**Maryland Traumatic Brain Injury Advisory Board Manual**

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# **Legal Charter**

# **Legislation/ State regulation**

The Maryland State Traumatic Brain Injury Advisory Board (TBIAB) was authorized in October 2005. (Chapter 306, Acts of 2005; [Chapter 236, Acts of 2008](http://mgaleg.maryland.gov/2008rs/chapters_noln/Ch_236_sb0903T.pdf)) The TBIAB consists of 36 voting members, who represent consumers, families and caregivers, advocates, government officials, health care professionals and elected officials.

Links to legislation and state regulation

# **Strategic Plan**

Link to document on website

# **Organization/Operations**

**TBI Advisory Board website**

The Maryland TBI Advisory Board web address is insert link

**Meetings**

Meetings are held bi-monthly (January, March, May, July, September, and November). The annual schedule of meetings is posted on the TBI Advisory board website.

**Meeting Agenda Template**

1. Welcome and Introductions
2. SAFE subcommittee report
3. Partner Sharing (5 minutes each)

Maryland Traumatic Brain Injury Advisory Board Partner Report/Share Template

* Who am I
* What do I do
* How I relate back to Brain injury
* My current initiatives
1. Review and approval of meeting minutes
2. Review of old business
3. New business/ presentation/ special topics
4. Subcommittee updates
* BI Waiver/ Long Term Care
* Education
* Trust Fund
1. Strategic Plan Activities and Updates
2. Board Member announcements
3. Adjournment

**Membership roles and responsibilities**

* The Maryland TBI Advisory Board membership is comprised of ex officio members, Governor's appointees, agency designees, and representatives from specified agencies and organizations.
* Members may serve no more than two consecutive three-year terms. Members whose terms have expired may remain on the Board until they are replaced.
* Members are required to attend at least 50% of meetings. Members who do not meet this meeting requirement will be presumed to have resigned, unless a waiver is requested by the appointee or the appointing authority.
* Board members are encouraged to participate in at least one subcommittee.
* Board members are encouraged to convey the priorities and recommendations of the Maryland TBI Advisory to other relevant state or private boards, commissions, committees or work groups on which members participate. Likewise, board members are expected to update the TBI Advisory Board on the work of other relevant boards, commissions, work groups and committees.

**Subcommittees**

The Board establishes ad hoc and standing subcommittees to conduct its work, gather information needed for the annual report and promote the Board recommendations.

Standing subcommittees:

* SAFE (Survivors and Families Empowered) subcommittee- meets one hour prior to each Board meeting. All members and guests with lived experience are welcome to participate.
* Education subcommittee
* Brain Injury Waiver/ Long Term Care subcommittee
* Brain Injury Trust Fund subcommittee
* Executive committee

Additional information can be found on the TBI Advisory Board website.

**Record keeping**

Staff to the advisory board are responsible for ensuring meetings minutes are completed for each Board meeting. Every effort will be made to disseminate the meeting minutes within two weeks of the meeting.

Meeting minutes will be stored on the Maryland TBI advisory website.

**Meeting Minute Template**

***Attendees:***

|  |  |  |
| --- | --- | --- |
| ***Name*** | ***Representing*** | ***Attended*** |
|  |  |  |
|  |  |  |

***Absentees:***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |

1. ***Call to order***
2. ***S.A.F.E. Subcommittee***
3. ***Partner Sharing***
4. ***Review and Approval of Meeting Minutes***
5. ***Old Business***
6. ***New business***
7. ***Subcommittee Updates***
8. ***Strategic Planning Updates***
9. ***Board Member Announcements***
10. ***Adjournment***

 ***Summary of Action Steps:***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ***Topic*** | ***Discussion*** | ***Action to be Taken*** | ***Responsible*** | ***Planned Completion*** | ***Status*** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Maryland TBI Data**

Links to State and National Data

**Glossary of acronyms and terms**

DHMH Department of Health and Mental Hygiene

BHA Behavioral Health Administration

BIAM Brain Injury Association of Maryland

TBI Traumatic Brain Injury

ABI Acquired Brain Injury

BI Brain Injury (used interchangeably with ABI)

MDOD Maryland Department of Disabilities

DDA Developmental Disabilities Administration (in DHMH)

DORS Division of Rehabilitation Services

CIL Center for Independent Living. (There are 6 centers in Maryland)

