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 >> BETH LOY: Hello, everyone and welcome to the Job Accommodation Network's accommodation and compliance audio and Web Training Series. I'm Beth Loy and I will be the moderator for today's program called "Veterans with TBI and Co-Occuring Conditions" featuring Melanie Whetzel JAN's cognitive psych team leader and Stephen Heck a PhD student from West Virginia University Center for Excellence and disabilities now before we start the program I want to -- to go over just a few housekeeping items first if any of you experience technical difficulties during the webcast call us 800 526-7234 for voice and hit button 5 or for TTY call 877-781-9403 second we plan to answer as many of your questions as we can during the presentation so please send in your question at any time to the webcast to our email account question@askJAN.org or you can use our question and answer pod located at the bottom of your screen.

 To use the pod just type your question and submit it to the question queue.

 Also in the bottom of your screen you'll notice a FileShare pod that you can use if you have difficulty viewing the slides or would like to download them you'll also find a nice handout here that Melanie and Stephen put together. It's a resource handout that you can download.

 And finally, I want to remind you that at the end of the webcast an evaluation form will automatically pop up on your screen in another window. This is if you don't have your popups blocked.

 Now, we really appreciate your feedback so please stay logged onto fill out that evaluation form.

 So now let's get ready. Let's go ahead and start today's program. Stephen take it away.

 >> STEPHEN HECK: Hi my name is Stephen Heck I'm a PhD student here at West Virginia University. I'll give a little bit more about my background in a moment but just go over what I'm planning to talk about in my portion of this session basically I was asked to talk about the Veterans with traumatic brain injuries and what it's like so I want to be able to talk about how it's different than the general population and what that experience is like we'll highlight some of the differences we'll look at some of their exposures and things like blast what it's like to get a traumatic brain injury while deployed then hopefully this will help you understand and overcome barriers about Veterans with traumatic brain injuries so a little bit about my background I have ten years of experience in the military six years of Active Duty before transitioning to the reserves still serving in the reserves work at the Defense and Veterans Brain Injury Center which working with Active Duty and Veterans basically looking at intervention and other programs to help Veterans of traumatic brain injury survivors also work in brain injury rehabilitation services a lot of my interests around the same thing with traumatic brain injuries and military settings and some of the things I've been working on have been like the art therapy mass creation intervention looking at improving quality of life trying to work on understanding of knowledge of concussion and develop some educational programs there and evaluating some of the Medicaid data and how the state is running some of that as well as looking at the experience of reserve and National Guard members and how they are balancing military life requirements obviously as mentioned I am a PhD student here at West Virginia University.

 So starting off I want to give a basic definition of what is a traumatic brain injury it's a direct blow or jolt to the head a lot of people think it has to be some sort of impact on your head like that direct blow but no you can get it from things like whiplash as well and other things like some of that external force like a blast wave can disrupt some of the patterns as well so it doesn't always have to be thinking of NFL like a helmet to helmet collision or things like that or head to ground collision sometimes it's just the shaking of the head back and forth. It can also have from penetrating head injuries too in the military setting looking like shrapnel that fracture the brain. I won't go into detailed definitions but you have concussion mild traumatic brain injuries would be the first one in times of brain injuries that one is loss of consciousness up to 30 minutes is a criteria for that a moderate traumatic brain injury is basically loss of consciousness more than 30 minutes but less than 24 hours so extended period of time of loss of consciousness and severe traumatic brain injury is loss of consciousness for more than 24 hours and you're noticing timeframes so the longer you're unconscious for usually there's a lot more damage in the brain then the penetrating traumatic brain injuries and simply any time that the skull gets fractured. I wanted to address a couple of myths I thought would be important to talk about here the traumatic brain injuries and you know the one being knowing which parts of the brain will have injured will tell you the specific challenges to expect and that's not exactly true while we know that there are certain areas of priorities and other priorities and location can provide some indication but it's not always that specific and it doesn't always tell you that your recovery time or how long things will last and the brain is very adaptive sometimes your right hemisphere will take over for any issues that were damaged in the left hemisphere so it's not always as predictably accurately as this damage to this frontal lobe therefore they will have memory problems doesn't equals equate to that another method a person to help a person with TBI is systems of task that's not always the case you don't want to finish the task for them sometimes you have to avoid helping and help them to do the work independently you don't want to take that freedom away from them from doing things. But still want to be as supportive as possible as you can.

 Most recoveries for brain injury shows steady improvement up to two years when recovery is complete there's really no timeline for when recovery will be complete and it's very inconsistent, too. Some people might have a traumatic brain injury and within a week do not show any symptoms and have a problem for the rest of their life while other people have one traumatic brain injury and the rest of the lifetime they are dealing with it so you don't know what's always going on and sometimes you'll have symptoms that will come up later that weren't there with the initial brain injury so it's very hard to predict that one.

 Another one is after a brain injury a person's basic emotional needs change and this definitely isn't the case they still have the basic same emotional needs as everybody else does so to be treated with respect and dignity and be as helpful as you possibly can with them.

 So moving in more into military traumatic brain injuries there's been a lot of research and studies done on this. A lot of these service related brain injuries are leading to long-term health and socioeconomic consequences there's that social aspect of it of not having social relationships they have been able to have before maintaining jobs maintaining families so there's challenges with that as well as long-term health how all of these things play a part with each other.

