that way there are no problems for the people who forget or have lost their copy or claim they never received one.
- ▶ Be clear about what it is about effective communication that you are trying to achieve – information, improved awareness, behaviour change, a resolution to a problem. This lets you evaluate how successful the session has been and will help you to manage the expectations of other people.
- ▶ Ensure you are thoroughly familiar with the content of the topic or topics you are covering. Read everything through – preferably more than once. Look at the case studies and diary sections in particular. Think about the messages they contain about effective (or ineffective) communication and how you will help people understand those messages.
- ▶ Think about how you want to approach the session. Do you want to ask the questions and people to provide answers through you? Do you want to let discussion range freely with your role being to bring people back on track if the discussion gets too far away from the topic? In many cases a session will be a combination of the two. When you are thinking about your approach, think about:
 - › the purpose of the session (information, problem solving, etc)
 - › the people in the session (are there people who may dominate a free flowing discussion? Are there people who have a lot of information to share but will need to be encouraged to do so?)
 - › how much time is available (short sessions often benefit from a more formal structure).
- ▶ Have a time plan worked out. For example, in a 30 minute session you may spend five minutes introducing the topic, ten minutes talking about the case study, another ten minutes looking at the strategies and five minutes drawing the threads together and rounding off the session.

Using the materials

Aside from the introduction, each topic follows a standard format.

Presentation

Each topic is presented over four pages. The first page is a heading and ‘preview’ of the topic. The second and third pages contain the background information, case studies, diary notes and strategies. The fourth page is a notes page.

Background

This is theoretical or background information relevant to the topic. For example, in the topic *Talking about talking and listening*, the background information is about effective communication and barriers.

You could use this material by:

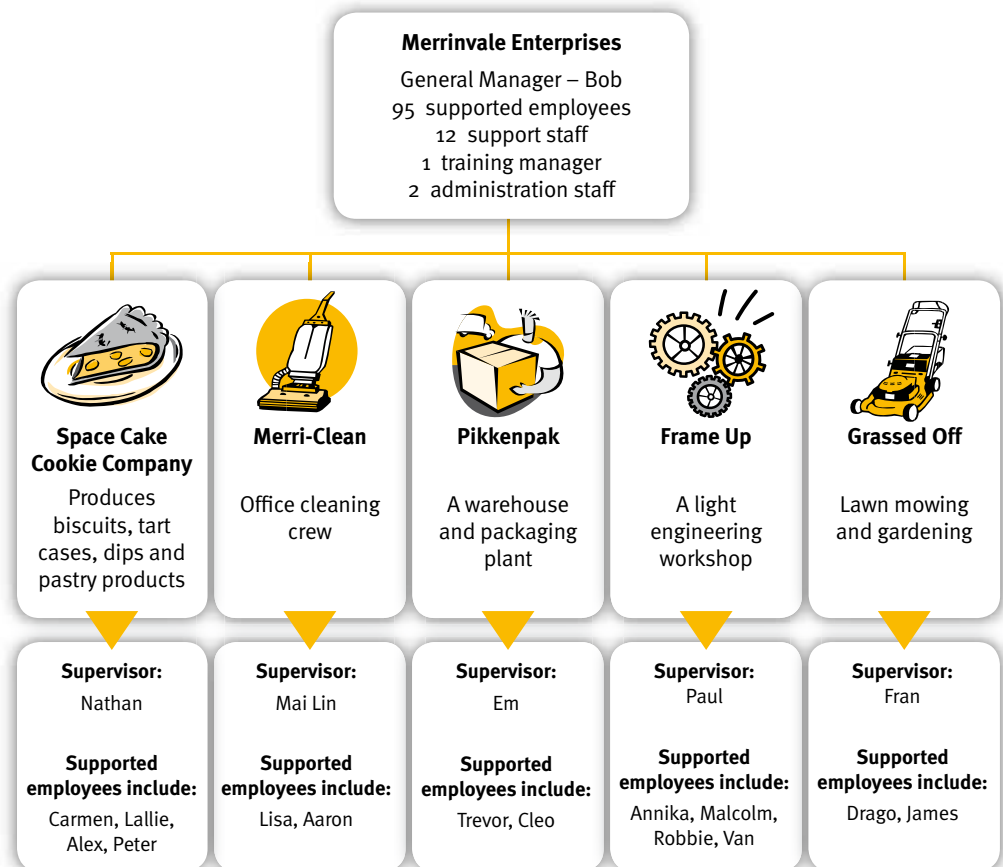
- ▶ asking people to describe something they have experienced that illustrates the content
- ▶ asking people for their reaction to what is said – do they agree? how applicable is it to their situation? etc.

Case studies

People in the case studies are supported employees and support staff from Merrinvale Enterprises.

Merrinvale Enterprises opened in 1972 to provide ‘sheltered’ employment to people with disabilities. It has undergone many changes in the past 30 years and has been certified under the Disability Services Standards since 2003. In the last financial year, Merrinvale’s grant from the government was \$980,000, and the business activities generated \$2.3 million.

The diagram below describes Merrinvale’s structure and business.



A number of the supervisors keep diaries or notes which allow us to see how they deal with some of the challenges in their daily work.

The case studies are put together in a range of ways. In some cases a behaviour or incident is simply described; in others you will also be given insights into the approach to communication with supported employees of Merrinvale's support staff.

The case studies can be used as a basis for discussion. You could explore:

- ▶ where they demonstrate effective communication practice
- ▶ what may be causing the problems the supervisors are having
- ▶ how well the supervisors' experiences match those of people in the group.

Be aware that people might 'recognise' themselves or their own behaviour in the case studies and, in some cases, may not like what they see. This may lead to them defending what was said or done and may create conflict in the group. A way to handle that is to deflect the discussion with a question like, 'What could Em have done instead?' or, 'If you were advising Nathan on this issue, what would you suggest he did?' rather than asking, 'What did Em do here that was wrong?'.

Strategies

These are suggestions for practical ways to improve workplace communication between support staff and supported employees with acquired brain injury. They are just that – *suggestions* – and will not fit every situation or solve every problem.

As well as reading them through with the group and talking about the ideas they present, try:

- ▶ brainstorming situations where these strategies would be useful (Remember the rules of brainstorming – all ideas are accepted and recorded. They are only debated or rejected after the brainstorm is finished.)
- ▶ coming up with additional strategies
- ▶ 'acting out' the strategies.

Notes

Obviously this last page is designed for people to make their own notes on the topic covered. You might suggest they:

- ▶ identify people/situations/tasks where they could use a particular strategy to improve communication
- ▶ note down any additional strategies suggested by the group
- ▶ keep adding to the notes after the session as they use the strategies – notes could indicate how well (or not well) the strategies worked.

Acquired Brain Injury (ABI)

An introduction to acquired brain injury (ABI).

Acquired Brain injury (ABI) is the term commonly used to describe damage that has occurred to the brain since birth. There is a large and growing number of people with acquired brain injury employed in disability employment services.

In general, people who are classified as having ABI have sustained injury to the brain through:

- 1 Cerebro-vascular accidents (CVA).** Commonly known as stroke, a CVA is a blockage or rupture of a blood vessel that has caused damage to the brain. A CVA usually occurs suddenly and the brain is damaged because its blood flow is interrupted. About 38,000 Australians each year have a CVA. It is the third most common cause of death after heart disease and cancer. Thrombosis is responsible for 40% of CVAs and although the incidence of CVA increases with age, it can occur at any age.
- 2 Traumatic brain injuries (TBI).** These are sometimes penetrating head wounds (like gunshot), but more usually a closed head injury, resulting from a blow to the head. Head injuries often result in more widespread damage to the brain than CVA. Moderate to severe TBIs affect around 6,000 Australians a year. Most of these people are under 30 years of age and the majority are male.
- 3 Alcohol or drug related ABI** occurs when use of these substances has led to brain damage. Alcohol related brain injury (ARBI) occurs when chronic over-consumption of alcohol causes dehydration and shrinkage of brain cells. Some 1.1% of the adult population suffers 'serious' ARBI, and around 500,000 people have mild or moderate degrees of this form of brain injury.

Brain injury can also be the result of illness, infections, tumors, or incidents when breathing has 'stopped' for significant periods of time.

An important difference

There is a need to distinguish between *people with acquired brain injury* and *people with intellectual disability*. People with ABI often have cognitive impairments which lead, in turn, to them having '*intellectual problems*'. So what's different?

In today's usage, *people with intellectual disability* refers to people who have a condition – usually resulting from a genetic disorder or accident of birth – of *overall limited intellectual functioning*. People who acquire a brain injury usually retain their intellectual abilities but have cognitive problems affecting specific areas of functioning.