MSDE Maryland State Department of Education

IEP Individualized Education Plan

ADRC Aging and Disability Resource Center

MAP Maryland Access Point

MA Medicaid/ Medical Assistance

DHR Department of Human Resources

DSS (Local) Department of Social Services

SSA Social Security Administration

SSI Supplemental Security Income

SSDI Social Security Disability Income

CMS Center for Medicare and Medicaid Services

HCBS Home and Community Based Services

BI Waiver Home and Community Based Services Waiver for Individuals with Brain Injury

# Program Products and Marketing

**Annual Report**

The TBI Advisory Board is required by § 13-2105(6) of the Health General Article, Md. Ann. Code, in accordance with § 2-1246 of the State Government Article, to issue an annual report to the Governor and the General Assembly that contains recommendations for:

* Providing oversight in acquiring and utilizing State and federal funding dedicated to services for individuals with traumatic brain injuries;
* Building provider capacity and provider training to address the needs of individuals with traumatic brain injuries; and
* Improving the coordination of services for individuals with traumatic brain injuries.

**Brain Injury Awareness Month**

March is Brain Injury Awareness month. The Maryland TBI Advisory holds the March Board meeting in Annapolis in conjunction with the Brain Injury Association of Maryland Brain Injury awareness day activities.

# **Operating Guidelines**

Board meetings are held bi-monthly. There are 6 meetings per calendar year.

Meetings are facilitated by a chairperson. The chairperson is elected by the Board to serve a one year term.

The Advisory Board is co-staffed by the Behavioral Health Administration and the Maryland Department of Disabilities. Staff provide assistance with development of agenda, scheduling of speakers, monitoring of meeting process, tracking of board member appointments and re-appointments, and report writing.

Meetings follow a standard agenda template. The agenda template can be found in the Organization/ Operations section of the document.

The Board strives to adhere to the Full Participation Guidelines established by the Health Resources and Services Administration. \*See Appendix

Priorities are identified via a consensus process.

Formal motions are voted on by board members. A quorum and a simple majority are required to pass a motion. A quorum shall consist of at least 50% of total membership. A simple majority is 51% of those present.

Board members are expected to actively participate in at least 50% of scheduled meetings, be respectful of the opinion of other members and guests, and be aware of the time constraints indicated on the agenda.

An Executive committee may be established consisting of the chair person, a staff person, and at least one appointed member. The Executive committee board member(s) will be voted on by the full Board annually and will serve a one year term. This committee will schedule meetings as needed to assist with the administrative tasks of the Board to include preparation for Board meetings, reviewing board member attendance, providing support to subcommittees, and drafting the annual report.

Meeting agendas and handouts will be distributed at least one week in advance of scheduled meetings.

Meeting Minutes will be distributed within 2 weeks of the meeting and will contain action items and names of those responsible.

All Board meetings are open to the public. Guests are not permitted to vote on board motions.

Staff and or Executive committee will develop a new Board member orientation which may include a copy of the board manual and a “Buddy” for first meeting.

Table Tents with Board members names and role will be provided at each meeting. Blank tents will be available for guests.

# **Appendix**

**Full Participation Guidelines**

March 2008

**Traumatic Brain Injury Technical Assistance Center**

 **National Association of State Head Injury Administrators**

Technical Assistance Resource Tool

**Full Participation Focus Area Work Group**

The Traumatic Brain Injury Technical Assistance Center (TBI TAC) at the National Association of State Head Injury Administrators (NASHIA) established the Full Participation Work Group to focus on full participation as one of the key principles of the Federal TBI Program.

**Work Group Goals**

1. To define full participation as it relates to the Federal TBI Program and to identify concrete examples of the full participation of individuals with TBI and family members within the State and Protection & Advocacy (P&A) grant projects.
2. To identify and develop resources that will assist the Federal TBI Program, the TBI Technical Assistance Center, and all grantees to better understand, practice, and encourage the full participation of individuals with TBI and family members within the Federal TBI Program.
3. To provide the Federal TBI Program with recommendations and proposed outcome measures for incorporating mechanisms of assuring the full participation of individuals with TBI and family members within the Federal TBI Program.

