Returning to Work After Injury

By Lynn Brouwers, MS, CRC, CBIST
Rainbow Rehabilitation Centers

THE BAD NEWS

The news is not good. The Bureau of Labor Statistics reports that less than 30 percent of working age people with a disability were employed in 2013 compared to 78 percent for people without a disability. And the bad news affects families, too. Families with an adult member with a disability earn almost 40 percent less than households without an adult member with a disability (2012 Disability Status Report).

So, what is the news for people with disability from brain injury? An analysis of Colorado’s registry showed that working people with severe brain injury (more than one day of coma) had a failure rate of 50 percent in their goal of returning to work at one year. For working people with mild TBI, 20 percent failed at return to work at one year post injury, often because of difficulties with the cognitive skill of sustained attention (Shames, Treger, Ring, & Giaquinto, 2007). Moreover, job loss occurred in the next five to 10 years for those who were able to return to work (van Velzen, van Bennekom, Edelaar, Sluiter, & Frings-Dresen, June 2009) pointing to an additional problem: retention. (see Figure 1)

Too many people fail at returning to work after brain injury. And after failing, relatively few of the many people who attempt to return to work are referred to receive additional assistance in vocational rehabilitation.

The Centers for Disease Control and Prevention (CDC) estimates that, of the working age people who are hospitalized with TBI each year, only five to six percent are served by the publicly funded vocational rehabilitation system (Languois, Rutland-Brown, & Thomas, 2004). Thus, vocational rehabilitation specialists reach only a small group of people with TBI who might benefit. (Catalano, Pereira, Wu, Ho, Chan, 2006).

“WILL ‘I’ GO BACK TO WORK?”

The literature gives us clues of which groups of people are more successful but no evidence to predict who individually will be successful in return to work.

An analysis of the scientific literature about return to work after brain injury and stroke continues to show that we cannot accurately predict who will be successful, with return to work rates of 12 percent to 70 percent (Shames, Treger, Ring, & Giaquinto, 2007) and 19 percent to 73 percent respectively. In stroke, the side of the brain injured or stroke location was not a factor (Shames, Treger, Ring, Giaquinto, 2007). Surprisingly, injury severity (classified by Glasgow Coma Scale), gender, depression/anxiety were not related to success or failure either (van Velzen, van Bennekom, Edelaar, Sluiter, Frings-Dresen, May 2009).

We do know that people with the following characteristics have more success (Walker, Marwitz, Kreutzer, Hart, Novak, 2006):

• Younger
• More educated
• White collar professions (professional/managerial returned at

“Anyone can work, really. Support in the work environment seems to be the most important predictor of success”

—Jeff Kreutzer Ph.D., The National Resource Center for Traumatic Brain Injury

“Working at an office building snack bar in Livonia, MI teaches customer service skills and a little baking too.”

VOCATIONAL CORNER
56 percent compared to manual labor at 32 percent
- Shorter hospital stay
- Self-awareness
- Strong social and financial supports
- Married

People were more successful when they returned to work in the same occupational category grouping (van Velzen, van Bennekom, Edelaar, Sluiter, Frings-Dresen, May 2009) and support in the work environment seems to be the most important predictor of success (brainline.org).

So how do we change the bad news? A number of approaches have been studied. The literature is not conclusive, but best practice ideas are being promoted, and the best are being incorporated into Rainbow’s vocational rehabilitation approach.

For the future, as part of its mission to advance research and appropriate treatment for people with brain injuries, the Brain Injury Association of America (BIAA) announced in July 2014 that it has awarded a grant to the Brain Injury Research Center at the Icahn School of Medicine at Mount Sinai. The grant funds a three-year investigation to develop Guidelines for the Rehabilitation and Disease Management of Adults with Moderate to Severe Traumatic Brain Injury (TBI). Fifty of the nation’s top researchers and clinicians, including Heidi Reyst, Ph.D. as well as family members of people with brain injuries, were selected to review and assess evidence in functional, medical, cognitive, behavioral, and vocational/community.
**Best Practice Idea #1: The value of early vocational rehabilitation; preserving a valued job/identity and keeping a supportive work environment**

In research conducted by Jim Malec et al., people who received early vocational case coordination had better vocational return to work rates (80%), maintained employment at a better rate at one year post injury, and even had reductions in psychiatric comorbidity.