 With traumatic brain injuries in the military it's considered the signature injury of the wars. Mainly because it's the thing if you ask most people who injuries you can think of in Iraq and Afghanistan brain injuries will come up and loss of limbs and amputation so these are basically signature injuries of the war to think about this if there's a growing number of survivors over World War I World War II Vietnam Korea and all of this is due to the advancement in technology we are able to save more peoples' lives this has a lot to do with the body armor we are able to use the new helmets the new gear the new equipment a lot of the vehicles all of this helps them survive the rocket attacks but then ends up having a lot of other sorts of injuries with it so you get the brain injuries you're getting loss of limbs but we're still able to save these peoples' lives so it's bringing them back home and how we're able to reincorporate them back into society.

 So looking at some of the uniqueness of the military traumatic brain injury especially in the combat environment with this, it exists with post-traumatic stress you're thinking PTSD is very common with military. A lot of the combat that goes on over there can lead to PTSD so this is what is coming back with so you have the concussion your mind is already stressed with the other trauma that you have experienced and it creates co-morbidity of conditions there's issues with differences in gender and age distribution with military personnel because they are a lot longer if you look in the civilian population traumatic brain injuries happen to fall more with young kids or elderly populations so a little bit different there with most of the military people being younger and they also tend to be a bit healthier which tends to lead a little bit better to recovery but can also be a point of frustration where you have a person who can be running 2 miles in 12 minutes and suddenly that loss of ability can be a point of frustration for them.

 And then while they are in the military they are less often subject to severe substance abuse mainly because there's a lot of mandated programs and requirements for being deployable so a lot of the stuff is controlled however once they leave the military then that has -- tends to change a little bit.

 So another big issue that comes up very often with the military is stigma. Usually you hear this more associated with mental health issues in it but it's also there with traumatic brain injuries. So reporting becomes an issue sometimes they don't want to report and usually has to do with concerns about being forced out of their unit letting their battle buddies down not always recognizing the symptoms of it all. So that's where the issues come in with that one all of this results in a delayed identification and reporting. And when I was working in some TBI clinics you had people who were reporting their brain injuries six years down the road and with recovery you really want to identify these a lot earlier.

 So after that point in time in six years you're really just trying to help them cope with the symptoms as opposed to actually rehabilitating them so just different ways of looking at that.

 Want to talk about how common it is. Basically looking at a deployed setting again Afghanistan and Iraq it's leading injury among U.S. forces once again there's that higher risk compared to civilian peers and I think the one in 2008 that Department of Defense looking at 7 out of 10 traumatic brain injuries were due to a blast once again you're looking at stressful environment leading to a lot of PTSD being co-morbid with that. Then you're looking at falls is another high one, vehicular accidents, fragments, you're looking at explosion, things -- being shot out and around people getting caught in that and just looking at overall the once again deployed 82% are in the mild category with 6% in moderate another 6% in severe and remaining is uncaused one some of these commonly reported symptoms like signs and symptoms in brain injury may include in that section those are ones you more oftentimes will see at the start. Right after they have a blow to the head or something happens this is the -- this is what you'll initially see this is nothing to say they can't last a lifetime or several years before they go away so hard to predict with them one of the more common ones I see and people talk about headaches, headaches are common, loss of consciousness, confusion, dizziness, especially delayed response to questions. I think once again if you look to like the NFL things like that seeing people get concussions you know there's that level of confusion, dizziness where like yeah I'm ready to go back and a play again they don't have that cognitive process to realize wait a minute something is wrong think of it in that way. Then there are other symptoms that can grow up over time.

So trouble concentrating. You might not notice that immediately after a brain injury but you start moving on trying to go back to work or going back to school, then you'll start to notice that to be a problem. Irritability can sometimes come up, personality changes, mood swings. Then I think talking to some of the mental health comes with it because you can't always control it. Sometimes -- the damage is in the brain sometimes you lose that ability to regulate some of these things you can have verbal outbursts, physical outbursts a lot of impulsive and risky behavior and depression and anxiety because that ability to control these can be a little bit limited.

 I mean things that you or others observe can be subtle and may not be easy to recognize with the TBI survivor. So they might not be able to recognize these problems but you might be able to recognize them better and sometimes vice versa you may not even be able to identify that a person is having some issues it's also important to note that everyone's experience with these symptoms is different not everyone experiences them to the same degree.

 That's one thing to make note of. Because it is always changing.

 This one is basically looking at the overall numbers for all branches of looking at how many traumatic brain injuries there are in the military.

 Since 2000 to 2018 there have been basically 384,000 traumatic brain injuries in the military.

 Once again the majority fall under the mild to traumatic brain injury this is looking at both the deployed ones and -- one thing I wanted to talk about that's more unique to military is the blast traumatic brain injuries so we'll go into more detail of what this is like.

 Because there's basically three -- I'm sorry; four mechanisms that goes on with this there's the primary one which is anything that happens from the result of the actual explosion.

 And then -- it can damage the neurons and axons in the brain, can cause a lot of cell issues with some of the that shockwave then you have secondary issues resulting from the debris and anything picked up and thrown then the tertiary stuff basically anything you're getting thrown from the blast if you're hitting a wall or being bounced around in a vehicle some of the injuries associated with that. And then the quaternary ones which are anything else basically so if you're thrown into a building and then the building starts falling apart on top of you. Or there's a fire and there's a fire associated with that.

 Next slide.

 In this one I think just provides a better visual of what we're talking about you can see the explosion right up in the front part that's the primary area then you'll see all of those particles and fragments in the air which is the secondary and then the person flying backwards whatever he is landing in will be in the tertiary range.

