

**Providing Inclusion for Brain Injury Survivors:  
My Role as Community Support Worker for the Cridge Brain Injury Program**

Ellen Chen

V00511462

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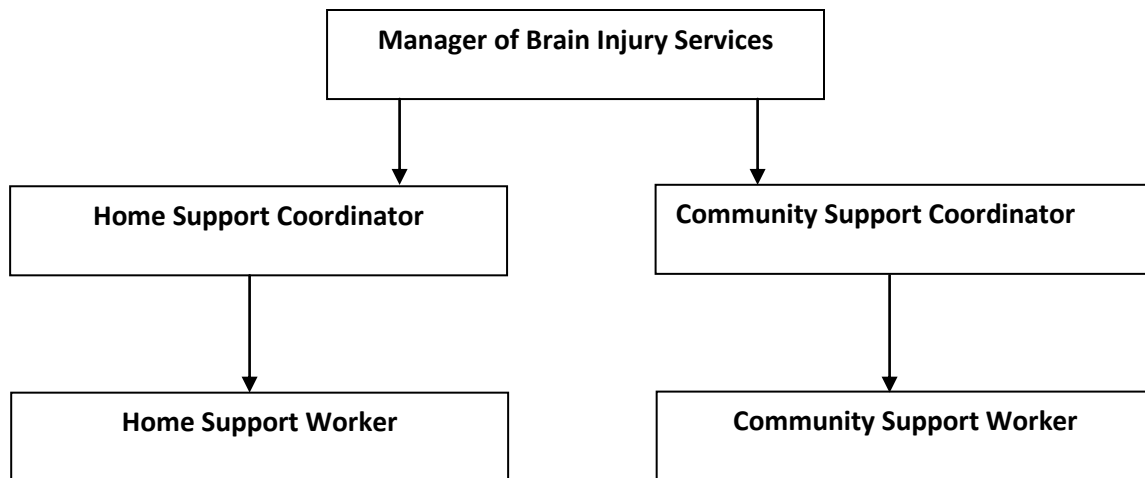
## ***INTRODUCTION***

This past September I began my first co-op placement with The Cridge Centre for the Family's Brain Injury Program as a Community Support Worker. This position, supplemented with the occasional Home Support Worker shift, has allowed me to develop professional relationships with both the residents of the home and the current staff and management. In this report, I will begin with an overview of the Macdonald House residence for brain injury survivors and my role within the organization, before moving into descriptions of my tasks and projects. Following this, I will then reflect on the challenges that I encountered and my learning outcomes, as well as the connections that I can possibly make in the future in terms of furthering my professional role in this field. In my paper, I will refrain from using names or any identifying information of both residents and staff as not to breach any confidentiality or privacy policies of the Cridge Centre organization.

## ***MACDONALD HOUSE – CRIDGE BRAIN INJURY PROGRAM***

The Cridge Centre for the Family offers supportive housing for survivors of brain injury in Greater Victoria at the Macdonald House which is a residence offering 24/7 staff support and care. During my time at the residence, I have come to know the men living there and their specific needs and interests. I have also found that the arrangement of Macdonald House as both a transitional stage and long-term facility for men living with brain injuries leads to a very complex and varied living situation differing for each individual. Some of them have been living there for over twenty years, while others have been there for less than two years. By offering a client-centered approach, the attention required by each resident is focused to their particular needs and builds on their areas of strength. Each of these men receives staff support for their

health and well-being as well as support for community inclusion. The roles of staff are shown in the organizational chart below:



### ***MY ROLE IN THE ORGANIZATION***

My co-op term at Macdonald House involved me working one shift a week as a Home Support Worker (HSW) and four shifts a week as a Community Support Worker (CSW). Home Support Workers are the front-line staff of Macdonald House whose primary duties include medication administration, cooking meals, cleaning, assisting with personal care and ensuring that all of the men's basic needs for living are taken care of. Depending on the level of physical or intellectual ability of the men, they would either assist staff in tasks such as room cleans and laundry or staff would complete the task for them. HSWs also deal with any unexpected occurrences or incidents in the home and are the first to respond to any emergencies such as falls or medical-related events. The staff workers within the home have an underlying responsibility to ensure that the living environment is a safe and comfortable one for each and every person.