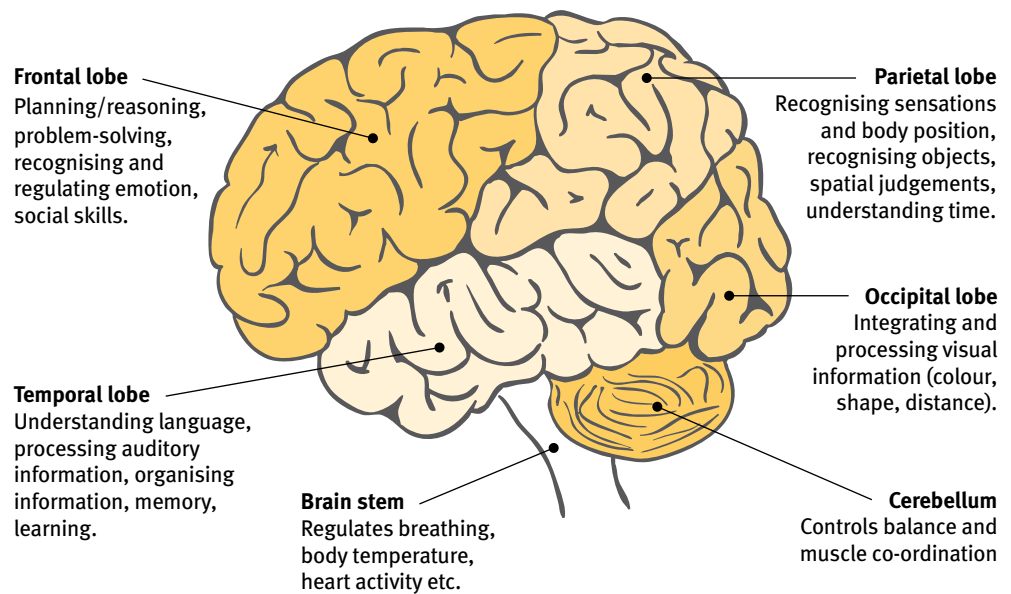
For example, a person with ABI may still be able to play *Scrabble* at championship level, but may miss the title match because she can't remember what day and time it's being held.

These differences need to be taken into account when working with people with ABI.

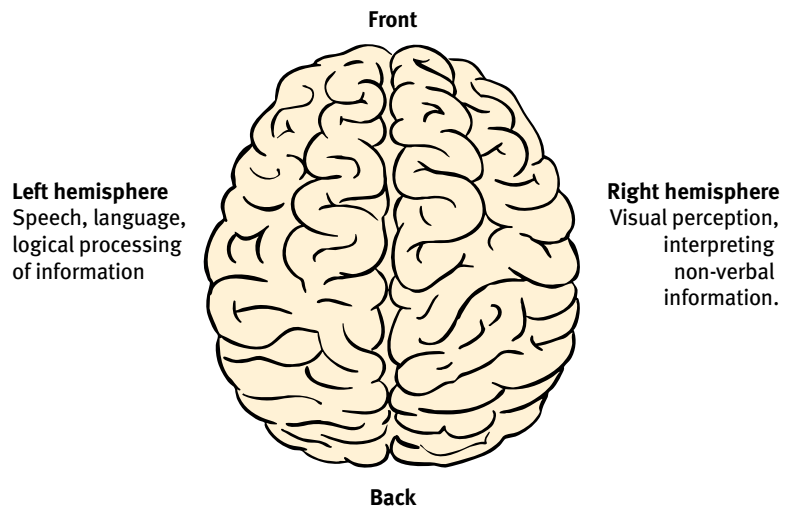
The brain

The brain is a complex network which controls our every thought and action. The most complex organ in our bodies, it is an insignificant-looking greyish mass, weighing about 1,500 grams, that sits inside our skulls bathing in cerebro-spinal fluid. Certain functions are mediated by particular parts of the brain and these various parts and functions operate in an integrated way. The brain contains an average of 140 billion nerve cells called neurons, that transmit information by a combination of electrical and chemical activity.

Areas of the brain (side view)



The hemispheres of the brain (top view)



Effects of injury to the brain

Brain injury affects each person differently. The problems people experience will depend on which part of the brain has been affected, and the amount of damage sustained. The extent of some of these changes may not become apparent for some time after the injury has occurred.

Physical and sensory changes

Motor impairments

Weakness or paralysis of muscles on one or both sides of the body is a common result of ABI. An individual may also lose their ability to coordinate their muscle movements (ataxia), resulting in difficulties eating, speaking and writing. Swallowing problems and incontinence of bladder or bowel may occur as short and long-term effects of ABI.

Speech impairments

Speech can be impaired by injury to the nerves which control the speech-making apparatus. (More information about these effects is available in the section on communication.)

Changes in feeling, balance and sensation

People often experience dizziness and imbalance as a result of injury. Changes in feeling and sensation are often experienced, and there can be disturbances to taste and smell, orientation and touch.

Epilepsy and seizures

Following a brain injury, an individual can suffer seizures affecting movement, awareness or sensation.

Fatigue

Injury in which the frontal lobes have been affected can result in a disorder of motivation called adynamia. This condition will lead to a lack of drive and initiative in the person, leaving them indifferent to events and with very limited reserves of energy.

Chronic pain

Some people will continue to have persistent pain after their injury.

Headaches

Many people experience consistent or sporadic headaches as a result of brain injury.

Visual disturbance

Vision impairments, including double vision, field cuts, sector losses, rapid eye movement and near-sightedness are common, along with disturbances to eye movement and coordination.

Hearing problems

Tinnitus (noises in the ears), hearing loss, and vertigo often follow head injuries. Some people may lose their ability to recognise non-verbal sounds; in other cases, the person to be extremely sensitive to certain noises or pitches.

Cognitive changes

Attention deficits

Injury to the brain can affect a person's ability to fix and maintain attention. Common impacts include:

- ▶ reduced capacity to focus and maintain attention because of persistent fatigue
- ▶ reduced speed in processing information
- ▶ reduced capacity to process information leading to problems with handling complex information, or dealing with more than one thing at a time
- ▶ difficulties in screening our irrelevant detail.

Memory deficits

A large number of people with ABI will have some impairment to how their memory functions.

There are two types of memory – short term and long term.

- ▶ **Short term memory** is where you store information that you need to remember and use again immediately (in the next few seconds, minutes or hours). This includes things like a message you have to pass on, or what you want to get out of the drawer you have just opened.
- ▶ **Long term memory** stores information that you want to retain because it is important to you in some way. Long term memory allows you to remember:
 - ▶ things you've made a conscious effort to learn like family birthdays, or the words of the national anthem, or the names of the planets in the solar system, or how to stack cartons on a pallet (explicit memories)
 - ▶ the steps in undertaking particular tasks or actions like tying your shoelaces, using a knife and fork, or how to drive (procedural memories).

If a person's short term memory is impaired (as it is for many people with ABI) they may be unable to transfer new information into their long term memory and to access or retrieve the information that is already stored there. Hence ABI can leave marked differences in a person's capacity to remember events and skills learned before they were injured, and to learn and retain information since the injury.

Procedural memories are less likely to be impaired by brain injury. In other words a person may forget what a door handle is called (the explicit memory of a name) but they are less likely to forget how to use the handles to open or close the door (the procedural memory of how to do the task).

Learning problems

Impaired memory function has a profound impact on a person's capacity to learn because learning relies on memory functioning. There are three steps in memory:

ACQUIRE	New information is received and goes into short term memory.
CONSOLIDATE	Information that is important is passed to the long term memory. You are more likely to store information that relates to information that is already in the long term memory (for example, information about wearing gloves when pruning roses if you remember hurting yourself on a thorn), or that is associated with your emotions (for examples, the words of a song that makes you happy, or your best friend's favourite colour).
RETRIEVE	Getting the information back from your long term memory so you can use it again.

Difficulties in planning and problem solving

Damage to the frontal lobes, the section of the brain that provides what is often called the 'executive' or 'management' function, will create severe difficulties in:

- ▶ planning ahead and using foresight
- ▶ organising information and behaviour
- ▶ controlling and regulating behaviour
- ▶ learning from errors and correcting behaviour
- ▶ generating ideas and alternatives
- ▶ initiative and motivation
- ▶ reasoning and thinking logically
- ▶ adapting to change or coping with new situations.

Difficulties in abstract thinking

The thinking of a person with cognitive impairments will often be confined to the actual and concrete, the here and now. Their ability to make mental calculations, estimate and evaluate things – including their own performance – will be limited. People with this problem will also find it very hard to see things from another person's viewpoint.

Inflexibility

Some people with ABI will be unable to 'move' their attention from one thing to another, or to change their line of thought. They may repeat the same things over and over. Repetitive and continuous behaviour, speech or thinking produced by brain injury is called 'perseveration'. This can lead to a dependence on specific routines and patterns for doing things.

Disassociated thinking

A person with ABI may show that they know about a task or understand an instruction but not be able to follow through the steps of the task, or correct an error. There is no association between thinking and action. This problem stems from impairment to the brain's ability to regulate thought processes and behaviours.

Lack of motivation and purpose

A person with ABI may talk about all the things they are going to do, but never actually get around to doing any of them without prompting and assistance. This lack of drive and initiative may extend to an inability to initiate any speech or action. It may come across as 'laziness' or passive aggression.

Impulsivity

Our ability to think logically and purposefully allows us to consider and monitor our behaviour, so cognitive impairments can reduce our ability to control what we do. People with ABI can be very impulsive, and unable to stop and think about the consequences or effects of their behaviour.

Lack of insight

People with ABI often have very little awareness of their abilities and the way they appear to others.

Self-centred thinking

A person with ABI may appear very self-centred. Damage to cognitive functioning can reduce the ability to acknowledge and understand the perspective and feelings of others.

Dependency

One of the consequences of self-centredness may be a tendency for the person with acquired brain injury to become very demanding of attention from others, and very dependent on them.

Depression

Depression is a very common result of ABI. It may be demonstrated in a variety of ways including mood changes, pessimism, frequent self-criticism and criticism of others, self-pity, suicidal thinking, and social withdrawal.