 So with primary the main one of concern here is the ears and auditory system because this is an organ that's most affected but your ears inside your middle ear is also what controls your balance. So it can lead to a lot of balance issues for a lot of people sometimes the ears will recover sometimes the hearing will suddenly come back other times it doesn't tinnitus is very common that's ringing in the ear where they can't notice other noises tinnitus is one of the experiences I had from the military there was a low noise in the classroom the other day I didn't recognize it as a noise until everybody else brings it up as a noise sometimes you're not always aware of these things going on with the lung and abdomen with the primary blast you want to think anything of an air pocket in your body that will move differently can end up with a lot of bursting or other issues with your organs.

 Looking at secondary, just to think about it in this way, basically for any of these particles, hitting you, it just has to travel 50 feet per second to cause a skin laceration and then basically for it to actually puncture your skin and going into your body something is traveling about 400 feet per second and if you want to look at a shockwave coming from a blast you're looking at something like 1600 feet per second so it's picking up a lot of objects that can travel pretty quickly and be able to damage a lot of your soft tissue and penetrate deeper and the other issue is a lot of contamination whatever is being picked up and thrown into you you don't know what's going on with that and leads to a lot of other infections and other problems.

 Looking at the tertiary ones the body displacement so here a lot of fractures or amputations the type of burns we're talking about here are burns from the explosion. When we move into quaternary we'll talk about burns in this case which is basically the building itself burning. So you have collapsing building, displaced heavy objects, basically heavy things falling on you and oftentimes there's smoke and toxic fumes from whatever is burning around you too that can cause a lot of lung issues that's what we're looking at there collapsed buildings is one of the things we had an issue when I was in Afghanistan we had a building fall on top of one of our soldiers once they set off an IED we have to dig them out of the rubble and stuff like that so this is something that does happen out there from this one I just wanted to give you an idea on what it's like or what it takes to get a soldier basically from being in Afghanistan or Iraq and all the way back to basically the VA care. It takes a lot it is a process. You're looking at if an injury happens in the middle of combat they might not necessarily be able to immediately move you out of there and sometimes they will be able to move you out to a certain area where the helicopters will be able to land and pick you up other times they have to drive you all the way back to the base where they can get the helicopter to land where they can take you for the surgical teams which is the area they will really be able to stabilize you a lot better but not do much they are just basically the first level trauma care and then they will move you onto a much larger base with a fuller medical staff or basically -- for basically further stabilization making sure to move you and then move you to some place in Germany and be able to give you better care there and then finally depending on the nature of your injury 72 hours or later they are bringing you back to the U.S.

for long-term care and that will be at Walter Reed depending on injuries or you might end up in the San Antonio Army medical care center and then eventually the VA system and this is a long process from the initial traumatic braining injury and you won't get immediate help until you're in Germany where you can get some rehabilitation.

 So for this section basically I'm going to look at what's the Veterans experience of a traumatic brain injury comes from a study that did a lot of interviews with Veterans brain injuries and this is basically how they describe their experience.

 So they experience they reduce physical and mental functioning they always felt like you know -- I had this one friend who described it as he had this excellent memory he never needed to study for an exam with his normal memory what he called now he needs to study for an exam and do more work for it so there's that change. And then migraines, change in memory. And sensitivity to light. Those ones I have seen from soldiers like six years or more that still have those headaches a lot of headaches a lot of medications to try to help manage the headaches and same thing with sensitivity to light oftentimes they need to wear glasses inside because a lot of the fluorescent light bulbs trigger migraines in combination things that might help looking at natural light bulbs because there's pulsating that comes from those other lights that trigger headaches and other issues for them. Things they found helpful was staying active and being physical that's generally part of the military stay active something they should keep doing going back to school give them motivation to keep going on in their life. They found a lack of community support was something they identify if you're looking at this coming from the military where it's kind of like this band of brothers where it becomes your family and then you're moving out of that.

 And you don't necessarily have the same people who can understand they don't have the same experience as you that can sometimes create a challenge finding that community support.

 They also tend to do a lot of researching so what are the best treatment options for them which I thought was rather unique most of the Veterans I've talked with it doesn't matter necessarily their condition but they are always trying to figure out what ways to make themselves better so I think that's usually a good one.

 Changes to health status things they reported obviously the concentration, the memory issues, increased irritability so that inability to control their mood becomes a challenge and change in symptoms and new symptoms after many years past which goes back to some of the myths people expect them to resolve themselves in a couple of years or couple months or a certain amount of time and oftentimes things will change headaches will get worse and say you have multiple injuries, then you're looking at well shrapnel it tends to move around in the body so you might have new symptoms that will come up.

 Some other things that they identified as post-injury factors in their recovery and things is additional medical complications so a lot of other co-morbidities you're not only dealing with your traumatic brain injury but might have broken legs broken limbs and you're doing rehabilitation for those as well it becomes really taxing on the person but their -- both their mind and body to be able to go through this.

 Timely medical and neurological and rehabilitative services once again going back to that diagram of how long it takes to get from basically combat theater to where you're getting rehabilitation is quite a bit of time we know the earlier we're able to get rehabilitation services in, they have better improved outcomes which is goes along with the next one they feel like they have a lack of education so when they are going from place to place from basically the Germany facility to Walter Reed there's not always the education available for them to understand what's really going on.

 And then lack of family, friends or recovery they oftentime felt like they were a burden to their families and others there was a concern with that one. Oftentimes there's a premature return to work or school where you don't necessarily know what your capabilities are and you're expecting to perform at the same level as you were before but you can't do that. Therefore, it can oftentimes lead to not a lot of frustration. It's not always, you know, poor adjustment or coping with a disability sometimes some people just can't accept that and then it becomes difficult and you can't accept it sometimes the family can't accept it and sometimes the injured can't accept it and looking at -- working at other places I've seen spouses leave because they can't handle it and then litigation or other legal entanglements sometimes it's just the issues they have is just trying to figure out what rights do they have what rights don't they have and when you join the military sometimes that changes a little bit and sometimes there's this fighting with the VA and litigations with them trying to get them to give you the services that you need.