To keep the lines of communication open, Rainbow performs a vocational screen at the time of admission. With permission of the person served, we research early if they have an employer that is supportive. And we find out if there are opportunities for a return to work even while elements of medical rehabilitation continue. This is a different paradigm. Rehabilitation physicians and therapists often view vocational rehabilitation as the tail end of rehabilitation, but studies show value in early vocational interventions (Malec, Buffington, Moessner, & Degiorgio, 2008).

It is delicate timing to return a person to their own work setting or a similar work setting with the necessary supports and education. Brain injury education is vital so co-workers understand how brain injury can change a person's abilities and that recovery takes place over months to years.

By tailoring the rehabilitation program to the work history, interests and skills of the worker, we also capitalize on opportunities for mutual goal setting and engagement. This helps to combat the problem of anosognosia where persons early in recovery may not recognize their own disabling conditions as a result of their brain injury. It also may help a person stay positive by holding onto their work identity and accomplishments of “who I am” while integrating the “new self.”

At Rainbow, we begin with the traditional medical rehabilitation treatment team: the occupational therapist, physical therapist and speech & language pathologist that will take work information and incorporate it into therapy. When tolerance for, or the goals of traditional therapy have been achieved, work conditioning is then built in.

Work conditioning can be incorporated into fitness, performed as a component of occupational therapy, or can happen on the work floor at a vocational program. A program of work conditioning along with participation in interesting activities helps the injured worker keep a stable activity pattern.

The reductions in psychiatric comorbidity seen in the literature when people return to work may relate to being surrounded by supportive people and by working in a supportive environment.

So, how can we keep people who are injured connected to their bosses, friends, and co-workers when they have strong relationships? How can we help maintain relationships...when their coworker hovers between life and death...coma or waking up? A car accident of a valued work team member is shocking and sudden. Friends are often at the bedside supporting family and the injured person and will want to do everything in their power to help.

Education about recovery from brain injury can keep friends and co-workers engaged and supportive even when cognitive problems are more evident. We need to let them know that brain injury recovery is a marathon event, not a sprint. It can keep friends/co-workers rooting for the best recovery.

Research shows that even when the work environment is supportive, chances for success are increased when there is a working alliance between the injured worker and the vocational rehabilitation counselor. (Lustig et al, 2003). The alliance could be private (known only by the counselor and injured worker) or include open dialogue with the community.
employer, based on the preference of the injured worker. Counseling, guidance, and problem solving are essential components of the alliance.

**Best Practice Idea #2: On the job training works! Program-based vocational rehabilitation and supported employment**

Program-based Vocational Rehabilitation may use all of the therapeutic services available. Established after a review of the individualized needs and desires of the persons served and their family, physical therapy, occupational therapy, speech & language pathology, mental health services and vocational rehabilitation are designed in a day program format.

At Rainbow, Young Adult Programs and Adult Programs offer job-coached, supported employment in facility-based and community employment settings coupled with therapeutic groups that support learning about the world of work, job seeking skills, social skills training, and work conditioning. This model showed evidence of success (Fadyl, & McPherson, 2009) and has the added benefit of addressing additional domains that affect independence.

On-the-job training works. This was the conclusion of a number of studies. It makes sense too, given that people with severe brain injury have trouble generalizing skills and strategies from artificial settings to real settings. A great example of this model is Project Search (mathematica-mpr.com) in which young people with severe cognitive/intellectual disabilities have successfully been employed through a unique work immersion model of employment that focuses on the needs of the employer and worker.