Anger

Problems controlling anger are commonly experienced and are often key contributors to social, vocational and relationship problems for the person with ABI.

Loss of control of inhibition – or ‘disinhibition’

Disinhibition stems from deficits in the ability to monitor and regulate behaviours and to perceive their impact on others. Disinhibition may result in irresponsible, impulsive behaviour, uncontrolled swearing or use of explicitly sexual language, or inappropriate sexual behaviour. People who are disinhibited will often stand too close, stare, or ask inappropriate questions.

Communication problems

A range of specific communication impairments may result from ABI. These include:

- ▶ problems understanding sounds, word meanings and sentence structures
- ▶ difficulties using words and grammatical structure, and controlling language use (for example, swearing)
- ▶ problems linking gestures or body language with what they mean (for example, that nodding means ‘yes’)
- ▶ difficulty recognising or understanding the written word (loss of literacy)
- ▶ difficulty writing sentences and words
- ▶ problems making the correct sounds and smooth transitions between words and sounds
- ▶ problems adapting or altering speech volume.

Communication problems may also occur as a result of impaired cognitive regulation of social functioning. The person may have problems:

- ▶ organising and moderating the tone of their speech
- ▶ organising the ‘flow’ of speech (there may be very long pauses, for example)
- ▶ using language accurately
- ▶ staying on a topic
- ▶ using or understanding ‘abstract’ language
- ▶ making ‘small talk’
- ▶ taking turns in conversation
- ▶ following conversations in groups or if there are other distractions
- ▶ recalling what has been said before
- ▶ maintaining eye contact and personal space
- ▶ showing appropriate sensitivity to context and cues
- ▶ using appropriate gestures and facial expressions.

The issue for employment services

Any service that aims to assist people with ABI to build their work skills is involved in assisting them to learn, and people with disabilities resulting from ABI face significant communication and learning problems.

For support staff in employment services, the important issue is relevant information about the employee with ABI. Ensure you have all the information you need to carry out your support role effectively. It will help if you:

- ▶ are aware of the major physical and cognitive effects of the brain injury
- ▶ know the learning strategies that are likely to be effective for the particular person
- ▶ have details of other services currently received and other support sources available to the employee
- ▶ are clear on what the employee wants from you in the way of employment support
- ▶ use the best means by which to communicate with them
- ▶ remember that each person with ABI will be affected differently, and that you need to understand the **specific** needs of each person.

COMMUNICATION AND LEARNING TOPIC ...

Talking about talking and listening

Whether it is verbal, non-verbal, spoken, written or visual communication, it is all about sending and receiving messages.

One of your key roles is to assist supported employees to communicate as effectively as possible. Effectively supporting employees with ABI will depend a great deal on your ability to adopt specific and individual communication strategies.

Three elements are involved in the process of transmitting information between people.

- ▶ **A sender** wants to communicate something such as an idea, opinion, fact, etc.
- ▶ **A message or transmission** is what the sender wants to say, why, and to whom. The sender needs to be clear on the purpose of the message and then work out how to form the message (the words, diagrams or symbols that will best convey the message as it is intended).
- ▶ **A receiver** gets the message, works out its meaning, and acts on it.

Communication is only effective when the people with whom you're communicating:

- ▶ receive your message
- ▶ understand it
- ▶ respond to it in the manner you intended.

At each stage of the process, there are many potential barriers to effective communication. These include:

- ▶ individual characteristics (age, gender, culture) of both the sender and the receiver of the message
- ▶ problems in the transmission of the message
- ▶ inattention to the message – for whatever reason
- ▶ a different interpretation of the message from the one intended.

Support staff also need to be aware of a range of other things that can have impact on communication. For example, a person's cultural and language background may influence:

- ▶ how accurately or completely they receive the message
- ▶ how willing they are to ask questions or indicate the need for more information
- ▶ how they interpret the non – verbal (gesture, body – language) part of a message.

Whatever the reason, if the receiver does not receive the message *in a way very close to the way it was meant* then communication has not occurred.

ABI can make it hard for an employee to talk and listen.

Along with the ability to use language itself, the interpersonal skills required for effective communication can be impaired by ABI. These impairments are often a major factor in a person's psychological and social difficulties following a brain injury. They are often a key reason for problems in getting and keeping a job.

No one can go to work and do their job properly without communicating with others. Supported employees should know their communication responsibilities:

- ▶ making their needs and choices known, for example, their personal goals, problems or grievances
- ▶ taking on information communicated to them, for example, the name of their supervisor, the days on which they work
- ▶ assisting their organisation meet its objectives by, for example, knowing the targets for their work area or making suggestions about improvements.

Fulfilling these responsibilities requires both support staff and supported employees to use talking and listening skills.

Trevor

Trevor is in his late 40s. He completed two university degrees before he was 23. Twelve years ago, Trevor was involved in a car accident, which resulted in a severe brain injury.

A very quiet and polite man, Trevor works in Pikkenpak, putting labels on cans and assembling cartons. As well as having severe memory problems, Trevor can't plan ahead or organise information. So if Em says to him, 'We need ten of those boxes assembled by 12 o'clock. What time will you have to start?', Trevor can't organise what he knows about how long it takes to make each box to work out when he'll need to start. He has similar problems foreseeing the consequences of actions, so he doesn't recognise that if each box takes a minute to assemble and he doesn't start assembling them until 11.55am he won't finish in time.

Trevor can become quite upset when someone puts questions to him that require organising information or foreseeing consequences. For instance, if a supervisor says, 'We're going to lunch ten minutes early today, so what time will you have to start the boxes to get them done in time?', Trevor seems to know he should be able to work it out but he simply can't. He always looks very dejected when something like this happens.

From Em's notebook

I've been reading a book about the impacts of brain injury on individuals and their families. I didn't realize how profound these can be. Brain injury changes people – not just the way they are but often all the social aspects of their lives as well. People's roles and responsibilities in their family and at home change and there can be huge difficulties for people adjusting to them. It made me much more aware of how Trevor's life must have changed since he had his car accident. From what he and his carer have told me, he was a manager of a company, had a big house in Melbourne and a wife and two little kids. He couldn't work after the accident, and the marriage broke up. He lives in supported accommodation now and his kids don't really recognise him as their father. Those are huge losses. I'm sure he still grieves for what he once had, even though he can't seem to remember much of what happens on a daily basis here.

Strategies

- 1 Be self-aware. You need to show that you are supportive, attentive and confident to communicate well with a person with ABI. Make sure they know that you are focused on them and ready and willing to listen and assist them communicate to the best of their ability.
- 2 Engage attention. Make sure that the environment is as free from distractions as you can make it, and that you are sure you have the person's attention before speaking with them. Begin the conversation with information that orients them to what is being discussed.

Trevor, I've turned off the radio because I want to talk to you about the new boxes we have. Do you remember we talked about getting some new boxes in today?

- 3 Encourage conversation.
 - › Talk about what is happening at work, your day, the person's day and so on.
 - › Speak of familiar names, places, interests and experiences the person has had in the past.
 - › Use familiar photos and other pictorial reminders to prompt memory.
 - › Give the employee things to hold or touch that evoke sensations of memories.
 - › Always include the employee in the conversation; don't let others expect you to speak for him or her.
- 4 Structure your messages. Be consistent: explain things before you do them, discuss them as you go, and when you've finished.

Let me tell you what we're going to do this morning. First we'll strip off old labels, then we'll assemble new boxes.

See, we're cutting the labels this way, then they pull off easily.

We've finished the labels now and have done a good job.

What do we think we'll do next?

- 5 Keep conversation simple.
 - › Use short simple sentences.
 - › Allow plenty of time for the employee to take in what you say, and to respond.
 - › Present one idea at a time.
- 6 Ask direct questions. People with memory impairments often find it easier to respond to direct or 'closed' questions. Instead of, *What do you put on to make it safer when you strip the labels?*, say, *Do you wear gloves when you strip labels?*

- 7 Model communication behaviours.
 - › Speak realistically.
 - › Ignore inappropriate social responses – for example, laugh with the person if it is appropriate; if not, ignore their laughter and don't laugh yourself.
 - › Be calm – avoid using expressions like 'relax'.
 - › Don't argue with the employee.
 - › If the employee uses unusual language or swears, accept it without laughing/getting angry.
 - › If necessary, help provide the correct word or phrase without emotional reaction.
 - › Don't pretend to understand if you don't – ask the person to repeat what they've said.
- 8 Help avoid frustration.
 - › Try to avoid situations where there are a lot of people talking, or a lot of other noise around.
 - › Provide quiet times and opportunities for conversation with the employee.
 - › Speak at a pace and in a tone that allows the employee to follow you.
 - › Allow the employee to search for the word they want but keep in mind that you may need to give them the word so they don't get frustrated.
 - › If they can't find the word, ask them to describe or show you what they mean; encourage mime or gesture.
 - › Be prepared to change the subject if the employee is getting frustrated.
- 9 Help the employee maintain focus. People with ABI often have trouble focusing and staying on the topic. They may get distracted by unimportant aspects of the topic, or go off at a tangent. Deal with this by:
 - › giving them feedback
 - › redirecting the conversation by asking a question
 - › not responding to the tangents.
- 10 Provide information. People with an ABI often seem to understand a lot more than they may actually do. The language they use may be quite complex but they may only be able to make sense of very simple language. Always try to:
 - › use familiar and concrete language
 - › focus each discussion on one main point
 - › break down information into small 'chunks'
 - › repeat important points
 - › ask the employee to repeat back to you what you have said.
- 11 Help 'move' thinking. ABI can cause thinking to become very rigid or inflexible. An employee with ABI may get stuck with a particular idea or thought, or may be unable to change their opinion or the topic. When this happens, break the cycle by moving on to something different.