 And so this is basically my last slide of real detail but I want to talk about war zone stressors because these are some things people will have a tendency to carry with them well beyond their time in combat zone they are not always able to decompress this sometimes you know when you're out there, the preparedness or not feeling that you're prepared when you're in a combat.

 There's a lot of trainup and everything else before you go over. Into a combat zone.

 But sometimes you end up being trained for one mission and end up getting another mission and it creates a lot of anxiety. Combat exposure. You know, having to worry about rockets hitting your base or attacks on your patrol things like that, that combat exposure heightens it. Aftermath of battle. Sometimes you -- to be able to talk with other people and be able to process it and that doesn't always happen sometimes you're going from one flight to another flight to another action and there's -- you're in a sleepless environment where you're not eating getting the rest you need. Perceived threat there's always a perceived threat when you're over there sometimes you'll hear stories about Veterans coming back they see trash along the side of the road that's a triggering thing for them because that was the perceived threat they had when they were deployed. It's a difficult living and work environment. You're not staying in top of the Four Seasons. It's -- it can be basic, it can be rough. Sometimes you might even be in tents over there. There can be all of that out there. Especially in the earlier days of the wars you had the perceived chemical weapons especially in Iraq they were afraid they would be using or some of the biological weapons with radiological exposures and stuff like that so that heightens that stress level then there can be sexual or gender harassment over there as well they are still working with that in the military but it still becomes an issue at times then there's the cultural stressors.

 I mean, the Afghanistan culture is not the same as an American culture. Iraq is the same way it's not the same as an American culture either and you want to be sensitive to these cultures but even with some people with multiple deployments Afghanistan culture isn't the same as Iraq culture either you have to understand these differences and try to be as sensitive to these things as possible because in reality you're trying to work with the local population it ends up being a lot of stress for you then there's concerns with life and family disruptions oftentimes soldiers are deployed and the spouse ends up having a child without them it all contributes to these stressors all of this can put them on an edge for a long time. It could be years and sometimes never that these stressors go away.

 Then I just want to leave you with a few important resources that I thought might be helpful.

 For Veterans themselves like the Real Warriors it's basically a way to link Veterans with other Veterans so they have someone with a shared experience you're able to talk with. The Military Crisis Line is another good one to put them in touch with sometimes the PTSD is kicking in there's some outbursts things like that, that might be able to help them. Psychological Health Resource Center. Unfortunately the National Suicide Prevention Lifeline because there's still that high rate of Veterans suicide so it's important to be able to get them in touch with somebody there.

 And then if you want more information for like understanding traumatic brain injury I think these would be some of the better places to go to Brain Injury Association of America does a lot of work with this. As well as if you're looking -- just in brain injury in general. If you want military stuff definitely the Defense and Veterans Brain Injury Center. The Department of Veterans Affairs. Wounded Warrior Project and if you're looking at state resources that National Association of Mental Health.

 And those were the resources that I had. And I think I'm being followed by Melanie.

 >> MELANIE WHETZEL: Okay. All right. I'm just going to take over here thank you so much Stephen for that information. I think it's so helpful we don't have that information. We talk about what accommodations that the employer can provide based on those things that you have talked about but we don't have that experience like that. So we appreciate that viewpoint.

 So we're going to talk here about some common brain injury limits. And you see a list here. These are the more common ones that are associated with brain injury. Or at least the ones that we hear about most frequently here at JAN and I want to point out here, too, that the limits an individual experiences from the injury are really more important than the diagnosis. When it comes to determining accommodations.

 A diagnosis of a mild TBI for instance can be quite vague while a listing of the limitations can provide a much better idea for specific difficulties the individual is having and what types of accommodations might be effective. Such as if an employee is having difficulty with concentration and memory and problem solving that would tell the employer a lot more about the accommodation needs than maybe just knowing that the employee had a concussion.

 So just a list here. There are visual difficulties, physical, limitations in memory and attendance. Problem solving. Issues of change. Working effectively. Handling stress and emotions. Maintaining stamina. I hear a lot about the fatigue that's involved with that mental fatigue. But physical fatigue, as well. And concentration. And then staying organized and meeting deadlines.

 Okay so first I just wanted to talk briefly about performance and conduct. We get a lot of questions about that. Under the ADA an employer is not required to lower a production or a conduct standard that's applied uniformly to employees with and without disabilities. However an employer may have to provide an accommodation to enable an employee with a disability to meet that standards.

 Ideally employees will request -- excuse me -- reasonable accommodations before performance or conduct problems arise or at least before they become too serious although the ADA does not require employees to ask for an accommodation at a specific time the timing of a request for an accommodation is important because an employer does not have to resend an evaluation or discipline, including a termination, that's warranted by poor performance or misconduct and an important point to stress here is an accurate assessment of the employee's performance or conduct can alert the employee that his disability is contributing to the problem.

 This may lead the employee to request a reasonable accommodation to address a problem and improve the performance or conduct which can benefit both the employer and the employee. And what we hear a lot with brain injury, a lot of different cognitive disabilities, is that the employee is not always aware that they are not doing the full scope of their job. They may not understand what that full scope is. They may not understand where their performance really is. And so sometimes it comes as a shock to them that they are really not performing up to speed. So it is really helpful that the -- if the employer can point that out to an employee before it gets too serious so the employee is aware of that.