Community Support Workers are responsible for the accompaniment and transportation for the scheduled activities of the men, planning outings that relate to each person's interests, and

ensuring that each resident has the opportunity to “get out of the house” as much as they would enjoy. Sometimes this would mean going for swims, taking them to the gym for rehabilitation exercises, going out for a coffee or ice cream, assisting them with volunteering pursuits, seeing a movie, or simply just going for a drive. CSWs are also responsible for the behavioral management of the men outside in the community. This includes being aware of obstacles for the men which may include things such as visual impairments, lack of inhibitions, physical disabilities, and level of appropriateness required for dealing with people in the community. As I came to know each resident and his unique personality, interests, and capabilities, as well as his past history of incidences or areas of difficulty, I was able to tailor the activities and situations to suit each person’s needs and to foresee obstacles that might be a hindrance to their inclusion during the outing. Often it would be a matter of re-direction or the requirement of extra support depending on the circumstances.

I enjoyed the balance of working both the HSW and CSW shifts as it gave me the opportunity to understand the environment that these men were living in as well as the chance to help them pursue their interests out in the community. The following section will detail of my responsibilities as a Community Support Worker for the Brain Injury Program:

**1) *Daily Scheduled Activities***

*a. Swims* – For the residents’ scheduled swims, I would accompany them to the pool for their exercise and leisure times. Each of the residents’ swim routines were different as some required more assistance than others. For example, one wheelchair user required full assistance with transferring and changing at the pool and would have to use the lifts and slings available at the facility. Other

wheelchair users had the ability to transfer themselves from their personal wheelchair to the water wheelchair but required assistance with getting ready for the swim. From accompanying these residents to the local pools I became more aware of the resources available for the use of recreation centers for people with disabilities and people with brain injuries.

- b. Volunteering* – On Saturday afternoons, I accompanied a resident to a retirement home to call bingo. This man enjoyed volunteering as it allowed him to interact with the staff and seniors at the home. Because of his capabilities, he required my assistance to tell him the numbers so that he could call them out.
- c. Cooking* – On Friday afternoons, I would take one resident shopping for his groceries to cook his dinner. We would discuss beforehand what he would like to make and he often enjoyed making Asian-inspired meals. For the cooking stage, I would complete the cooking actions while he would tell me what to do. The cooking was something that brought back memories of when he had worked in a restaurant before his accident and had enjoyed creating new dishes.
- d. Computer and Card Games* – I would often have a game of Cribbage, Wii, or Family Feud online depending on the resident I was spending time with. This allowed me to spend time with the men at home if I did not have the time to take them out on an outing or if I didn't have access to the van.
- e. Horseback Riding* – On several occasions, I took one resident up to Cowichan Bay for his therapeutic riding session. I found it very interesting to see the

resources that are offered for people with disabilities that are interests in horseback riding but require assistance from trained professionals who are able to provide appropriate therapeutic support.

## 2) *Outings and Events*

- a. *Movies* – I would take a couple of the residents out for a movie according to their preferences, whether it would be a comedy or action-thriller. IMAX movies were also popular as it gave them both a visual and educational experience.
- b. *Performances* – I accompanied one resident to the John Cleese show at the McPherson Theatre and another resident to The Vinyl Café Christmas show at the Royal Theatre. Both of these men were wheelchair users and it gave me the experience of seeing the availability of wheelchair seating and accommodations in these facilities.
- c. *Coffee/Ice Cream* – I would often take the residents out for coffee or ice cream as a social activity. Most of these outings would be one-on-one, but on a few occasions I did take the same pair of residents as they enjoyed each other's company.
- d. *Drives* – Drives were popular with a couple of residents who preferred not to spend money on other types of outings. We would often drive along the oceanfront or through downtown particularly around the holiday season as they enjoyed seeing the Christmas lights and displays.

e. *Running Errands* – I would take the residents out for errands as needed. This would involve buying basic items for personal needs or going to the library to borrow audiobooks. I also took a couple of the men to Medichair or Rexall for supplies for their wheelchairs and other medical needs.