COMMUNICATION AND LEARNING TOPIC ...

Talking about learning

Assisting employees with ABI to learn new skills, routines or behaviours requires particular communication skills.

All employees need to know that they are continually learning the skills of being a worker. Everyone has to learn these skills and go on learning to develop new skills and learn new tasks. You need to assist supported employees to understand their role as learners and why it is important to learn and keep learning work skills.

- 1 Work shows other people we are independent adults.
- 2 Going to work shows other people that we are productive members of the community.
- 3 Work is a chance to learn and develop new skills.
- 4 Through our work, we set ourselves goals for getting better at things.
- 5 When we see ourselves getting better at things, we feel better about ourselves.
- 6 When we work well, we contribute to our organisation and that means everyone gains.

People learn best when they take an active part in the learning process. To assist a person with ABI to learn you must get them engaged right from the start. Like any learners, they need to know:

- ▶ what they will be learning

Today you are going to learn how to put the labels on the jars of dip.

- ▶ its link with previous learning

Yesterday, you checked the labels before the dips were packed, didn't you? And you noticed that some jars had the label on the wrong way up. Well, they should have been fixed up here in this section. That's part of our job.

- ▶ the outcomes of the learning

Today we'll concentrate on two things. First, we'll make sure the jars come off the line the right way up. Second, we'll put the label on so that it's straight and fixed firmly to the jar.

- ▶ the structure of the learning process

Stay with me and watch everything I do. Then I'll go over anything you want me to slowly and you can ask questions. After that, you can have a go.

- ▶ how they will know how things are going

I'll watch you and tell you how you're going. Does that sound OK to you?

An employee with ABI faces particular challenges as a learner. Many of these problems relate to memory impairment (see the section on memory in the introduction to this manual). ABI can mean a learner may:

- ▶ have difficulty fixing and holding attention
- ▶ fail to develop their own learning 'structures' and routines
- ▶ be anxious about learning anything new
- ▶ have difficulty understanding and remembering terms and processes related to task learning
- ▶ not learn from mistakes and repeat the same errors
- ▶ be unable to generate new ideas or solutions to problems
- ▶ be unable to develop plans for actions
- ▶ have difficulty setting priorities for actions
- ▶ fail to follow through with plans.

All these, and many other types of learning difficulties may follow a brain injury. To support employees with ABI, you must get to know as much as possible about the way their condition impacts on how they learn at work. Observe them, communicate with them and with others who know them well, and, above all, keep on trying to find out more and new ways to help them learn in the workplace.

Carmen

Carmen has worked at Merrinvale for nearly ten years. For the past two years she has performed the simplest of the Space Cake tasks – stacking small cardboard containers in groups of six. Since a drug overdose at the age of 19, Carmen’s attention span is very limited and she has poor memory and learning capacity. Her planning and problem solving abilities are, consequently, very limited.

Carmen has great difficulty discriminating between things. She can take up to an hour to decide which box to pack next, or which side of the bench to stack the containers on. She cannot make even the simplest judgements about quality and quantity. Her supervisor has to set very simple routines for her and prompt her to complete each step.

From Nathan’s diary

I have had a really hard time this week with Carmen. She’s been taught to count to six and which way up to stack the boxes and you think she’s got it but next thing you’ll find she has just sat there for an hour and nothing’s been done. She’s always losing track of her counting too. Yesterday, I stood beside her and listened. She said, ‘One, ... two ..., one ...’, over and over again.

She also gets terribly upset if there’s any change – even the smallest thing like a different colour on the label can set her off. Last week the boxes for the pastry cases had a special Christmas label on them. Same boxes, same label, just a tiny green bell on the picture. Carmen got very confused and upset about this. This week Lallie has been away on leave and that seems to be upsetting her too.

Strategies

- 1 Increase the employee's ability to fix and maintain attention. A lot of people with ABI become tired very quickly in a learning situation. They may also tend to get lost before they complete a task.
 - › Allow frequent rest breaks during an activity.
 - › Work out the pace of work which fits best with the employee's capabilities.
 - › Structure the task into a sequence of steps and then help the employee to move through the task in the sequence.
 - › Allow the employee to repeat things.
 - › Prompt the employee to focus and refocus on the job at hand.
 - › Make the outcome very clear at the start – tell the employee or demonstrate to them the expected outcomes of the task. Wherever possible, provide some concrete reminder (a photograph or finished product) of the outcome within the employee's easy reach.
- 2 Reduce the memory demands on the employee with ABI.
 - › Try to keep the physical environment as consistent as possible – keep familiar objects around and make sure things are in their place and can be found easily.
 - › Provide sufficient briefing if the employee has to deal with a change.
 - › Develop familiar and simple work routines that the employee can predict and feel comfortable with.
 - › Tap preserved skills. For people with memory loss things that were learned in the past are often easier to recall than things learned more recently. In learning and re-learning, 'tap' into stored memories to link new learning with familiar things.

This is just like the way you ticked off the houses when you did your paper round.
 - › Provide memory practice. Memory and attention can be improved through exercise. Encourage the employee with ABI to rehearse and recollect, for example, by listing tasks to be done the next day. Use memory exercises that reinforce the use of memory – telling you who's who in their favourite 'soap' or footy team for example. Repetition and practice of physical tasks (especially those with a clear pattern and rhythm such as you get in many manufacturing processes) also lead to improved 'procedural' memory, when the body starts to automatically carry out the task.

3 Provide memory cues.

- › Make lists to remind the employee of what has to be done and motivate people to complete things – remember, though, lists don't always work because the employee may forget to use them, or lose them.
- › Keep a diary. Diaries are a good alternative to notes or lists which can be lost. They are also useful for noting routines, longer term plans and regular occurrences, like birthdays and appointments. Use the diary to direct the person's attention to information such as the day and date, their address and other personal information they may need.
- › Remember to use memory aids. A good way to incorporate something new into someone's routine is to couple several prompts. For example, if the employee has a diary but forgets to carry it with them, literally tie the diary to something they are very used to carrying and using frequently such as a wallet or purse or keys.

4 Help people learn from their mistakes. It might be quicker to tell someone if they have made a mistake but it is not helping them get the right outcome the next time. You can build in cues and structure your communication in tasks to enable someone to learn from mistakes or recognise themselves if they have made errors.

Which carton will hold 20 pastry cases?

This one (pointing to a carton for ten pastry cases).

What number did we put on that sized carton?

Number 1.

Does that mean it holds 20 pastry cases?

...Umm...does it mean it holds ten?

That's right. It holds ten. Is 20 more than ten?

...Yes.

If 20 is more than ten, which carton will fit 20 pastry cases into it?

...Oh yeah. This one...number 2.

That's right. Number 2 holds twenty cases.

COMMUNICATION AND LEARNING TOPIC ...

Talking about the job

Giving instructions that have meaning and relevance is a critical skill when you are supporting employees with ABI.

Giving instructions that have meaning and relevance is a critical skill when you are supporting employees with ABI. They may have difficulty following instructions or completing tasks because of:

- ▶ memory problems
- ▶ poor concentration
- ▶ slowed responses
- ▶ poor planning and problem solving
- ▶ lack of initiative
- ▶ inflexible thinking
- ▶ problems in receptive language
- ▶ problems in expressive language.

Supported employees with ABI (like all workers) need to know what they are required to do. They need to know and understand:

- ▶ what their task is
- ▶ how it has to be done
- ▶ why they need to do it that way
- ▶ how much or how many they need to aim to do in a time period
- ▶ how much or how many their team needs to aim to do
- ▶ what standards are expected – and why.

Employees with ABI need to be given this information in specific and individual ways, depending on their cognitive needs.

This may include being shown as well as told what to do, needing very concrete information (*bend your knees when you pick up the box*), not abstract statements (*remember the manual handling rules*) or being left with ongoing reminders like a sample to copy (*this box has the toys in it in the order you have to put them in*).

You need to be aware of the person's receptive language skills (their level of understanding of what you say), and their visual-spatial skills (recognition of and ability to analyse and remember visual information).

Very often, people with ABI seem to understand more than they actually do. You need to test their understanding frequently, particularly in relation to any new task they are learning.

To check that your message about the work has been received, ask the supported employee to feed back what they have heard. This can be verbal or, particularly for people with limited verbal skills, a demonstration of the task.

The ability of an employee with ABI to use verbal or written skills to express themselves may appear unaffected but there can often be subtle and hidden problems that cause them difficulty on the job. These can include:

- ▶ problems remembering words
- ▶ incorrect use of language
- ▶ talking about unrelated topics
- ▶ making up stories
- ▶ minimal responses when detail is required in an answer
- ▶ poor spelling and problems remembering new words
- ▶ rapid or non-stop talking – particularly when an explanation is required.

Annika

Annika, aged 53, had a stroke four years ago. Her speech and physical function are unaffected, and she lives independently in her own home. Annika is a widow with two adult children. She started work at Merrinvale a couple of years ago, wanting something to fill her day and to provide company. Her supervisors consider her one of the most competent employees and she fulfils a very important role in the Frame Up workshop, ensuring orders for steel shelving components are correctly selected and packed ready for shipping.