**Full Participation in the Federal TBI Program**

The full participation of individuals with TBI and family members is a key principle of the Federal TBI Program, as they are the primary stakeholders with respected and valued experience and expertise. The presence of individuals with TBI and family members does not constitute full participation unless the individuals with TBI and family members are equal contributing members with a sense of belonging**. The Federal TBI Program is dedicated to the full participation and active** engagement of individuals with TBI and family members in all aspects of the Federal TBI Program.

**Work Group Members**

William Crum – Ohio

Robert Demichelis – BIAA/Colorado

Paula Denslow – Tennessee

Marilyn Hern – Idaho

Sakena McWright – NDRN/District of Columbia

Ralph William Shields – New York

Marilyn Spivack – Massachusetts

Cari Watrous – Maryland

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**Introduction**

As full participation is a focus area of the Federal TBI Program, questions about the capacity of States to achieve full participation within their TBI statewide Advisory Boards/Councils and communitiesemerged as an area of importance.

The Full Participation Work Group established a Survey Subcommittee in order to further study this particular area. The Subcommittee, comprised of three members of the Full Participation Work Group [Jan Brown (former), Marilyn Hern, Sakena McWright], was charged with interviewing nine select State/Protection & Advocacy (P&A) grant projects to assess the perceptions and realities of the full participation of individuals with TBI and family members on their TBI Advisory Boards/Councils. As a result, the Subcommittee developed a Full Participation Questionnaire (see Appendix A). Interviews were conducted with State Lead Agency and P&A Project Directors/Coordinators and individuals with TBI and family members who serve on the varying advisory bodies within each State/P&A. The term ‘TBI Program’ referenced throughout this resource is meant to represent both TBI Programs/Projects within States/P&As as well as the collective Federal TBI Program as a whole.

This document highlights the three primary findings from the interviews. The first section is devoted to laying the foundation as it relates to full participation. The second area discusses the concept of conducting outreach, and the final section addresses providing accommodations.

This draft is a work in progress and is not meant to provide complete information on the full participation of individuals with TBI and family members. It is the intent of the Subcommittee that as additional information is developed, this draft will be elaborated on and new sections will be added. What will emerge as a result of this effort is a comprehensive resource that addresses full participation, which can be used readily and frequently by grantees of the Federal TBI Program. Although this document was developed to focus on the full participation of individuals with TBI and family members within the Federal TBI Program, the tips and tools provided in this resource contribute to the full and meaningful participation of everyone.

**par·tic·i·pa·tion, noun**
 1 : the act of [participating](http://www.m-w.com/dictionary/participating)
 2 : the state of being related to a larger whole

**be-long, verb**

1: to feel and be a part of ...

 2: to enjoy a sense of contribution, value, self-worth

3: to truly believe one is a natural and equal part of the whole

4: comfortable…welcome

**Building A Solid Foundation**

**Question**: How do we move from the ideals of full participation to truly implementing and activating full participation?

**Answer:** Create an environment and establish the building blocks and practices conducive to full and meaningful participation.

* Ensure that individuals with TBI and family members are equal partners in TBI Program activities in order to develop a collaborative, team-based partnership of shared responsibilities and decision-making
* Talk with individuals with TBI and family members about their understanding and expectations of TBI Program participation
* Use people-first language for everyone as it emphasizes respect, individuality and equality
* Allocate funding for and provide necessary expenses to ensure the full participation of all in TBI Program activities: time, travel, support, accommodations, etc.
* Recognize the inherent knowledge, experience, and expertise of individuals with TBI and family members by promoting their participation in leadership roles

**Question**: How are attitude, commitment and value demonstrated?

**Answer:** Setting the tone and embracing equal input with flexible thinking creates a winning and welcoming environment for everyone to establish the building blocks. It is important to recognize that we all bring value and different assets to the table and have a variety of contributions to make.

* Recognize and utilize the strengths and abilities of all participants
* Individuals with TBI and family members are valuable resources that can and should share the responsibility and accountability of TBI Program activities
* Getting to know all fellow TBI Program members builds cohesion which enhances everyone’s full participation
* Formally acknowledge individual contributions, expertise, and value

**Question:** How is understanding and knowledge created?

**Answer:** Providing comprehensive orientation, on-going education, and training for all TBI Program participants is necessary as everyone involved has the same need for knowledge in order to fully participate.