Supported employment, where all interventions are provided solely on the job and the extent of support is not time-limited, is a model that also showed evidence of success (Wehman, Bricout, & Targett, 2000).

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LAWS AND REGULATIONS THAT SUPPORT PEOPLE IN THEIR QUEST TO WORK

By Lynn Brouwers, MS, CRC, CBIST
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In the previous article, we reviewed general statistics on return to work after brain injury. The evidence is not conclusive at the level of the individual to know who will be successful and who will not in return to work. Jeff Krueitzer Ph.D., from the National Resource Center for Traumatic Brain Injury, said “Anyone can work, really. Support in the work environment seems to be the most important predictor of success.” Two best practice ideas are:

1. The value of early vocational rehabilitation involvement, preserving a valued job identity and keeping a supportive work environment intact for return to work.

2. On-the-job training works! Program-based vocational rehabilitation and supported employment improve vocational outcomes.

In this article, we will review laws and regulations that support people with disabilities in their quest to work after injury.

An important fact to remember is that employers are under no legal obligation to “hold jobs” or even offer a different job for people who are off work for an extended period of time (typically 12 weeks) because of injury.
or illness. This is true whether the person was injured on or off the job.

Each employer may have its own unique employment practices which can be influenced by labor relations, corporate culture, federal/state contracting laws or their industry practices.

The best advice given to the injured individual is to keep an open dialogue with the employer and keep them informed about the current status of their work restrictions and abilities.¹

**SHARING DISABILITY-RELATED INFORMATION**

Disclosure of personal health information is protected by law.² An injured worker has the right to privacy and ultimately makes a personal decision about how much health information to share with the employer. Sharing personal medical information can be a “double-edged sword.” On the one hand, the very laws that are intended to stop discrimination may require medical disclosure to request reasonable accommodations. On the other hand, some people report that they are treated differently when they disclose that they have had a brain injury.

During a job interview, the employer may ask about the applicant’s ability to perform the job functions, but the employer is barred from any inquiries about disabilities or health issues, including prior workers’ compensation claims.

Only after an offer of employment is made can the employer arrange for a pre-placement medical evaluation (so long as this is a consistent practice for all new-hires, not just the applicant believed to have a disability).

Job placement may be contingent upon the medical evaluation determining that the employee can perform the essential functions without posing a “direct threat” to safety and health. That is, if there is an imminent risk of substantial harm to the employee or co-workers due to the health condition that cannot be eliminated through reasonable accommodations, the employment offer can be withdrawn.

Most employers will require a medical “return to work” authorization. In some instances, depending on company policy, injured workers who are absent for a significant period of time may also be required to be evaluated by an occupational medicine physician or clinic before starting back at work. The clinician may clear the worker for return with or without restrictions, or request further medical information. They communicate their recommendation to the employer's Human Resource department. Human Resource department personnel also are required to protect a worker’s personal health information and should not disclose information to supervisors without the permission of the employee.

**THE AMERICANS WITH DISABILITIES ACT (ADA) AND EMPLOYMENT**

The Americans with Disabilities Act (ADA) was signed into law on July 26, 1990, by President George H.W. Bush. The ADA is one of America’s most comprehensive pieces of civil rights legislation that prohibits discrimination and guarantees that people with disabilities have the same opportunities as everyone else to participate in the mainstream of American life.

One right covered by the ADA

The best advice given to the injured individual is to keep an open dialogue with the employer and keep them informed about work status.”¹
under Title 1 is the right to have equal access to employment opportunities.³

The ADA owes its birthright to many thousands of people who make up the disability rights movement. This movement began during the Civil Rights era of the 1960s and resulted in the passage of Rehabilitation Act of 1973. For the first time, exclusion and segregation of people with disabilities was viewed as “discrimination,” not the inevitable consequence of the physical or mental limitations imposed by the disability itself.