There have always been difficulties with this task in Frame Up. A significant number of orders are returned by customers because the wrong components have been supplied, and the business has suffered because of this. Although Annika seems to be the 'best' person to do the orders, in fact her stroke has left her with sensory and perceptual problems which mean she makes many errors. Annika has visual-spatial deficits which cause her severe problems drawing or copying objects, recognising them, telling left from right, and organising most visual information.

The order filling task is a minefield for someone with Annika's problems because it depends so much on being able to analyse and recognise objects.

From Paul's notebook

I had to go out to Beeson's again today. They were fuming because they said the shelving order was completely messed up again. I went right through it and, sure enough, I found there were too many 300mm shelves and no 200s. And no left hand brackets had been packed. I can't understand it. Annika is in charge of the packing and she checks each part as it goes onto the pallet. She really knows what she's doing and is the only employee who can read the orders correctly, and get things organised so they're out on time. Any of us can go up to her at any time of day and she can tell you exactly what's going on. She's really smart.

I had to grovel quite a bit to Reg Beeson, and we'll lose another half day redoing the order for them at our cost. I just can't figure it out.

Strategies

- 1 Present task instructions step by step. Check that the employee understands each instruction by getting them to demonstrate what is required. Provide lots of opportunities for practising the task steps.
- 2 Make sure any written or visual information is in the language and of the font and point size that best suits the employee's needs.
- 3 Use additional support services when they are needed. For example, employees for whom English is a second language may remember the name of an object or follow instructions more easily if they are given in their first language. Use interpreter services or community members to provide information.
- 4 Organise the job environment so that the employee has less need to rely on their memory. Try things like:
 - › putting clear, simple directions on a notepad
 - › using a notice board or planner
 - › having a place where the employee stores all their equipment and returning any things that may go missing to that place
 - › labelling or colour coding storage areas
 - › keeping all the things needed for a task together – for example, tie the marker pen to the order form pad and fix the pad to the desk by the phone
 - › developing routines to use the memory aids you have established, and regularly assessing whether or not they are being followed.
- 5 Acknowledge the employee's difficulty with expressive language and be supportive of it.

I can see you're finding it hard to say what you want; we'll take it slowly.
- 6 Use simple workplace checks to work out how well a task will match a particular employee's ability and needs, particularly if they have any perceptual problems. For example:
 - › see if they can draw or copy an object
 - › check their recognition of objects – including colour, size, shape, sound, etc
 - › check whether they can tell left from right
 - › if mathematical skills like measurement are required, check the employee's abilities with these
 - › observe their manipulation and construction of objects – are they able to orient, place, assemble according to design, etc?
- 7 Prompt the employee to evaluate their own performance on the task.
- 8 Avoid being judgemental.
- 9 Use active listening:
 - › meaningful eye contact and supportive body language
 - › reflection of content and feeling
 - › paraphrasing and summarising of what the employee is saying.

Talking about tools

Almost every task a supported employee does involves the use of tools or equipment. Communicating clearly which tools to use, how to use them safely, and how to store and maintain them involves you in a mix of explaining, demonstrating and observing.

Employees need to know about the tools and equipment they use to do their job. This means knowing not just the name of the tool or piece of equipment but also how to use it correctly, and ensure it is maintained properly. They need to know:

- ▶ what equipment and tools they will use on a task
- ▶ the name of each tool or piece of equipment
- ▶ its purpose
- ▶ safety procedures that must be followed when using the tool or equipment
- ▶ where it is kept and how it is stored
- ▶ how it is used
- ▶ how to recognise problems in tools or equipment
- ▶ what to do if there are problems.

We learn the correct names and use of tools and equipment because we process the information in our short-term memory and then store it in our long-term memory. As many employees with ABI will have deficits in short-term memory functioning, the apparently simple task of learning that a pallet wrapper is called a pallet wrapper may cause great difficulty. You may think the employee has got it right and knows what you mean when you say, 'Take it down to the pallet wrapper', but you cannot assume that they will remember it is called that, and what it is used for.

In other words, do not assume that employees with ABI will consistently:

- ▶ remember the names of objects or terms for processes
- ▶ use names and terms correctly
- ▶ recognise problems or malfunctions in tools or equipment when they occur
- ▶ remember to correct any problems or malfunctions.

Ensure employees with ABI have structured training and practice in the use of tools and equipment. Check often to see if retraining is needed. This is especially important if the employee has a break from using the tools and equipment.

Employees with ABI may remember things they learnt before the injury occurred but have great difficulty learning new things. This may explain why an employee with ABI can't remember the names of the tools they use every day, but they can tell you the names of all of the planets in the solar system in the correct order or recite a poem or sing a song learned long before their injury occurred. This difficulty learning new things means you should never assume an employee with ABI can't remember because they are lazy or being uncooperative.

Trevor

Trevor's brain injury has caused him to lose the ability to use certain cues that seem obvious to anyone else. For example, he has problems recognising the differences in size in the tape dispensers he has to use. Similarly, he can't remember the names of the different hand tools he has to use – the Stanley knife, cutting frame, staple gun. This problem has obvious impacts on his productivity. Although his supervisors have tried over the years to organise his work area so that the things he needs are always within his reach, he still makes mistakes. He will pick up the wrong tool for the task in front of him, then look confused when it doesn't do what he wants. He is then unable to tell anyone what the problem is because he cannot name the equipment he needs.

From Em's notebook

I feel so sorry for Trevor some days. He's such a nice bloke and I hate seeing him look so dejected so often. The trouble is that he seems to know when he's made a mistake but can't actually name or describe what has gone wrong. You'll see him there holding the wrong tool in his hand and just looking at it in a bewildered way. It's as though he's thinking, 'What the heck is this I'm holding, and what am I supposed to do with it?'. Mary and I have been going over the names of each piece of equipment with him, two or three times a day for practice, but it seems to make no difference. He can't remember from one day to the next.

Strategies

- 1 Concentrate on the key information. Think about the information that it is really important for the employee to remember and focus on ways to assist them retain it. For example, it is more important that an employee remembers that they need to use the wide brown reinforced packaging tape on big boxes than that they know the tape is 60mm wide. So focus on making a clear association between the type and colour of the tape and big boxes, not on the width of the tape.
- 2 Give the employee frequent opportunities to repeat or rehearse key information in their own words. You will provide information in the order and will use the words that make most sense to you. So you might say, *Use the wide brown tape on the big boxes*. If the employee uses their own words to reinforce the information it is more likely they will remember it. Their version, *Big boxes need wide brown tape*, covers the key information in a way that makes sense to them.
- 3 Ask supportive questions about the key information. Wording questions supportively may reduce the anxiety that some people with ABI experience when they are asked to do something.

Would you like to show me which tape you use for the big boxes?

- 4 Relate key new information to pre-existing memories.
Seven pairs of socks in each pack. One for each day of the week.
- 5 Create visual and verbal associations for new information. Using visual and verbal association techniques to learn new information assists recall of it later because it helps put the information into a more meaningful context.
 - › Create visual pictures of the name of a tool.
 - › Use acronyms or mnemonics.
 - › Use rhymes, *Use the mop in the shop and the vac out the back*.
- 6 Avoid false reassurance. Don't tell the employee they have the right name for a tool when they do not. Don't tell them it doesn't matter if they don't know it. This can have the effect of minimising their feelings and making it even less likely that they will retain the information.
- 7 Avoid intrusive questioning. People with ABI are likely to become very confused if you fire rapid or probing questions at them.

Do you remember what this is called? Don't you remember?... We spoke about it yesterday ... Do you remember? Why don't you remember? You knew its name yesterday. Why have you forgotten?

COMMUNICATION AND LEARNING TOPIC ...

Talking about safety

Workplace safety is everyone's responsibility. Communicating messages about how to work safely is probably an everyday task for you. So doing it effectively is really important.

Employees need to follow health and safety rules in the workplace and know what to do if there is a health or safety problem. Many support staff in disability employment services worry over how to get employees with ABI to work within the OH&S laws and principles. Safety rules can be learned by people with ABI, and, although the ability to remember them may sometimes be a problem, support workers can do a lot to assist this process.

One of the keys to getting employees to work safely is communicating the abstract notion 'safety' in concrete terms. An effective way to do this is by linking the actual things that are done in the name of 'safety' – walking in designated walkways, wearing PPE, and so on – with the concrete experience of 'being hurt'. In other words, we do all these 'safe' things to stop ourselves getting hurt. In this way, safety 'rules' (which are themselves an abstract concept), can become personalised and linked to the individual. Therefore it is made concrete – we follow the 'rules' so we won't get hurt (or hurt other people).

It is also effective to talk about safety by linking 'getting hurt' with something you know the employee has actually experienced at some time.

Do you remember when you got a rose thorn in your thumb? What did it feel like? What did you have to do? What do you need to do to stop getting hurt like this when you are pruning roses?

Cognitive impairments that can follow a brain injury may lead to some specific safety issues for these employees. For example, the brain injury may cause them to have problems understanding conditional relationships. 'If I wear a high-visibility vest in the warehouse, I'll be a lot less likely to be run down by the forklift', is a statement of a conditional relationship. We learn this and apply this conditional statement to our own specific case as well as to general cases (all workers who wear high-visibility vests in the warehouse). We use conditional statements all the time as shortcuts to aid our thinking and reasoning, but this ability can be very limited in someone with impaired cognitive functioning.