 Okay.

 And here we're just going to have some situations and solutions for each of these different things I'm going to talk about.

 Here we have Parker who has anxiety related to her TBI and it's -- is constantly worried about making mistakes her worry increases her mistakes and impacts her ability to stay organized and on top of projects. She reached out to her immediate supervisor to ask for help in improving her efficiency.

 And so Parker's supervisor provided weekly meetings to discuss expectations and prioritize tasks. She was also provided with templates that she could use as a reference to minimize errors. Additionally, she was allowed to modify her break schedule to practice stress management techniques when she felt overwhelmed.

 Okay. And here we have a situation that's related to more to conduct. Suze is written up after two verbal warnings for inappropriate conduct placed on a 30-day plan of improvement and warned that if the behavior doesn't stop within the four weeks, she will be let go.

 Suze discloses her disability and asks for accommodations to help her in responding more appropriately to her co-workers.

 And here we have the employer puts Suze's performance improvement program or PIP on hold until they receive medical documentation and could put accommodations in place but do not rescind the what happened before the conduct was known. So once the accommodations are in place then they start the improvement plan.

 Here we'll talk about different options for job accommodations and our first one is about purchasing or modifying equipment or products. The purchase or modification to existing equipments may be effective accommodations to people with many types of disabilities and that can be something as simple as using color coding, sticky notes, it can be an elastic band to help somebody hold a pencil and it can be a specialized equipment for somebody who may be unable to use their hands and uses a computer by the movement of their head. So we're just going to talk briefly about the products and equipment that we have pictured here on the slide.

 First we have a task light that can be used in place of or in addition to overhead lighting as Stephen mentioned a lot of the fluorescent lighting can be a problem if people work in a private area that may be easily taken care of by turning overhead lights on and using a task lamp there to help. Next we see a watch that can be programed to use alarms as reminders. Some of those watches can have up to 29 alarms on the face of the watch you can even tell what that alarm is for to remind people. Next there's a Smartpen and that uses specialized paper to write on and the pen records the meeting or the conversation at the same time the individual is using it to take notes. Down on the next row we see a pocket recorder that easily records verbal instructions or directions in order for the person to listen to them multiple times if needed. Next we have a wireless headset and this can be a really good product for your neck and upper back if the large portion of someone's time is spent talking on the phone. It allows you to get up and move about, too, and that's helpful. And then last we see an iPad and there are all kinds of apps that can be used on an iPad that can help someone with a disability.

 Okay. And here we have an example of a Project Manager with a service-related brain injury who was having difficulty keeping up with all of the information involved in managing his current project.

 And so he was accommodating with project management software. And he was able to better keep himself abreast of all of the work others were putting into the project. And as a bonus, the software helped all of the team members stay on top of things. So it ended up that an accommodation for him was really helpful for everyone.

 Okay.

 Next we have making the work site accessible.

 And employers are required to modify the work site to meet the needs of an employee with a disability as an accommodation, although the requirement for accessibility in employment is triggered by the need of a particular individual, employers should always consider initiating changes that would provide general accessibility.

 Parking may be included in making the work site accessible. Examples of possible accommodations include parking, a doorway or threshold ramp to ease access to rooms. And an automatic door opener that can be helpful for those who are unable to open traditional doors.

 Okay. And in this example we have a parts sorter in a distribution center who had difficulty standing for his shift with only a 30 minute lunch and a short afternoon break. His work became sloppy in the afternoons due to his fatigue.

 And so in this example, the employee was provided with both an anti-fatigue mat to help his back and legs and a stand/lean stool that allowed him the ability to work in an upright position while his weight rested on the padded seat.

 All right. Next we have job restructuring and job restructuring is another form of an accommodation. It may involve reallocating or redistributing the marginal functions of a job. Although an employer is not required to reallocate essential job functions, it may be an accommodation to modify the essential functions by changing when or how they are done. And we do find sometimes employers will remove essential functions for like a short period of time. Especially if somebody has been off, they are coming back to work they are going through maybe a particularly difficult time of exacerbation of symptoms. So that is possible.

 And here we have a situation where Steve has difficulty attending large meetings where there are distractions of many people and lots of noise.

 So as an accommodation, allowing Steve to attend meetings by phone conferencing might be necessary to provide him with the needed information that's gained from the meetings but in a more controlled way that's effective for him.

 All right. Next we have modifying schedule and allowing leave time. An employer should consider modifying a work schedule as a reasonable accommodation. This can include flexibility in work hours, including arrival and departure times, lunch and break schedules, the structure of the work week or part-time work and we often hear that people need more frequent breaks than what they have. So they will take an hour lunch and break that up into maybe half an hour lunch and two 15 minute breaks or maybe 20 minutes -- however that works. However it works for the employee that also works for the employer can be looked at. There are people who actually take their lunches and combine their breaks so that they can have a time when they can lie down at lunchtime and take a rest or have a nap.

 Part-time work, that can be done. It may not be reasonable to do for a long period of time but can certainly be done for a short period of time as long as it can meet the employer's needs, as well. Flexible leave policy should be considered as a reasonable accommodation. When employees require time off of work because of their disability, their medical appointments and when they are having exacerbations of their symptoms.

 And back to the flexible schedule, we often find that people with different disabilities, brain injuries, take medications that may interfere with their sleep. They may not be able to get up as early. And it may not be every single day so having that flexibility and when they can come to work instead of coming 8 to 5 maybe they can work 9 to 6 or 8:30 to 5:30.