* Individuals with TBI and family members may need more orientation and education with regard to the TBI Program and advisory body
* TBI Program staff may need more orientation and education with regard to individuals with TBI and family members and how best to work and communicate with all types of abilities and differences
* Make use of glossaries, training manuals, and other informational resources
* Avoid the unnecessary use of acronyms and jargon

**Question:** Why are organizational structures and processes necessary?

**Answer:** Organizational structures and processes provide the vehicle and framework for engaging everyone’s full participation. Structure and process are an absolute necessity for individuals with brain injury to fully engage and participate.

* Assure there is a statement of purpose so that all participants have a clear and cohesive awareness and understanding of the purpose and function of the TBI Program, advisory body, and their activities
* Create and routinely review member-developed vision, mission, and guiding principles
* Establish and adhere to advisory body bylaws/guidelines for how it is to govern itself
* Define advisory body membership, leadership roles, and responsibilities with job descriptions and ensure equal access to participation by all members
* Develop and follow policies and procedures
* Assure frequent and active engagement by all participants
* Establish workgroups and encourage input from all
* Hold regularly scheduled meetings, with ample notice
* Provide agendas, meeting materials, and other relevant information as appropriate and in a timely manner
* Formulate and utilize a work plan with goals, objectives, activities, responsibilities, timelines, an evaluation plan, and outcomes measures

**Question:** Why are accommodations essential?

**Answer:** Soliciting the need for and providing accommodations creates a level playing field and allows for the full participation of all parties. Individuals with brain injury may not recognize that an accommodation could be of assistance to them, or may not be able to identify exactly what accommodation could be of support. One may also be uncomfortable requesting an accommodation as s/he may not want to be seen as being different, or not able to manage independently.

* Provide education and training on accommodations [physical environments and information formats]
* Conduct group and one on one discussions using plain language, for example by asking “What would help to make it easier for you to …?”
* Inquire about the need for accommodations during the advisory body interview process, orientation, and at other times as needed
* When possible, provide participants’ preferred choice of environment and modality by which meetings and activities are conducted (i.e., teleconference, videoconference, face-to-face meetings)

The need for accommodation may not always be what it seems. One example is sensitivity to fluorescent lighting. If under its influence for too long, an individual with a brain injury can become quite fatigued and cognitive skills can deteriorate causing a loss of concentration, slowed processing, physical discomfort, etc. By outward appearance, having shorter meetings may be considered a reasonable accommodation; however, that may not the solution. A different type of lighting may be needed as an accommodation instead.

**Conducting Outreach**

Outreach is recognized as the responsibility of everyone involved with the TBI Program. It is important to conduct outreach to inform, to educate, and to link to other communities and populations in order to assure the full participation of individuals with TBI and family members. Effective outreach will broaden the understanding of the needs of individuals with TBI and family members and will serve as a tool for recruiting potential participants in a TBI advisory body.

It is essential that advisory body participants reflect the diverse backgrounds of individuals with TBI and family members. Advisory bodies must strive to build relationships with a variety of individuals and organizations in the community.

Advisory bodies and communities create opportunities to make the most of their available resources in all activities, including outreach, through building a solid foundation.

**Question**: Why is outreach important?

**Answer:** Outreach provides opportunities to establish relationships with a variety of communities, including those that are unserved and underserved.

* Outreach fosters support for the TBI Program
* TBI Programs learn about the needs of individuals with TBI and family members from a variety of communities within their States
* Outreach identifies, develops, and builds resources
* Partners, collaborators, and advisory bodies can educate communities about the needs of and resources available to individuals with TBI and their families
* Outreach promotes awareness of advisory body and TBI Program activities
* Outreach creates awareness of opportunities to participate in TBI Program activities
* Outreach enhances advisory body recruitment

**Question:** How does the TBI Program prepare itself to conduct outreach?

**Answer:**  Preparation begins with the foundation of the TBI Program.

* Create an expectation that outreach is part of the TBI Program’s mission
* Make outreach one of the values of the TBI Program
* Include outreach in the written mission and values of the TBI Program and how they relate to the TBI State Action Plan
* Discuss the importance of outreach with all potential partners
* Provide an orientation handbook to all new advisory body members that has a section devoted to outreach and its importance to the work of the advisory body and TBI Program
* Identify needed characteristics and skill sets of diverse populations and communities, with a connection to the mission of the TBI Program
* Create a plan to conduct outreach

**Question:** How does the TBI Program ensure effective communication with respect to the mission, purpose, and activities?