Knowledge of the individual safety issues for each and every employee with ABI is critical. Problems will be unique to the individual and may stem from things such as:

- ▶ a lack of insight into their own thinking and behaviour, meaning that they lack awareness of whether they are working safely, or causing safety problems for others
- ▶ a limited ability to monitor their own behaviour which may lead them to be very impulsive, thus creating safety issues
- ▶ generally slowed responses, hence their ability to respond quickly in an emergency may be lost
- ▶ fluctuations in their ability to remember and apply safety rules.

Malcolm

Malcolm sustained a brain injury in a car accident 15 years ago. He is 39 years old and physically fit and strong. He drives his own car, and lives independently. He works at *Frame Up* where he is one of the forklift operators.

Over the years, Malcolm has had a number of minor incidents driving the forklift but has retained his licence and been given some extra training. Paul, his supervisor, has voiced some concerns recently though, because he has observed Malcolm reversing the forklift far too quickly, and failing to check in the side and rear vision mirrors. Others have commented that he also seems to drive his car erratically at times.

Paul and Bob have talked with Malcolm about his driving but he refuses to accept that there might be a problem. He says he is licensed to drive a car and the forklift and that he is the best driver they've got at *Frame Up*.

Malcolm does not believe that he has a disability. He sees himself as very different from any of the other supported employees, with the exception of Annika.

From Paul's notebook

I had another run-in with Malcolm and Annika today. While they were loading the order for the shelves, I was stunned to see Mal just leap onto the forklift and reverse it at great speed right up to the line. I could see that he never looked behind him once and came within less than a metre of where Robbie and Van were packing. I went up and told him to get off the forklift because he was acting dangerously.

At this point, Annika joined in and the two of them started arguing with me that Malcolm was not the problem – it was the other guys who didn't look out for themselves. I was amazed. They told me that people like Rob and Van shouldn't be working here – they were like children and couldn't understand anything. 'So', said Annika, 'it's not us that are the safety problem!'

It's really weird because some days Mal appears fine with his driving – and he's been doing it for years. At other times, though, it's a real hazard. I've noticed it with other things too. Some days when he's welding, he'll just forget to put on his PPE. Other days, he'll walk around bossing all the others about wearing their gloves and helmet and things.

Strategies

- 1 Gather information. Support staff need to be constantly checking the safety skills of employees with ABI, and letting other support staff know what they discover. In some cases, daily or even more frequent checks may be necessary. This can be done by:
 - › asking the employee questions during routine safety drills – for example, when the emergency siren sounds ask them what they need to do
 - › simulating a hazard and asking the employee to follow the procedure to report it
 - › conducting an informal risk assessment/audit in the employee's work area with them taking the role of auditor and identifying the safety and emergency equipment and procedures
 - › checking for recall of safety requirements regularly both in formal ways and informally.

- 2 Plan for emergencies. All support staff should be aware and up-to-date regarding safety issues for employees with ABI and have a contingency plan for these employees in any emergency. Perception problems (auditory/visual perception etc) can be a particular issue.

Mary, we've noticed you sometimes can't tell if the lunch bell is going or if it's the fire siren. If the fire siren sounds I'll come and make sure you are safe.

- 3 Build self-awareness about safety. ABI can prevent the person perceiving there is a problem. Try to find out how much insight the person has into their own ability to understand and follow safety rules:

- › help them accept what is:

Yes, you can tell me what you have to wear when you are in the welding booth, but you sometimes forget to put all the PPE on.

- › let them know how things are, focusing on everyday tasks and activities:

Today, you drove dangerously: you were too fast and did not check your mirrors.

- 4 Give feedback to manage poor insight. Many people with brain injury are unaware of how their cognitive problems affect them. The best approach is an honest and up-front one that involves persistently and repeatedly giving feedback.

I know you think you drive safely, Mal, but you forget to check your mirrors. I saw this happen again today, twice.

- 5 Develop external memory aids for safety. To enable the employee with ABI to focus on learning and recalling details of the safety strategies they must use:

- › use a checklist system for PPE
- › provide a small laminated notice with key safety information – written and pictorial – next to the employee at their workstation.

COMMUNICATION AND LEARNING TOPIC ...

Talking about quality and quantity

The complex nature of the impact of ABI may mean that the employee needs assistance to meet the quality and productivity standards consistently.

Disability employment services must operate as businesses and compete with other businesses to make revenues so they can employ and pay their workers. To do this, they must set and achieve productivity targets and ensure the quality of their goods and services.

All employees need to know that they have a responsibility to:

- ▶ make things to the standard that is set
- ▶ produce as close as possible to the number that is set for them to achieve.

Quality

Quality means that the product, service, process or outcome meets the standard set or expected by the user or consumer. When you are communicating with employees with an ABI about the abstract concept 'quality':

- ▶ focus on the particular task or product they are working on at the time
- ▶ explain in concrete terms why the standard is important
- ▶ check that they understand what is required.

Quantity

Similarly, we can assist employees understand productivity requirements by bringing the abstract 'quantity' down to the simpler and more concrete 'how much' or 'how many'.

Cognitive problems resulting from a brain injury may make it very difficult for the employee to process the information they need to understand and produce the required work outputs.

Some people with ABI also have difficulties with numeracy, or find it very hard to keep track of numbers going through. Again, your communication should:

- ▶ focus on the particular task
- ▶ relate quantity to things like the time available to do the job, how many people are working on it, etc

- ▶ help employees monitor their own productivity
- ▶ include checking with the employee that they have understood what is required.

The complex and individual nature of brain injury may mean that an employee can complete one task to the required standard and meet the productivity requirements, but cannot do so with another similar task.

Alex

Alex seems to be able to count and estimate numbers but has very limited attention and poor memory. He also behaves very impulsively, grabbing things from other people and getting angry and aggressive if he's thwarted in any way. Alex is constantly seeking attention, and very easily bored. He moves rapidly from one task to another, rarely completing anything.

Alex has no friends and although attempts have been made to engage him in activities with others, he becomes very anxious with other employees, often resorting to agitated pacing and muttered repetitions. He frequently misinterprets what supervisors say to him and any responses he makes are brief and often repeated over and over.

From Nathan's diary

We're having real trouble with the pastry shipments. Three pallets have gone out this week wrongly labelled and Falkners sent back two cartons they said were rejects. With so many employees off sick at the moment I'm having to get a lot more done by Carmen and Alex and I just can't rely on either of them. I had thought Alex had finally got it last week with the pallet stacking. He didn't make one mistake on Wednesday. This week there's been a complete mess. There's no excuse for it: he can count properly, he just won't pay attention. Too busy making mischief, if you ask me.

As for Carmen, she can't count but she should be able to tell if the pastry case is okay because she's got a sample right there beside her. She just has to match it and she's shown me that she can. I don't think she's really interested in her work at all.

Strategies

- 1 Observe and ask questions about the employee's task performance regularly.

Focus on:

- › how well they recall what has to be done

Alex, would you like to tell me how many boxes you are aiming to fill with pastry cases before lunch time?

- › whether they demonstrate the planning and judgement that is required for the task step

Mal, which shelves will you need to put on the pallet first?

- › whether they can perform corrective actions if needed

Carmen, do you remember how many boxes are supposed to be in each pile? ... That's right, six. But there are only four boxes in this pile. What do you need to do to make this into a pile that has the right number of boxes?

- › whether the finished task meets the standard.

- 2 Check how the employee is interpreting the quality/quantity requirements by carefully observing their actions.

- 3 At each stage of the task sequence, get feedback from the employee to determine how they are using the information.

How many have you cut now? How many do you need to cut to finish?

- 4 Help the employee make comparisons.

Provide concrete cues that will allow the employee to see where they are in relation to the required standard. For example, devise some simple jigs that will enable, say, 20 documents to be counted out for collation and serve as a visual prompt for comparison.

- 5 Assist memory function. Chunking is a good technique to assist the employee remember numbers.

Your line needs to do 266 of these – you were 26 on your last birthday and you have been at Merrinvale for 6 years.

Talking about teams and workmates

Being part of a team and understanding what teamwork means are important in all workplaces. Helping people to develop the behaviours and attitudes that contribute to a team approach is an ongoing task.

Working involves getting on with others. We expect people to work cooperatively and contribute as team members. These skills involve quite complex abilities and are often difficult for people with ABI. Some of the difficulties can be caused by:

- ▶ not understanding what is expected of you when you work with others – for example, respect for individual differences, respect for the rights of others, cooperative effort, etc
- ▶ a person only being able to understand things from their own viewpoint. Imagining or empathising with the way another person thinks or feels may be far too abstract for them
- ▶ confusion of emotional expression. Interacting with people involves our emotions. People with ABI often have problems interpreting their own emotional states and correctly identifying emotions in other people
- ▶ limited understanding of ‘teamwork’ or ‘teams’ because they are abstract concepts. People with ABI may need to have these abstract concepts linked with things that are familiar to help them learn the attributes and behaviours that make up ‘teamwork’
- ▶ difficulties following the ‘rules’ of communication with others. People with ABI sometimes have problems taking part in conversations because of cognitive impairments associated with their brain injury.

Some effects of a brain injury can make it particularly difficult for employees with ABI to work in a team. These include:

- ▶ impaired social skills that result in self-centred behaviours
- ▶ difficulties in making and keeping friends
- ▶ difficulties understanding and responding to the subtleties of social interactions
- ▶ irritability, anxiety and depression
- ▶ disinhibition, including temper flare-ups, aggression, swearing, lowered frustration tolerance, and inappropriate sexual behaviour.