 An employer is not required to provide additional paid leave as an accommodation. But should consider allowing the use of accrued leave, advanced leave or leave without pay.

 And an employer can provide as much leave as an employee needs until it causes them a hardship.

 And here we have an example. As a result of vision difficulties related to a head injury, Levi does not drive. He's having difficulty getting to work on time.

 So Levi's employer flexed his schedule in order to accommodate the variations in public transportation schedules. And that's a big thing here in West Virginia. I don't know in a lot of rural areas transportation is maybe not as available as it is in a city. And then you have the issues with weather, too, that come into that so having a flexible schedule can really be helpful if the person doesn't have to be in the workplace you know first thing in the morning.

 All right. Modifying policies.

 Under the ADA there's what's called a modified workplace policy that says an employer can change a policy for someone with a disability that it doesn't change for others. And while employers are free to set policies, there's some policies that may need to be modified for an employee with a disability.

 That could be dress code. Rules about eating or drinking at a workstation, attendance policies. And rules about animals in the workplace.

 Okay. Here we have a Help Desk employee. Al's main job functions were troubleshooting the problems of other staff members. He was highly competent in solving problems but often became impatient, rude and disrespectful to co-workers who contacted him for assistance.

 And so here we have as an accommodation a new policy was instituted that allowed Al to take requests for help by email instead of in-person or by telephone reducing the stress caused by interactions with co-workers. This enabled him to keep his emotions and his behavior in check. And the bonus here was the employer really liked the outcome because now they had in writing when people -- what requests they were making for changes you know -- problems they were having. And then the timeframe in which those problems were solved.

 Okay. Providing readers, interpreters and other services. Employers may be required to provide these as accommodations for people with disabilities. If an individual with a disability is otherwise qualified to perform essential job functions, the employer's basic obligation is to provide an accommodation that will enable the person to perform the job effectively. So providing an interpreter on an as-needed basis may be a reasonable accommodation for a person who is deaf in some employment situations. If it doesn't pose an undue hardship. Providing a reader for someone with reading difficulties may be considered a reasonable accommodation. Depending on the extent of the reading that would be required.

 And we often hear of readers being needed in testing situations, that type of thing.

 A job coach to assist in the training of an employee can be another service an employer might need to provide as an accommodation.

 Let's look here at our next example.

 Jacob suffered severe hearing loss as a result of his military service and is requesting a sign language interpreter for a company outing planned next month.

 And Jacob's employer approved the request because it provided him with an equal opportunity to engage at the company gathering, which is a benefit of employment that other employees get to enjoy.

 And accommodations aren't just always for specific skills or job difficulties that someone is having. But it also can be for benefits of employment so that all employees can share in those same experiences whether it's like a company gym or transportation maybe that the company provides. Maybe it's an outing like this one, a picnic or retirement dinner, something like that.

 Okay. And here we have reassignment. We get a lot of questions about reassignment and there's a lot of misunderstanding about how that works, too.

 Reassignment is generally considered an accommodation of last resort. Meaning that it should be considered only when an accommodation is not possible in an employee's present job or whether an accommodation in the present job would cause a hardship.

 But reassignment is also reasonable if both the employer and the employee agree that it's appropriate at any step in that process.

 In a reassignment, the employer looks at the open positions the employee is qualified for. They don't have to create a position. Nor do they have to bump someone out of a position. But they don't have -- the employee doesn't have to be the most qualified to actually get that position. There's not a competition. It's not like in a normal job situation. That was what would take the accommodation part out of it.

 So if there's an open position that the employee is qualified for, then the employer can look at just sliding that person into that position.

 And it should be as close as possible to the status that the person -- the job that they are currently in. As close to the same pay grade, if possible, too. That's not always possible. The employer may look at lower positions and sometimes a lower position is needed because the employee can no longer do those tasks that are in the job -- the level of job that they are in now.

 Okay. And here we have an example of a reassignment. This was a Registered Nurse with nearly 20 years of experience in a Veterans hospital was having great difficulty working in emergency and critical care units due to an increase in symptoms when dealing with trauma. He asked for an accommodation of reassignment.

 And the hospital HR department worked with the employee to determine positions he was qualified for that were open or would be soon. And the HR department would be able to help with that if somebody is retiring, somebody is going to be moving to get married or anything like that. Then they would know what positions are going to be open.

 Together they rank the positions in the order which best suited the employee. And then he was able to choose among three different positions in the Veterans healthcare system.

 All right.

 >> BETH LOY: Okay. Are we ready for some questions? We have a couple that came in. If you guys have any questions out there, please let us know.

 First question, Melanie, I think this one is going to go to you.

 Can you talk about where to get these natural light bulbs to help with headaches, migraines and light sensitivity? Is there a certain brand that is beneficial for those with TBI?

 >> MELANIE WHETZEL: That I'm not -- I don't know off the top of my head if there's a certain brand. We certainly have resources on our Website that we can look at. And we can refer those products to you. There's full spectrum lighting that can be helpful, as well. And then there's also like bulb jackets, filters that go over the light that can help with that, as well.

 >> BETH LOY: Best way to find that out is our A to Z.

 >> MELANIE WHETZEL: Yes in A to Z listing under topics.

 >> BETH LOY: Then go to limitations.

 >> MELANIE WHETZEL: Right, you go to limitations.

 >> BETH LOY: And then photosensitivity.

 >> MELANIE WHETZEL: Right there's a whole section on that and it has ideas if you're working outdoors, if you're driving for a job what you might need in the car. Or in an office setting.

 >> BETH LOY: That gives different types of alternative lighting such as incandescent or LED lighting so we have a lot of options out there. Stephen do you have anything you want to add.

