



HO 8.1

Workshop outcomes

Section 1: How to get the right person for the job

- Recognise the value of the recruitment process
- Identify important criteria in selecting staff to work with people with TBI.

Section 2: Developing and retaining staff

- Identify key strategies to retain and develop staff working with people with TBI.
 - orientation
 - training and education
 - performance management

Section 3: Good management practice

- Identify key issues in working with clients with a brain injury
- Identify strategies and good practices for effective supervision and support of staff working with people with TBI
- Identify good management practices
- Explore basic concepts in the provision of client services
- Identify the value of policies and procedures
- Recognise the stressors that often exist for staff due to the nature of brain injury
- Identify management strategies in response to staff stress.

Section 4: The role of the manager

- Identify essential skills and responsibilities for managers
- Link recruitment with a Management Framework



Brad's case study

You are the manager of a community-based organisation that provides staff to work with people with TBI living in their own home, either alone or with family. Staff provide direct support and supervision to enable individuals to achieve and maintain their maximum level of independence at home and in their local community.

You have just received a referral of a young man named Brad, who was involved in a motor vehicle accident on his way to work about six months ago and sustained a severe brain injury.

The Brain Injury Unit is ready to discharge Brad home to a community-based rehabilitation program with support from your service for six hours per day.

During Brad's stay the Brain Injury Unit have noticed that Brad is anxious about leaving hospital. The Unit has serious concerns about his coping abilities in coming to terms with his brain injury.

Brad has lost the use of his right hand, he has difficulty with his speech, an unsteady gait when he walks and is reliant on a walking frame. During Brad's stay at hospital he has exhibited frustration and temper outbursts when pushed to do rehabilitation.

Brad lived with his girlfriend before the accident but he will be going home to live with his mum and dad. Brad is not sure how his relationship with his girlfriend is at the moment as she visited him infrequently whilst in hospital.

The task of your organisation is to provide support for Brad six hours per day, seven days per week, and work with his rehabilitation team to ensure his rehabilitation goals are being achieved.



Jenny's case study

Jenny was involved in a motor vehicle accident when she was 29 years old. She sustained a severe brain injury, which has left her extremely cognitively impaired. She has a without prejudice motor vehicle claim that has not been finalised. Jenny receives the disability support pension and has received a financial advancement earlier in her rehabilitation.

Now 32, Jenny has been living by herself with support from her elderly parents for the past two years. Due to ill health, her parents are unable to continue the level of support she requires. Jenny's behaviour has become less acceptable and causing her parents extreme stress. They have requested assistance. Jenny was discharged from the Brain Injury Unit over a year ago and has no continuing rehabilitation goals. She is unable to work or drive a car.

Jenny has extremely short term memory, is unable to do most things without prompting and guidance, has issues with personal hygiene, refuses to do housework, and can be extremely abusive toward anyone who wants to help her and provide support. She became increasingly bored and frustrated with her circumstances, and became involved with gambling and alcohol abuse. At these times she can be very disinhibited and sexually inappropriate, occasionally inviting unknown men into her home. Staff suspect that Jenny uses illegal recreational drugs.

Jenny was assessed as being unable to manage her money. The Office of the Protective Commissioner has this responsibility and she is constantly asking them for more money. She then gets upset when they refuse to give her the additional money.

Your agency received this referral a month ago and has been providing six hours support per day. The goal is to provide staff to help establish routines and strategies that will assist Jenny to manage her independence more effectively without support from her parents. Jenny also needs assistance to reduce behaviour outbursts and not place herself in vulnerable situations.

All staff report difficulty working with Jenny and you are finding it difficult to recruit, there is no formal plan in place and your time is spent on re-recruiting staff to work with Jenny.

Task

What are some of the issues for staff when working with Jenny?