Carmen

Once or twice a week, Carmen, normally very polite and refined in her behaviour, gets upset about something and lets loose with a torrent of abuse, loudly cursing everyone in sight. Legends have grown over the years about how long and how loudly she can curse. Anyone unfamiliar with her outbursts is astounded if they happen to be around when they occur. New workers always take a long time to get used to her, and there are people who have worked with her for years who still really fear her temper flare-ups. She is rarely physically violent, although she has, on a few occasions, threatened to throw things at people.

Alex

Alex’s behaviour can be very challenging and his future at Merrinvale is uncertain because of it. Nobody wants to work with him and some employees seem frightened of him. He can be verbally aggressive and gets angry easily.

Socially, Alex is still disinhibited. He intrudes on personal space, interrupts constantly and often makes very confronting remarks to people. He touches people inappropriately and sometimes makes explicit sexual suggestions to female employees and supervisors.

When asked to help or work with others, he will complain loudly, *Why should I work with any of them? They’re freaks! All freaks!*

From Fran’s notebook

I’m filling in for Nathan while he’s on sick leave. I am so stressed myself after a day there I think I need leave! I’m really frightened of that Alex and I can’t believe the language Carmen uses. I used to think she was so ladylike. I’ve never heard anything like it in my life. I went up to her though and confronted her; told her I didn’t have to listen to gutter talk and she had better stop or I’d call Bob in.

Strategies

- 1 Focus on the behaviour not on the person. Don't blame the person for their behaviour. Don't say, *Alex you are rude*. Rather say, *Alex, it is rude to call your team mates those names*.

Do the same with positive behaviours – respond positively to the behaviour rather than only praising the person saying, *Alex, it was great that you helped Carmen with the last of the boxes. Helping other people when they need it is part of being in a team* is much more likely to lead to the person behaving in the same positive way in future than saying something like, *Alex you are a nice person for helping Carmen*.

- 2 Deal with disinhibition. When a disinhibited behaviour first occurs, quietly tell the person what they have just done and that it is not acceptable. Don't explain why. Go on with what you are doing. Ignore the behaviour if it recurs. If the behaviour is affecting others, you may need to quietly redirect or change the person's activity or situation. Don't take the behaviour personally, and don't react emotionally.
- 3 Deal with verbal aggression. Abusive and aggressive language as well as threats of aggression are common following ABI. Try to increase the employee's sense of worth, their social and communication skills, and acknowledge their feelings and wishes. It is rarely useful to argue or reason with someone who is unreasonably argumentative.
- 4 Deal with self-centredness.
 - › Don't allow the employee to think that all their demands will be met. Set rules and keep to them.
We do this at 11 o'clock.
 - › Encourage them to see other viewpoints.
You say this about it. What do you think Jasper would say?
 - › Provide positive reinforcement whenever consideration of others is shown.
You asked me how I was today; that was really nice.
- 5 Recognise learning needs. Realise that an employee with ABI will often need to learn new behaviours – communication, social or self-control skills – to **replace problem behaviours**. By teaching the person new skills you are adding something positive to the employee's life, rather than just limiting or restricting the problem behaviour.
- 6 Help build communication skills. Assess the employee's functional social skills. Do they know how to:
 - › open or finish a conversation
 - › make a plan to tell someone something and carry it through
 - › ask for information or get directions
 - › let someone know that they are listening to them?

Talking about problems

Developing problem solving skills will assist supported employees to participate effectively in the workplace. You will need to use a range of communication techniques to help them do so.

The skills of identifying when a problem exists, and then solving it, are often very difficult for employees with ABI, particularly if there is damage to their frontal lobes. The frontal lobes enable us to think abstractly and creatively, to consider several aspects of a situation simultaneously, to make complex decisions and solve problems. Damage in this area will create difficulties in:

- ▶ planning ahead

If I'm going to finish packing this by 11 o'clock, I will have to go a lot faster.

- ▶ organising information and behaviour

Normally it only takes 15 minutes to pack one carton but it's taking longer today because the conveyer had to be stopped.

- ▶ foreseeing the consequences of actions

And if I'm late getting them packed, we'll miss the delivery at 12 o'clock.

- ▶ controlling and regulating behaviour

I don't like this, I don't want to do it. But I must relax and just work through it.

- ▶ learning from errors and correcting behaviour

I get angry every time I have to work faster and then I walk out. I will try not to do that this time.

- ▶ generating ideas and alternatives about a problem situation

I don't know what to do ... there's nothing I can do. I'd better ask Paul what to do.

- ▶ employing initiative and motivation to address a problem

It's not my fault; got nothing to do with me. Ohh ... actually it is my job though.

- ▶ reasoning and thinking logically

We won't miss the delivery if we get a couple of the guys from Bill's section to help out for an hour.

Support workers can assist employees with ABI improve their problem solving skills by training them to:

- ▶ recognise when a problem exists
- ▶ take some responsibility for solving the problem
- ▶ learn and use problem solving strategies.

When talking about the problem solving abilities of employees with ABI, it is critical to remember that there will be vast differences between individuals as well as quite pronounced skill differences and fluctuations within individuals at different times.

Don't be surprised for instance, if one of your employees with ABI can't work out how to repack two items into a box yet can sit down at tea break and complete a very difficult logic puzzle or crossword.

Making decisions is a critical part of problem solving. It requires us to think and question.

- ▶ What is this?
- ▶ What is happening here?
- ▶ What does it mean?

It is a not a simple activity. We must take our thinking down a very particular route. Employees with ABI need to be given opportunity and encouragement to observe what is going on and interpret and make sense of what they see.

Lallie's story

Lallie is in her late 30s and has ABI. She came to work at Merrinvale about six years ago where she quickly assumed a 'leadership' role amongst the other employees. Lallie talks a lot about what she has done in the past but there are many inconsistencies in her stories. She tells you she has been, at various times, a police officer, an army corporal, received awards for bravery, and been an ambulance driver in 'war zones'. She certainly shows evidence of some highly developed skills but is also frequently the cause of big problems in the work area. Her supervisor, Nathan, says, *'Lallie causes problems because she takes it upon herself to solve everyone else's problems'*.

Lallie gets very little work done herself. She rushes around telling people to do it this way, fix that up, move those there, put this away, cut something into different sizes, have a rest, move faster ... and so it goes on, day after day.

Her 'advice' often results in major problems. Recently Lallie told Peter to jump into the rubbish skip to retrieve a cutter she said he'd thrown in there. Against all the safety rules, Peter climbed into the skip and then couldn't get out. Lallie vaulted over the side of the skip, shouting, *'Get help! Get help! it looks like he's badly hurt!'*.

Employees were screaming, someone pushed the emergency alarm button, Bob and Paul came running, Nathan had a complete stress attack, and the pastry cutter was found lying on the bench where Peter had put it down. Peter emerged from the skip unharmed.

From Em's notebook

Trevor sat with me at lunch today and asked me if I knew the answer to the St Ives riddle. (As I was going to St Ives, I met a man with seven wives ...) I did what he said everyone did which was try to count all the cats and kittens and wives and ended up with something like 51 people going – which was absolutely wrong!

He told me the key to that one and then gave me another really complicated puzzle about missionaries and cannibals wanting to cross a river. You had to work out how many trips the boat had to make to get all the missionaries and cannibals across without anyone being eaten. The solution was amazing and Trevor was able to show the reasoning behind the number of trips they had to make. He's got such a brilliant mind and I've never known anyone with so much knowledge of all sorts of things. Yet he gets in such a mess when the simplest little thing goes wrong on the packing line.

Strategies

- 1 Break down complex tasks. For example, if the person has trouble working out how to start a machine, create a list of steps and decisions that need to be made in order to do this and help them gradually work through the steps.
- 2 Assist decision making. You can support decision making by:
 - › showing interest and getting involved
 - › providing information that extends their knowledge and understanding of the issue around which a decision is to be made
 - › asking questions to increase the employee's thinking and awareness of the issue and the alternatives that are possible
 - › pointing out previous experiences that will help the person understand the current situation.
- 3 Support employees as they attempt to solve problems.
 - › Help them see that there is a problem.
 - › Encourage employees to explore, understand and attempt to solve problems.
 - › Assist them to maintain their interest in solving the problems through questions and support.
 - › Introduce new ideas and activities that will build on existing knowledge, skills and interests.
 - › Build observation skills (seeing, interpreting and constructing knowledge).
- 4 Reduce frustration. An employee with damage to the frontal lobes may become very frustrated with problem solving. Helping the employee to think of possibilities, make plans and follow them through. This may involve:
 - › generating ideas and alternatives

What if you packed it this way? Might it fit better?
 - › developing a plan of action to tackle problems

To make sure we've got them all, why don't we count them before we seal the box.
 - › prioritising steps

It's more important to get these cartons on the pallet. They are being picked up at 4 o'clock. You can do the other ones after this lot have gone.
 - › prompting to follow through with plans

You said you'd put a tick on the list when you finished each carton. Have you ticked that one off?

Talking about changes

Change is an inevitable part of any workplace and can be uncomfortable. Talking about the changes before, during and after they happen is a key factor in how well people cope with the change.

Change can create difficulties for people with ABI because of the problems they may have in adjusting to the new circumstances. Whenever possible, prepare employees well for change and set up things to create the best conditions for learning how to deal with them. Every employee with ABI will react differently to change and the size or extent of the changes is not necessarily going to determine their impact on an individual.