People with disabilities banded together and were viewed as a class—a minority group—that confronted prejudices and societal barriers. There were even “sit-ins” in public buildings, the longest lasting 28 days in San Francisco, until regulations were published to codify the rights of people with disabilities.

The passage of the ADA, an expansion of the Rehabilitation Act, was spurred in part by a national campaign for people to write their stories of discrimination—the “discrimination diaries.”⁴ Before the passage of the ADA in 1990, it was legal for private business (who did not have a federal grant or contract) to discriminate against people with disabilities.

The Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990 have continuously been challenged by the legislature and in the courts. The outlawing of employment discrimination under Section 504 of the Rehabilitation Act was decided by the courts in 1977.

To be protected by the ADA, one must have a disability, which is defined by the ADA as a physical or mental impairment that substantially limits one or more major life activities, a person who has a history or record of such an impairment, or a person who is perceived by others as having such an impairment. The ADA does not specifically name all of the impairments that are covered.

The ADA prohibits private employers with more than 15 employees, state and local governments, employment agencies and labor unions from discriminating against qualified individuals with disabilities in:

- Job application procedures
- Hiring
- Firing
- Advancement
- Compensation
- Job training
- Privileges and benefits of employment such as access to the cafeteria or special events

A person with a disability has a right to request a “reasonable accommodation” for the hiring process and on the job, but must be able to perform the “essential functions” of the job. The person must also be “qualified,” meaning that they satisfy the skill, experience, education, and other job-related requirements.⁵

The law is enforced by the U.S. Equal Employment Opportunity Commission. If discrimination is suspected, a charge should be filed within 180 days of the alleged discrimination.

A reasonable accommodation is a change or adjustment to a job, the work environment, or the way things are usually done which would allow a person with the disability to successfully perform the essential functions of the job.

A person needs to make a request for an accommodation. An employer may request medical documentation to justify the accommodation. Common examples for people with brain injury include:

- Providing a quieter work space or other changes to reduce noisy distractions
- Written or recorded meetings with supervisors
- A temporary job coach to assist in training
- Written or recorded instructions to help remember
the sequencing of a job

- Adapted computers for people who have difficulty using their hands
- Cognitive aids and technologies (equipment and software to help organize)
- Installing ramps or modifying workspaces or bathrooms
- Time off for someone who needs treatment for a disability (no specific amount of leave time is covered under ADA)

An employer is not required to create new jobs that did not exist or to provide accommodations that create “undue hardships” for the employer (e.g., too expensive, too difficult to implement or altering the fundamental business). The accommodated employee must still be capable of performing the essential functions of the job.

**Essential functions** are the fundamental, crucial job duties performed in a position. They do not include marginal functions, which are extra or incidental duties. A function may be essential because:

1. The position exists to perform that function.
2. There are a limited number of employees available who could perform that function.
3. The function is highly specialized, and the incumbent is hired for special expertise or ability to perform it.

Essential functions must be identified for each position and must be based on the work performed. An employer may change the essential functions of a job for business reasons. If challenged, management must demonstrate that a function is essential.

**QUESTIONS TO ASK TO DETERMINE WHICH FUNCTIONS ARE ESSENTIAL**

1. Is the function a primary reason for which the position was established?
2. Would removing the function fundamentally change the position or eliminate the need for the position?
3. Is transferring the function impossible due to a lack of available employees?
4. Are there severe consequences if the position is not required to perform the function?
5. Does the function require specialized expertise?

In summary, the ADA was designed to reduce discrimination. However, for men of all ages and women under 40, Current Population Survey data shows a sharp drop in the employment of disabled workers after the ADA went into effect.

**WORKERS’ COMPENSATION AND EMPLOYMENT IN MICHIGAN**

Injured workers in Michigan and their employers are governed by the Workers’ Compensation Disability Act which was first adopted just over 100 years ago. Considered a “grand bargain,” seriously injured workers gave up the right to sue for negligence in return for a “safety net” of medical benefits and wage replacement.