### 3) *Specific Tasks and Projects*

a. *Volunteer log* – At the beginning of each month, I would tally the volunteers' hours to send to the main office of the Cridge Centre.

b. *Earthquake and Emergency Preparation* – One of my larger projects involved the inventory and acquisition of emergency supplies for the house. I attended an Earthquake and Emergency Preparedness training delivered by the Saanich police and from that and other resources; I was able to identify the areas which needed attention in case of an emergency. I inventoried all of the emergency kits on-site which included a large emergency bin, a couple of smaller emergency backpacks, water storage in the shed, and a number of emergency first aid kits. I ensured that all of these kits had sufficient supplies by purchasing what was needed and then making lists for the items to be easily located. I also became one of the contact people in case any of the other staff had questions about any emergency supplies or procedures.

c. *Christmas Presents* – I worked closely with my manager and the Community Support Coordinator in acquiring Christmas gifts for the men. We came together to discuss ideas for the presents and also asked other staff what the residents

would appreciate in getting as their Christmas gift. After coming up with the ideas, we were each in charge of purchasing gifts for three of the men. I took two of the residents shopping for clothes and shoes to ensure that they were a good fit and that they liked the style. For the other resident, I found a pack of Western genre audiobooks and a coffee mug. I wrapped all of these presents and ensured that they were ready by Christmas to put under the tree. I enjoyed the experience of shopping for their gifts and being able to find gifts that the men would appreciate.

### ***CHALLENGES AND LEARNING OUTCOMES***

From this co-op experience, I have come to learn that the brain injury field is a constant learning process. Each individual has a unique personality and unique characteristics, as well as a wide range of capabilities and disabilities stemming from how they were affected by their injury, both physically and psychologically. There are a couple of major differences that I find between working with people with brain injuries and people with disabilities: the first is that there can be a high level of frustration and anger in people with brain injuries versus people with disabilities, and the second being that the actions of people with brain injuries cannot be predicted whereas the behaviors of people with disabilities can be predicted to a certain degree. There is much uncertainty in working with the residents at the house because it is often difficult to foresee how an individual might react unless a person has known that individual for years and has been in close contact with them. I am still learning the behaviors of each resident and I find that there are actions that would catch me off-guard but in learning to deal with these surprises, I am building upon my relationship to that individual and coming to more of an understanding of their interactions with the people around them.



One of the major competencies that I have been working on is communication with the residents. I encounter many different communication styles: some of the men have a medical condition which affects their speech and makes it harder to understand; another of the residents knows what he wants to say but is unable to form the words so communicates through gestures or his communication book. Along with communication also comes behavior management since a lack of inhibition often means that the conversation may turn to inappropriate topics. With each of the residents, I have come to develop a rapport, some more so than others, which helps in conversations and knowing the message they want to get across. If I am unable to understand what the resident is trying to say, I would ask them to repeat themselves, frame the question in a different manner, give them time to work out the words for themselves, and be as open and engaging as possible.

Another type of challenge that I have come across is dealing with inappropriate behavior with some of the residents. This includes both inappropriate actions and inappropriate questions or topics of conversation. Oftentimes it becomes necessary to re-direct the resident back onto another topic and to make sure they understand that what they had just said was inappropriate. In the case of such residents, there are also behavior management protocols that are in place and should be used when necessary. In spending time with these residents, I find that I have come to recognize some of the signs that may lead to such inappropriate statements so at times I am able to cut off that train of thought before it starts. We often have engaging conversations about other topics, and those can be achieved by setting the boundaries beforehand and reacting in a professional manner.

Medical conditions are another area which is a constant learning process for me. At Macdonald House, the residents have a wide range of medical diagnosis, some of which include seizures, dysphagia, asthma, and other various physical and psychological ailments. Staff members are trained in residential emergency and standard first aid, and are expected to deal with any medical incidents and medical emergencies which may arise. Direct care staff are always the first to come to the residents' aid and emergency personnel are contacted if needed. While I have been at the residence, there have been a few critical incidents and I am finding myself learning very much in terms of knowing the appropriate steps and measures to take in the case of these critical incidents. I am also learning about the various medical conditions that I have come across in administering medication and I find that I am learning more about these conditions as they also directly affect people in my daily life.

### ***CONCLUSION***

As I continue on with the Cridge Centre for my next co-op term, I hope to build on my relationships with the residents and to also build on my communication, planning, and teamwork skills. I enjoy the work that I do as a Community Support Worker in building the bridges that are needed to provide inclusion for the men back into the community. In researching my future, I am exploring further opportunities in the field of brain injury and working with people with disabilities. I know that my future career will involve facilitating relationships between different groups of people and I strongly believe the avenue for that is through community inclusion. I look forward to where my continuation of this co-op will take me for the next few months and the new challenges and learning that will come from further developing my role at the residence.