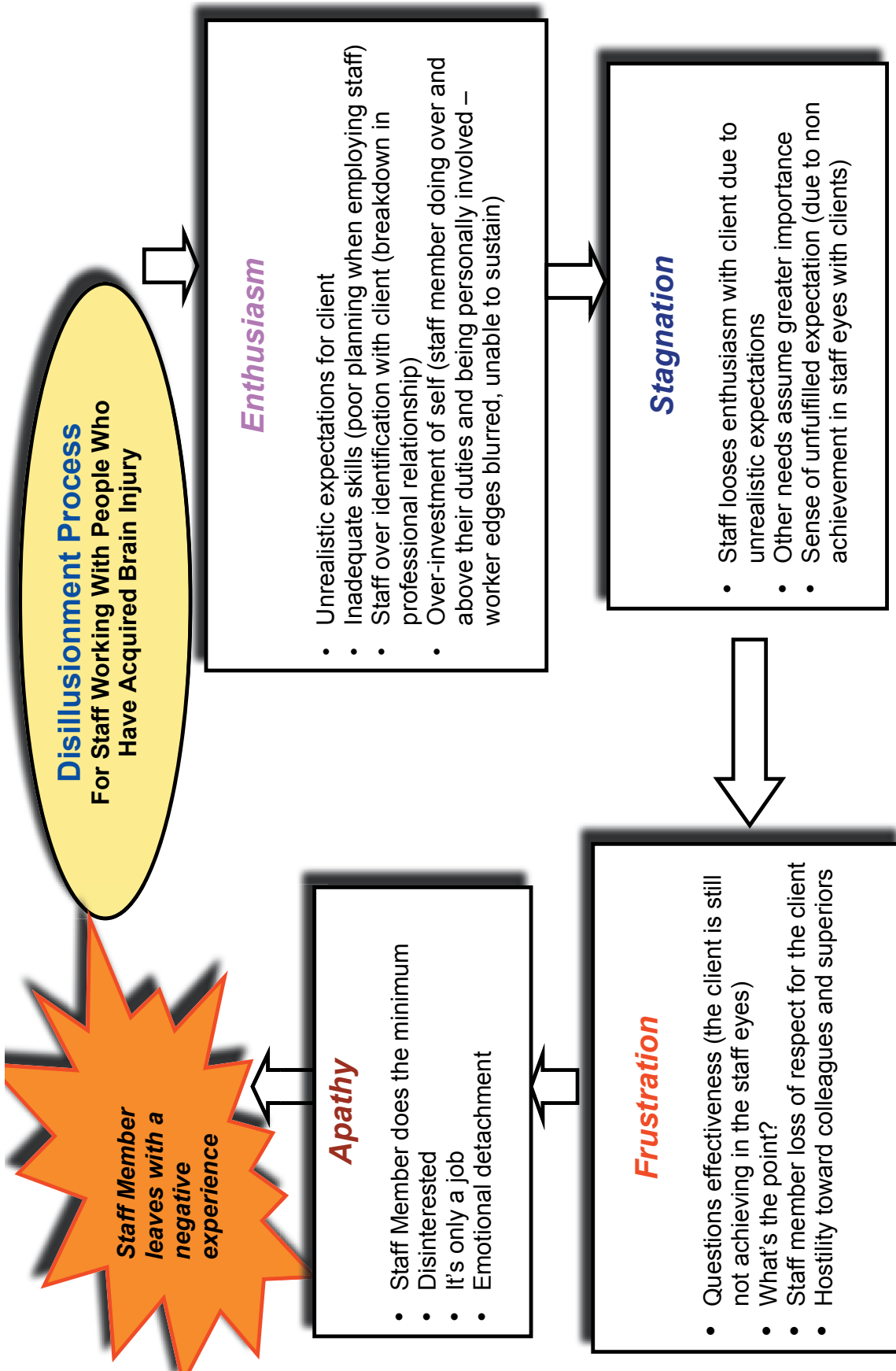
Issues and strategies for staff working with Jenny

Issues

- No clear direction for staff
- Jenny refuses to do housework
- Abusive and threatening behaviour
- Problems with personal hygiene
- Gambling problems, money issues
- Disinhibited behaviour
- Drug and alcohol issues

Client Management Strategies

- Establish a goal orientated plan with short and long-term goals that are achievable for staff and clients
- Set up a timetable to establish a routine for specific tasks to be done on different days
- Develop a behaviour management plan so that staff are working consistently with the same response to the behaviour – least restrictive (staff leave) -> most restrictive (call police)
- Plan 'staff won't take you out while you smell'
- Plan for a daily budget – minimum money – alternative recreation options
- Plan to monitor and provide feedback about safety, risks, etc.
- Plan for staff to leave if client is taking illegal substances or is drunk





- SYMPTONS**
- Absenteeism and poor time keeping
 - Regular extended breaks
 - High Staff turnover
 - Tiredness, apathy, depression, avoidance of clients and colleagues
 - Extreme cynicism
 - No team work
 - Negativity
 - Loss of professionalism

- CAUSES**
- Working in isolation without support
 - Long periods of intensive work with little relief
 - Aspects of work tasks which assault personal dignity, individual differences coping with stress
 - Exposure to pressure when least able to cope
 - Lack of training
 - No crisis intervention or debriefing from Managers
 - Lack of communication, direction and responsibility from Managers
 - No plan or goals to work toward
 - Lack of understanding & acceptance of capabilities & limitations of other

PREVENTIONS

- ✓ Provide relevant training and inservice
- ✓ Remove worker from the stressful situation, encourage staff to leave work at work
- ✓ Provide Crisis Intervention, support and counselling
- ✓ Have clear OH&S policies
- ✓ Expand on the staff members individual skills
- ✓ Approve leave and roster changes
- ✓ Provide opportunities for peer support and working with a more skilled colleague
- ✓ Involve staff in decision making, to contribute ideas and problem solving
- ✓ Hold regular meeting where grievances can be aired constructively and support refocused
- ✓ Communicate realistic expectations, from the perspective of staff
- ✓ Assume responsibility for and deal with organisational matters that create stress
- ✓ Communicate clear organisational aims and have written policies & procedures
- ✓ Set up a method of evaluation and review related to client goals and aims