The Michigan Workers’ Compensation Act, like all state laws governing worker’s compensation, has been changed through the years by the legislature and court systems. There are no federal minimum standards for Workers’ Compensation Laws.

People injured while working in Michigan are eligible for vocational rehabilitation in addition to medical rehabilitation. The state of Michigan defines vocational rehabilitation as counseling, vocational assessment, on-the-job training, short-term retraining and job placement assistance. Michigan suggests that workers contact their employer or workers’ compensation insurer to establish a return-to-work plan or vocational rehabilitation plan.

**IN OTHER STATES**

Driven by the rising cost of medical care and the great recession, more than 30 states have passed laws to reduce benefits and access since 2003. Employers and insurers now have more control over medical decisions.

Worker benefits have been impacted. Costs have shifted to government programs such as SSDI and food stamps. NPR, formerly known as National Public Radio and ProPublica, an independent, non-profit newsroom, reported a projected $30 billion in lost wage and medical costs shifted for people with occupational injury and illness.

**NATIONALLY**

With the erosion of the “safety net,” a national effort
is underway, driven by the American Congress for Occupational and Environmental Medicine, to improve the goal of helping people with health conditions stay at work or return to work. Titled “Preventing Needless Work Disability by Helping People Stay Employed,” four recommendations are made to the business and medical community:

**Adopt a Disability Prevention Model**
- Increase awareness of how rarely disability (leave) is medically required
- Urgency is required because prolonged time away from work is harmful

**Address Behavioral and Circumstantial Realities that create and prolong work disability**
- Find a better way to address psychiatric conditions
- Reduce distortion of the medical treatment process by hidden financial agendas

**Acknowledge the Contribution of Motivation on Outcomes**
- Increase real time availability of on-the-job recovery, transitional work programs, and permanent job modifications

**Invest in system and infrastructure improvements**
- Educate physicians on why and how to play a role in preventing disability
- Disseminate medical evidence regarding recovery benefits of staying at work and being active
- Improve/standardize tools that provide data for stay at work and return to work decision making

**THE MICHIGAN AUTO NO-FAULT LAW**
Michigan’s Auto No-Fault Law was first adopted over 40 years ago. Also considered a “grand bargain,” seriously injured people gave up the right to sue for pain and suffering in certain instances in return for a “safety net” of medical benefits and a time-limited wage replacement.

Vocational rehabilitation services were disputed by insurers until clarification was made by the courts in 1985. Vocational rehabilitation is considered an “allowable expense” if it is determined to be a “reasonably necessary service for an injured person’s care, recovery or rehabilitation.”

**References**
Tips for success

It is often said when working with persons with moderate to severe brain injury, “it’s not getting a job that is hard; it’s keeping the job.” Left on their own, over half of patients who return to work end up unemployed within a year.¹

Work is a valuable way to earn money and contribute to society. Work improves the potential of a person having a healthy self-image. A stable pattern of activity reduces the secondary complications of isolation.

What makes Rainbow's program successful? We polled our vocational therapists to get real world tips for success.

Start with the philosophy that anyone can work
Some studies have shown that the amount of time since the injury is correlated positively with attachment to the labor market.²³ Start in an environment that appeals to the person and that offers the right amount of support to maximize success. Consider non-traditional approaches like starting one’s own small business using personal and community-based networks.⁴ Support can include vocational counseling, individual job coaching, a job-coached work group in a competitive setting, or even an advisory committee.

Have a relevant résumé
A résumé can be improved by expanding work experiences after injury. The vocational rehabilitation program may have a program where a time-limited work experience can be developed under a program called the “On the Job Experience” (OJE) program. The participant collaborates with the vocational counselor to identify a site where relevant work experience can be obtained and where there may be potential to become employed.

The person then starts with the employer while remaining employed with the rehabilitation program and with benefits covered by the rehabilitation facility. The employer has the opportunity to see the potential employee work successfully before hire. Even if a job offer does not materialize, valuable work experience and a reference is obtained.