 **Answer:** Speak plainly and create materials that are accessible and user-friendly.

* Be flexible, know that individuals will process and engage differently
* Understand the population and community you are communicating with
* Recognize how communities communicate and make accommodations as needed

Verbal Communication

* Don’t use jargon and limit the use of acronyms
* Seek feedback from participants during communication
* Listen with openness to new and different ideas
* Have a written plan so people can refer to it

Written Communication

* Written material should include people first language and plain language without too much information on one page
* Make materials available in alternative formats as needed
* If information needs to be translated into another language, make sure the translation is in keeping with the literacy and dialect of the individual(s); have community members check translations to be sure they are appropriate

**Question:** How do members of the advisory body engage in outreach?

**Answer:** Members can develop and carry out an outreach plan by actively utilizing the various strengths of the advisory body.

* Ask what communities need to be reached out to
* Reaching out to unfamiliar communities where cultures and languages may be different can create feelings of apprehension and uncertainty, talk about this
* Check to see if there are TBI Program participants with contacts in the community
* Determine if there are other government offices, community or not-for-profit organizations, and individuals to partner with to carry out plans and activities

**Question:** How does an advisory body learn about new communities?

**Answer**: Reach out to other individuals and organizations to learn about the community.

* Consider contacting organizations and institutions such as local schools, colleges and universities, homeless shelters, disability advocacy organizations, prisons and penal institutions, senior community centers, domestic violence programs, assisted living facilities, organizations that work with people with TBI and Veterans organizations. These resources can introduce you to the community and their trusted leaders and provide information on the best way or ways to approach outreach.
* When entering a new community, start where the community is; identify their needs, customs, concerns, and preferences
* Be prepared to listen and learn, ask questions and do not assume you know best
* Invite representatives of organizations and communities to meet with participants of your TBI Program or advisory body
* Hold meetings in the identified community so that community leaders and representatives can attend

**Question:** How do you build relationships with community members?

**Answer:** Outreach is a tool for building relationships. This process will take time. Be prepared to step out of your comfort zone and move away from familiar surroundings.

* Maintain ongoing contact with community leaders, service organizations, and others who are well connected in the community
* Participate in events that are important to the target community, have materials available to distribute, and be available for discussion
* Use a variety of information formats, including websites, newsletters, and local media outlets that focus on your work in the community
* Look at ways to be responsive to community needs, link them to other resources or provide other assistance

**Question**: How will the TBI Program and/or advisory body carry out the actual outreach?

**Answer:** Outreach begins with identifying and learning about the community. As you develop relationships with members of the community you can use them to help develop your outreach plan.

* Identify the best strategies to reach out to the community: face to face contacts, local radio, newspaper articles, brochures, etc.
* Brochures need to be relevant to the community, consult with community members on language, colors, and use of symbols. If you are going to use people in a document, make sure they represent the community.
* Identify goals and objectives
* Develop strategies
* Create a plan
* Identify responsibilities and timelines
* Create a system for holding people accountable
* Create an evaluation plan with outcomes measures
* Evaluate the resources you have to conduct effective outreach – people, time, money and connections
* Keep all participants and communities informed of progress and challenges
* Make changes in your plans as needed

**Question:** How can you welcome new members or representatives from other communities?

**Answer:** Anytime someone new comes into your world, they are a guest. Treat new members or other representatives the way you would treat any guest.

* Greet people with a smile and be friendly, accommodate their preferences for ease and comfort
* Remember it is difficult to be the “new person” and/or feel like you are the “different” person
* If there is anything new members or other representatives need to know ahead of time, make sure they get the information in a timely manner
* Include new members and other representatives in the socializing of the group before, during, and after meetings
* Ask new members and other representatives to evaluate and share their experience with the group
* Individuals from some communities may not want to join your advisory body for a variety of reasons; however, they may be good resources to help your group maintain contact with the community

**Understanding Accessibility & Providing Accommodations**

Full participation is one of the guiding principles of the Federal TBI Program. In order to enter into conversation about the full participation of individuals with TBI and families members, we must have a shared understanding of the implications of full participation, the attitudes of said participation and expectations about what that participation will accomplish and look like.