 >> STEPHEN HECK: Not really it's just one of those common things I've seen especially with military traumatic brain injuries a lot of times they would be wearing sunglasses inside just basically trying to compensate as a way to accommodate for that as well you think of it a little bit odd but once you hear why they are wearing it, it makes sense as an accommodation for them.

 >> MELANIE WHETZEL: Right and we will get questions about whether -- they have a policy that people can't wear hats inside but can a person wear a hat that has that light sensitivity or like a visor we think it sounds like a great policy to modify someone with a brain injury who could work more effectively without those bright lights.

 >> BETH LOY: Okay. Next question, can you talk about accommodations for migraines due to a brain injury and that includes lighting as well.

 >> MELANIE WHETZEL: Yeah I think a lot of those lighting triggers we have just talked about, there are specific glasses and we can give you some of the manufacturers for those, as well, that are -- they are not necessarily sunglasses but they are created to help with that glare. There are anti-glare filters. For the computer that can help. Taller cubicles, taller cubical walls or even a taller cubical that might have a lid or a roof on it and then there's a product called a cube shield that is like a triangle shape that can fit over the top of someone's cubicle and shield them from the overhead light sometimes the whole lighting can't be replaced so they are looking at different ways to keep that light from falling on them.

 >> BETH LOY: Melanie that leads right into a question we just got how do you handle explaining that you cannot accommodate in any location or department or position and I assume we can use lighting as the example sometimes you may not be able to do it in one area and you might have to make some other changes.

 >> MELANIE WHETZEL: Right like sometimes people work in a big open area like in a factory maybe that the lighting cannot be changed. Sometimes we have even heard where they have put somebody in their own office or in a -- in an area sometimes in the front of the building where they don't have to come and walk through places where light is a problem they can come in a front or back door if that would work and be able to control the lighting in a smaller space.

 >> BETH LOY: Stephen has been research done on multiple mild TBIs on an individual through the military and its effects.

 >> STEPHEN HECK: I can't necessarily think of specific ones towards military but I can talk about it more in general you're looking at secondary impact syndrome and we basically -- that's the one we're calling if you have a brain injury and then before you recover from it you get another brain injury it really compounds the injury so we know that about it we also know risk factors we know once you have had one brain injury you're more likely to have another brain injury so you have the risk factors associated with it. Just because once again if you're looking at the nature of the brain maybe someone has balance issues you may be more prone to falling and hitting your head again once you have a brain injury it's more common to get another one and then the effects aren't necessarily cumulative I wouldn't word it that way but sometimes you can get new symptoms and new issues as you're going through.

 >> BETH LOY: Okay. Makes sense. Okay. Let's see. What can a supervisor tell an employee who is not the recipient of an accommodation but who has questions about another employee who may have been reassigned or certain a -- received a certain accommodation.

 >> MELANIE WHETZEL: The employee has to be careful -- the employer has to be really careful about letting people know of accommodations they can't say it was an accommodation because that let's there's a disability involved EEOC says employers can talk about -- people have different job needs those are kept confidential and private and if the person has any kind of need of their own they can talk to the employer about that and the employer will keep that information private, as well. But yeah the employer has to be really careful that they don't give away any information that would indicate that a person has a disability.

 >> BETH LOY: Okay. So basically you can't say much of anything.

 >> MELANIE WHETZEL: You can't say much of anything.

 >> BETH LOY: All right.

 >> MELANIE WHETZEL: I heard one of the attorneys in an EEOC thing say one time you can pretty much tell them to mind their own business and just go back to work. I'm not sure it's always that simple but --

 >> BETH LOY: That's one way to handle it. Okay. Stephen do you see any differences related to the handling of Service Members with TBIs among the different branches in the military?

 >> STEPHEN HECK: No, not really I mean a lot of the symptoms are going to be more universal. There's obviously been several studies in the military, in the Army I know some in the Marines specifically and they haven't found any difference between those groups and a lot of the symptoms reported or anything else.

 >> BETH LOY: And how is the data collected? All through the Department of Defense for each branch.

 >> STEPHEN HECK: There's multiple ways that they are getting at this data the Department of Veterans Affairs run some of their own studies looking at different outcomes, different rehabilitation. So they do a lot of stuff. DoD does a lot of their own studies as well as you're looking at working prior the Defense and Veterans Brain Injury Center which is separate from all of those it's still also working in collaboration with them trying to figure out more about this stuff so there's a lot of agencies that work and a lot of private agencies that step in too with a lot of research a lot of universities come in and have interest in developing -- one of the things they have been working on is biomarkers to identifying once you have a brain injury they can look at a biomarker and immediately tell you have had a brain injury due to the changes in the blood. And they are looking at eyeytracking devices and things like that so there's a lot of other companies out there that are competing trying to get at these because once again once you're able to get early treatments of them better outcomes so the research comes from a variety of sources.

 >> BETH LOY: Okay. All right.

 So Melanie, how can an employer avoid being challenged if you cannot accommodate due to hardship so we're talking about undue hardship here and this person is specifically asking about financial hardship.

 >> MELANIE WHETZEL: Okay. All right. Well, here is what I would say you would want to be careful. You want to make your best safe effort to accommodate somebody. If you truly cannot and that's up to the employer to determine that, you want to be able to show later if you're asked about that the burden of proof would be on you to show, yes, we couldn't do this, it was too costly but you want to look at alternative accommodations. It's really important if you can't provide an accommodation that the person has asked for you don't always have to provide what the employee has asked for but you do need to look at providing accommodations that are effective.