When the person served is working in competitive employment, individualize the amount and length of contact with the person served and the employer
People with a cognitive disability from brain injury may have difficulty judging their own performance and need for support/training. With the consideration that the person served chooses whether to disclose their relationship with a rehabilitation provider, support can be at the employment site or “behind the scene.” When the relationship is disclosed, a job coach is available to assist with orientation, training, and periodic job coaching when needed.
Work success is integrally tied to successful instrumental activities of daily living

There is more to successful employment than showing satisfactory work performance on the job. Knowing how to use the employer’s computer-based scheduling system or time off system, managing a paycheck and public or insurance benefits, arranging private or public transportation may also be factors contributing to success. The individual may need training and/or ongoing support to manage these activities.

Become an interview star

Persons looking for work do best in interviews when they know how to explain an interrupted work history. Practice interviewing is essential in becoming comfortable in interview situations. Recording the practice for review later can help a person improve their performance. The persons served may also request assistance from their vocational rehabilitation counselor in communicating with the employer.

Start part time when possible

Although full-time work is a goal for many, best results come when the cognitive and physical demands are within the client’s tolerance level. Remember, too, that the person seeking work may need to continue to qualify for benefits such as Medicare or Social Security to live independently and have adequate health insurance. If full time is the desired option, engage in “work hardening” before starting the job. An interdisciplinary rehabilitation environment with gym space for work conditioning or engagement in a work hardening program may be beneficial.

Educate and support the person served about how brain injury has impacted them

It is not easy for a person with brain injury to judge their own skills in social interaction and communication. Group therapy such as the Group Interactive Structured Treatment (GIST) group offers opportunities for people to learn from their peers and clinicians. Understanding creates the potential to develop strategies to compensate.

Remaining in therapy, for example, vocational counseling, mental health, or speech and language pathology may assist a person in cognitive/behavioral success on the job.

Educate and support the employer

Certainly every work environment is different and employers have varying degrees of comfort hiring people with a disability. Assist employers in realizing that, once they hire someone with a disability, they are not alone. Team members can offer resources and training to understand the effect of brain injury. Studies show that people with disabilities have attendance, safety, and performance records far above the norm.

About Rainbow’s Vocational Rehabilitation Program

Rainbow Rehabilitation Centers has over 30 years’ experience assisting people with brain injury to return to work. With four locations in Michigan holding CARF accreditation in Vocational Services for people with brain injury, nearly 250 persons were served in 2015.

Unique to the program is a subsidiary company called Rainbow Industries Production Company (RIPCO) which pays a wage to working program participants on a short- or long-term basis.

Human resource and employment rules apply, giving program participants not only the opportunity to earn a wage but a real work environment in which to learn and improve, while also having the benefit of working with an interdisciplinary team.

References


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Lynn Brouwers holds a Master of Science in Rehabilitation Services from the University of Wisconsin. She has more than 25 years of leadership experience in medical rehabilitation with a specialty in programs for persons with traumatic brain injury and spinal cord injury. She has managed neurological rehabilitation programs in hospitals, skilled nursing facilities, residential facilities, and in the home and community.
Finding employment after a traumatic brain injury can be a long, uphill road. It is so important to find the right fit within a company willing to accommodate your needs when returning to work after such a catastrophic event.

Rainbow Rehabilitation staff experiences this process right along side their clients seeking employment. In January 2015, Vocational Therapist Laurie Cooke noticed a job posting advertising a dishwasher position at the Grand Traverse Pie Company in Ann Arbor, MI. Thinking this might be a perfect fit for her client, she picked up the phone and scheduled an interview.

When Laurie walked into the warm smell of pies and feeling of hospitality that the restaurant has to offer, she was confident that this was going to be a great experience. During her first meeting with owner Beth Zeigler, her optimism grew for a future relationship between Rainbow and Grand Traverse.