With that framework, questions regarding several of the key elements of providing accommodations are presented below:

**Question:** What are reasonable accommodations?

**Answer:** Under the Americans with Disabilities Act, reasonable adjustments, modifications or provision of services and equipment are necessary to enable an individual with a disability to enjoy equal opportunities in employment. The term is routinely used to include accommodations needed under other circumstances such as those administering public programs or providing private services.

**Question:** What is meant by accessibility?

**Answer:** The dictionary defines accessible as “easy to approach, reach, enter, speak with, or use.” However, this definition is especially limiting when we consider that a meeting is not “accessible” simply because a person can enter the facility easily.

* A sense of “belonging” is necessary for accessibility to be fully realized. Belonging in this context means having a sense that you are in the right place and feel comfortable participating, rather than being just a spectator; this kind of belonging requires respect and equality.
* This means that the accommodations must be appropriate for all the participants and that the materials, the pace of a meeting and the time allotments for different activities must respect differences among individuals.

**Question:** Are reasonable accommodations provided for family members?

**Answer:** Yes, provided the interests of the person with the TBI are respected.

**Question:** What are cognitive accommodations?  How do I obtain information about them?

**Answer:** By definition, cognitive means; “of or pertaining to the mental processes of perception, memory, judgment, and reasoning, as contrasted with emotional and volitional processes.” Ongoing discussions with all participants in the TBI Program and the community promote understanding of current strategies and accommodations.

* Suggestions may include:
	+ Provide materials in advance when possible.
	+ Make available materials in alternative formats.
	+ Provide audio or video tapes of the session or allow taping.
	+ Repeat a question as it is answered, as in, “Where is registration? It is on the third floor, turn left (point to the left) off the elevator.”
	+ Invite participants to bring a companion or offer a mentor to accompany and assist.
	+ In advance of an event, prepare individuals for what will take place (e.g., share how many people will be in attendance, explain roles, discuss what will be going on during each part of the meeting). This is especially useful when done at the conference center/hotel before the meeting begins.

**Question:** Who is responsible for ensuring accommodations are provided?

**Answer:** A designated person in a leadership role.

**Question:** What is the process of having accommodations met?

**Answer:** Orally communicate at meetings using language to promote full participation.

* + Include language on all documents stating “all are encouraged to participate; if accommodations are needed, contact the designated person.”

**Question:** What types of accommodations are provided?

**Answer:** Functional, physical and cognitive – create an environment which is welcoming to everyone. Accommodations must be appropriate for all participants. Materials, the pace of a meeting and the time allotments for different activities must respect differences among individuals.

**Question:** Are there some accommodations that are unable to be provided?

**Answer:** Providing accommodations is an ongoing process of learning and understanding the need to improve communication and accessibility for everyone.

**Question:** How do you know what accommodations might be required?

**Answer:** Ask individuals directly what their needs are. Consider utilizing an accommodations checklist. *The key to this asking is in the listening that follows.* Use “common sense” rules, treat others as you want to be treated, respectfully and honestly.

There are considerations, which are essential in providing reasonable accommodations.

* There must be a process in place.
* There must be person in a leadership role that has the responsibility of promoting the process and serves as keeper of the process. This person must be known as the responsible party for accommodations on an ongoing basis to ensure that all members are aware of his/her role.
* For the person in need of accommodation(s), it is imperative that you ask for what you need. Too often individuals with TBI and families members do not want to bother or burden people with their needs. Additionally, individuals with TBI often try to fit in, think that they are okay, and do not have needs – when, in fact, they do.
* Always look for what is underneath or below the surface, which may be causing the need for an accommodation. Often an underlying emotional/behavioral limitation is being manifested as a cognitive or physical limitation. Sometimes, an individual with TBI is not able to communicate his/her need while in the midst of confusion, or “being stuck.”

Most importantly, recognizing and appreciating the value of the full participation of individuals with TBI and family members is critical. When the overall outcome of the TBI Program is more positive, there is a greater use of the resources, a higher level of functioning for all participants, and optimal performance by the group and the individuals. When the time and effort is made to implement the full participation and accommodations process up front, it generally leads to a better system.

Certain impairments and limitations often require reasonable accommodations for individuals with TBI and family members. It is important to be aware of and understand limitations, physical, cognitive, sensory, behavioral and emotional.