A range of things commonly change in the workplace.

Personnel. Any new person in the work environment brings about a change to the group dynamic. Adding a new team member may mean individuals feel that their status has changed. Changes amongst people with high reference authority (authority through position) such as supervisors/support workers can lead to problems if they are not managed properly. Supported employees can become quite anxious if their supervisor changes – they experience a fear of the unknown. This can occur even if the relationship is not a particularly positive one – better the devil you know!

Status. This requires learning about how to cope with a different level of authority – either your own or someone else's. For example, an employee moving from one task where he was solely responsible for the whole job, to another task where he is just one of ten people doing the same thing, may grieve for the old situation.

Task. People with ABI can find it very hard to transfer skills from one situation to another because their thinking may have become very inflexible as a result of the injury.

Environment. People with ABI are often very sensitive to changes to timeframes, equipment, place etc, because of their reliance on routine, structure and familiarity. These structures and routines play a very important role in their ability to go about their own daily routines and tasks.

Cleo

Cleo moved sections over a year ago, yet she still has trouble finding her locker key each morning. When she worked at Merri Clean, her key hung on a special hook in the supervisor's room. Now it's kept just inside a small cupboard in Em's office. Although she gets frequent prompts and reassurances, Cleo still cannot remember this and becomes agitated every day when she arrives.

Malcolm

After several safety incidents while he was driving the forklift, Malcolm has been moved to another job at *Frame Up*. Although this change and the reason for it was carefully explained to him, he has not so far been able to accept it. He is angry and seems very confused about the reasons for the change. If you ask him why he was moved, he tells you that Paul is victimising him.

Malcolm has contacted an advocate to represent him in trying to get his former role back. He refuses to acknowledge that his driving was unsafe.

From Em's notebook

I have taken some photos of the cupboard where we keep Cleo's locker key and put them in her diary. There's one of her key, one of the cupboard, and one of the door to this office with its sign on it. Now when she comes to the office each day saying she can't find her key, we just tell her to open her diary and look at the photo. She still doesn't seem to be quite getting it though because she's making no attempt to open her diary and look at the photo before she gets frustrated. I suppose there has been progress though. At least now she's coming to us rather than just standing there crying.

Strategies

- 1 Prepare people for change. It is especially important to prepare people with ABI for changes. They may depend a great deal on established routines and structures. Ensure that you:
 - › provide information in simple and concrete terms about what is going to happen; when, how and why

Next Monday when you get to work your lockers will be in a different area. We are moving the lockers over the weekend to the room at the end of the corridor near the door to the courtyard. It is a bigger room so it will be easier to get to your locker at lunchtime or before you go home. We'll be putting the folding machine in the old locker room so its noise doesn't drive us all mad. What do you think about this?
 - › discuss the effects of the changes with each individual

Alex, now that you have finished that order how about we have a talk about the change to the locker room.
 - › provide opportunity for their questions and concerns about the changes

You look a bit worried Carmen. Do you have a question about the change to the locker room? ...

Yes. Will my locker still be next to Lallie's?

Yes it will. Is that OK with you?

Yes. She always helps me with my coat when I finish work.
 - › allow plenty of time for them to process the information about the changes.
- 2 Once change is implemented, monitor how people are reacting to it.
 - › Make regular checks to see how the employee with ABI is responding to the change.
 - › It may help to provide concrete reminders of any new routines or other effects of the change, for example, photographs or diagrams, written instructions, etc.
- 3 Establish and train the person in the new routine.
 - › The employee with ABI may need more training and structure in any new routine than other employees, so make sure they get this.
 - › Once they have been trained in the new routine, ensure it is kept consistent.

Talking about futures

The employment planning process requires supported employees to think about the future. You may need to work with them to help them make the abstract concept 'future' something concrete they can understand.

The future is an abstract concept and, therefore, one that people with ABI will often find quite hard to understand. Take the Individual Employment Planning Process, for example.

When a service works with an employee to develop an Employment Plan, it can be hard getting the employee with ABI to make a meaningful contribution. The tactic of setting goals – *What goals would you like to set for yourself for next year?* – often becomes a rote-like process with little real contribution from the person supposedly setting the goals.

People with ABI often lack the orientation to the future that will help them understand:

- ▶ how and why they need to go on developing their skills
- ▶ what they might be able to achieve in the longer term
- ▶ what they can realistically achieve through thinking about and planning for their future
- ▶ the ‘steps’ they can start taking to reach their longer-term goals.

Depression, fatigue and problems with motivation are common effects of brain injury and are factors that make future planning extremely difficult for the employee with ABI.

Depression is very common amongst people with ABI. Lives may be severely disrupted, work and relationships suffer, and people may go on grieving the losses they’ve experienced for a long time. In such circumstances, talking about a ‘future’ you may be unable to appreciate or understand may be quite beyond you.

The fatigue experienced by many people after a brain injury is very different from the normal tiredness you get from staying up too late at night or working too hard. It is an intense and long-lasting sense of exhaustion, a complete draining of energy, enjoyment or interest in what is going on around you.

Fatigue is frequently accompanied by a disorder of motivation, called *adynamia*, where there is a loss of drive and initiative to do anything. This is not laziness or lack of enthusiasm, though it can appear to be. Loss of motivation also leads to a loss of a sense of any purpose in life, and, in turn, to a sense of powerlessness. The person feels they have no control over anything.

Cleo

Cleo is a tall, beautiful woman of 30. She won her first modelling contract at the age of 15 and was soon earning an excellent living in high fashion. Her proud parents covered the walls with photographs of her and talked constantly about her accomplishments.

Today, eight years after the car accident that left her with severe brain damage, Cleo lives in a group home where she has to be supported for most activities. She works one day a week at Merrinvale. Cleo speaks in a slow, flat monotone. She rarely shows any facial expression.

At work, Cleo often falls asleep, and sometimes stays at her workbench during breaks, staring ahead, saying she is too tired to move. Support staff from her home report that Cleo sometimes wets her bed; although she recognises the impulse to urinate, at times she lacks the drive to get up and go to the toilet.

When asked about what she would like to plan or do, Cleo's usual response is to say, *'Oh, I'm too busy for anything here. I'm doing David Jones' Spring Show, and after that, I'm going to New Zealand for Fashion Week'*.

When Em, her supervisor, tries to get Cleo to focus on what she can do at Merrinvale, she simply says, *'Oh I'm only here for a few days so there's no point in making any plans'*.

Cleo rarely sees any of her family and has no friends left from her modelling days. Em and the others think this may be why she seems so depressed so often.

From Em's notebook

I have two employees with ABI in my section and I can't get over how different they are. It's strange, too, because both Trevor and Cleo have been very successful in the past and obviously had a great future before them. They've both lost heaps: Trevor his family and high powered job; Cleo all the celebrity she was gaining (she was on the cover of an old magazine I saw at the dentist last week). You can't blame them for being bitter. What I can't understand is why Trevor seems to have accepted that his life has changed, and Cleo just can't seem to do that.

I mean, Trevor's memory is far worse than Cleo's and he gets really confused and down when he can't do something, but he always comes back cheerful again. He's always willing to try things. He listens to what you say and thanks me for trying to help. He seems quite realistic about his future and shows interest in the activities he does outside work; he often shows me his diary with his appointments for the classes he does at TAFE and so on. He can't remember much about what he's done but he will tell you he enjoys having things to do. He is interested in others, and is happy to chat.

Cleo shows no enthusiasm for anything. She has no interest in anyone else at all. It makes it hard when you are trying to give her a chance to do something different, or learn something new, when she is just so totally apathetic.

Strategies

- 1 Take things slowly. When you have no concept of a ‘future’ it is likely to be confusing and agitating to talk about plans for it. Remember that the thinking of an employee with ABI may be confined to what they remember prior to their injury, or what they are expecting now. Provide real examples and pin them to concrete experience to assist them to think about a future event.

You earned money when you were modelling and you earn money now, too. You could earn more if you wanted to work an extra day.

- 2 One step at a time. Give step-by-step guides and instructions as to how a goal or task might be achieved. This approach will reduce confusion and lessen fatigue. It will also give the employee a sense of achievement as single steps are completed.

There are five steps involved to finish this. Let’s try to do one each day this week.

- 3 Do not talk down to the employee. Always show respect for the person’s age, culture and level of understanding. Never be dismissive of their opinions or feelings.

I know you liked modelling a lot more than what you do here.

- 4 Show optimism. Try always to present an air of ‘quiet optimism’. This doesn’t mean the slap-on-the-back, high-five waving, ‘hey guys, let’s get positive’ routine. Try to reflect a low-key but consistent attitude that there is something to look forward to.

I know you liked modelling a lot more than what you do here ... but there are good things you can do here too.

- 5 Don’t argue the point. People with ABI can become stressed very easily. Avoid arguments and stressful situations.

Instead of saying, *No, you’re not doing Fashion Week in Auckland, Cleo; that was ten years ago*, try, *Do you remember what you saw when you were in New Zealand that year?*

- 6 Allow time to respond. People with ABI often take longer to respond to a question – especially a question based around an abstract concept like the future.

I’m going to write down the question again in your communication book. You might like to think about it later, and we’ll talk about it then.

- 7 Provide information. Employees with ABI need to know they have a role in shaping their future, and they need to know what this may mean for them. Speak realistically and be future oriented. At the same time, use familiar and concrete language. Focus each discussion about the future on one main point.

Today let’s talk about what new jobs you might like to learn.