Beth and her husband Dave Zeigler were looking for a career change six years ago which led them to open up their own Grand Traverse Pie Company franchise. Although it was Dave’s dream from the beginning, Beth is the first to admit that she has never felt more grateful for the paths that this crazy adventure has led them on.

The Zeiglers always look at potential employees who embody a certain something. “I can teach anything,” she said before elaborating on what she looks for in an applicant. With staff ranging from 16-84 years of age, she’s come to realize that a diverse “pie crew” makes for a well-rounded, fantastic team. The criteria she looks for is the will to work, will to learn, and the ability to work within the team.

Laurie raves about how amazing the direct placements have gone with the Zeigler franchise. Starting with just one employee almost a year ago, there are now four to six Rainbow Rehabilitation clients and graduates employed at the store at any given time. Depending on the clients’ needs, they may or may not have a job coach accompany them for their first shifts to make sure they’re able to do what is expected and that they can do so efficiently.

The job coach will join the client on their first day, if needed, to do a walk-through tour of what would be expected from the client. They take this tour with another employee first, and then the job coach is responsible for running through that tour again to see what the client remembers and to make sure they can safely complete the tasks.

Rainbow Team Leader Denise Genereaux assisted with training three clients. One client/employee, Mark Fornetti, was taking on more responsibility from washing dishes and dinnerware to adding the many cookie sheets to his load. It was a task that she didn’t have to help with for long because he mastered it quickly. She speaks so highly of the accommodations the Zeiglers have made for the direct placements. When one client was trying to balance his work schedule while going to college, she allowed him to drop to 20 hours from his previous 30. One of the other direct placements was struggling with a lack of range of motion and the Zeiglers found a new job that he could fulfill.

“Each client benefits from their work in different ways,” said Denise. One of her clients, Shanya Oglesby, had a bit of a breakthrough while she was there. “I was so excited to see that!” she says referring to her shy client. Her duties at work consist of floating around the dining room and checking on customers and getting them anything if needed, refilling things on tables, and changing out the coffee dispensers every couple of hours. Keeping the customers satisfied is the biggest priority for this hostess, and when Denise witnessed her stepping out of her comfort zone, she couldn't have been more proud.

The pie crew, as well as the clients, have grown immensely from these direct placements. Beth discussed the change she’s witnessed in the pie crew through a
heartfelt grin, saying that the clients becoming part of the pie crew really strengthened the whole team. “The other employees look out for [the clients], it has allowed them to recognize when people need help, and they have helped them,” she said.

Some of the direct placements have never worked in the community, and this opportunity has really allowed them to step out of their comfort zones and helped them grow.

One of the Rainbow graduates has gone from washing dishes to now preparing food and learning culinary skills, while others bus tables and are responsible for janitorial duties. All of the clients take pride in their work, and their work has really boosted their self esteem.

It was when Beth started talking about her Rainbow employees that her face really lit up. Speaking of when Mark first joined the pie crew, through wide eyes, she explained how dedicated he is, that he’s a “breath of fresh air” and how “he’s really grown and blossomed!” When recalling the growth of her most recent hire, she simply said “she’s another one of the good ones.”

The Zeigler franchise didn’t only open their doors and welcome these people with disabilities, but Beth continues to contact Laurie if she feels something could use improvement. When one of the dish washers was getting too wet doing his job, Beth reached out to make sure he could get some more appropriate, waterproof clothes for work. Laurie was visibly emotional when talking about the accommodations Beth takes to make sure the clients are not only capable of completing tasks but that they’re doing so safely. “She’s willing to start them slow and build hours as they become more confident,” said Laurie.

Of the five employees hired through the Zeigler franchise, positions range from dishwasher, hostess, food service, to most of all—customer service. These hires have given clients such valuable opportunities to gain skills and experience that will benefit them through the rest of their lives. Returning to work is so much more than a paycheck after such a traumatic event, it’s returning to the most normal life they’ve known since the accident.