 And so if they ask for something specific, it's too costly, we can't do that. But let's look at what we can do that would be as close to that as possible so you always want to look at alternative accommodations you can go back to the doctor if it's medical information you might need to say hey we can do this would that be as effective and always include that employee in that conversation. Don't overlook that full conversation with the employee to learn what they need and what might be an alternative.

 >> BETH LOY: Okay. Stephen let me ask you, when you're looking at these data and obviously very well versed in statistics, what do you think the percentages of unreported TBI is.

 >> STEPHEN HECK: Oh it's high. It's very high. Especially you don't want to be taken away from their family their battle or their unit they feel like they are letting them down so there's a high percentage of not reporting for traumatic brain injury and sometimes it's years later trying to reidentify it and sometimes this will happen third or fourth year in the military and then when they are trying to retire they are trying to find documentation to say some of the stuff exists but because it was never reported back then sometimes there is no documentation for them so sometimes you're even leaving the military without a diagnosis of traumatic brain injury which can be problematic, too.

 >> BETH LOY: We'll never know the number I guess.

 >> STEPHEN HECK: No.

 >> MELANIE WHETZEL: But let me ask this, too, it's not always just because they don't want to be separated that they don't report it they are not always aware of it right.

 >> STEPHEN HECK: Yeah.

 >> MELANIE WHETZEL: If it's not severe enough they may not be aware of it but do other people -- is that part of the other co-member's responsibility like to say, hey, we think you're different now because of that. Maybe you need to be checked out?

 >> STEPHEN HECK: Yeah there's a person that's responsible it will go back to looking at let's say NFL or college football things like that, that person in that instance usually doesn't know that there was a problem, that they had -- doesn't know they had a brain injury they want to get out there and play again you're in the military you want to go out there and do it again at least for the Army which is what I'm familiar with they have an annual training requirement for traumatic brain injury so they are hoping to get much better at identifying a lot of those things I was talking about before was like biomarkers and other things so if anybody suspects they can immediately call about hey is this something we're able to identify once again earlier treatment is better.

 >> MELANIE WHETZEL: Yeah.

 >> STEPHEN HECK: So there are efforts in that direction.

 >> MELANIE WHETZEL: Okay that sounds great.

 >> BETH LOY: Okay. Melanie, is it acceptable for an employer to ask an employee to take unpaid leave while determining the accommodation.

 >> MELANIE WHETZEL: That's a tough one. It could be. It could be. Not as a general principle. Absolutely no. No.

 It needs to be if the employee can no longer do the job at all there's no accommodation that helps they can't do the job or there's some kind of a danger, they are not thinking clearly, they are not able to reason through things and that's a danger. So you want to look at that. It may be possible to remove essential functions to maybe look at what the employee can do while they are going through this process so that they can continue to work and get paid.

 So you do want to look at that. It's not just a general practice. You should not just put somebody on unpaid leave while you're working that out unless that's your last choice.

 >> BETH LOY: Okay. Next question. Can we ask an employee to provide equipment that would help them do their job such as a hand brace or equipment for hand or wrist for something like arthritis? And I'm going to say this is that issue of having a personal needs item versus an accommodation.

 >> MELANIE WHETZEL: Right. And if it's something that the employee needs at work, you could provide that. And you can say, hey, you have to leave it here at work we don't want you taking it home where you could forget it, it needs to be left at work we'll provide it for your work use yes you can do that a lot of people do have their own braces and equipment they wear every day so they would be wearing them to work, too.

 >> BETH LOY: Okay next question what if the employee is requesting something while still in a training phase like working from home when the training stages are in the office.

 >> MELANIE WHETZEL: Well if the training cannot be done from home, that's something to consider, you always want to consider is this possible? Sometimes there's a policy that says no and what's the reason for that policy if it's just a policy that says no you have to be here for a certain amount of time look at that and see if that's realistic in all situations. If the training is actually done from work and the person actually does need to be at work then that would not be reasonable but you would still want to look at so what are the accommodations you would need that would mirror being at home, is it concentration, focus, is it the noise level is too high is it the lighting you would want to look at all of those things to see if you could provide those accommodations on the job that would make that work from home a necessary one.

 >> BETH LOY: Melanie we have an investigator from EEOC attending today and that person would like us to mention EEOC's as an additional resource. Certainly we couldn't do what we do without the resources that they provide. And I think in your resource handout, you have some links to EEOC as well.

 >> MELANIE WHETZEL: Yeah, yeah, the publication, the reasonable accommodation and undue hardship publication that is provided by the EEOC is an excellent resource that gives accommodation steps, what's going to happen. It's written in question and answer format. It gives the employee and employers alike a lot of ideas on how that process is supposed to go. And then it has general accommodation ideas in there, as well.

 >> BETH LOY: Okay. Anything else you guys would like to add today? Stephen?

 >> STEPHEN HECK: No, I can't think of anything specifically.

 >> BETH LOY: All right. Thank you for attending today. It was great, wasn't it Melanie.

 >> MELANIE WHETZEL: It was very great and I thank Stephen for being willing to join us in this.

 >> STEPHEN HECK: Thank you for having me.

 >> BETH LOY: And that is all of the time that we have. If you need additional information or you want to discuss an accommodation or ADA issue, please feel free to contact us.

 We thank you for attending and thank you also to Alternative Communication Services for providing the net captioning.

 We do hope the program was useful, as mentioned earlier, an evaluation form will automatically pop up on your screen in another window as soon as we're finished. We do appreciate your feedback. So we hope you'll take a minute to complete the form. This concludes today's webcast.

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