- Work life task (e.g., document creation)
- Task of producing something in a group
- Social life task (e.g., schedule managing)

4. Social behavioral disorder

a. Symptoms

Symptoms include anaclisis/regression, decreased desire control, decreased emotional control, poor interpersonal skills, perseveration, decreased willingness/spontaneity, depression, affective incontinence and others (e.g., withdrawal, disinhibition, paranoia, wandering).

Such symptoms have the following characteristics:

- Gets excited, shouts or behaves violently
- Shouts whenever a thing does not go the way he/she wants
- Pursues a person and becomes a nuisance
- Forces a trainer to associate with him/her
- Commits a filthy or sloppy act
- Injures himself/herself
- Dissatisfied if he/she is not the central person

b. Evaluation

- Record and analyze findings of what led to the problematic social behavioral impairment in daily life/training scenes (contextual study).
- For anti-social behaviors and regressions, the adaptive behavior scale (ABS) and the social maturity scale are available.
- Examine whether there is any cause of inducement such as use of a sedative.

c. Response

- Environmental adjustment
  - ① Placing the client in a quiet environment
  - ② An environment where the client is not surrounded by too many people
  - ③ Placing the case in an environment where the client will not become tired
- Behavioral therapeutic response: Together with the client, think what the problem is and how to address it. If possible, have him/her write a pledge in advance.
  - ① Positive reinforcement: Use social-reinforcement means (praising/encouraging the client, grab his/her attention, etc.)
  - ② Interruption (time-out): Using the TOOTS (time-out on the spot) method, if the client commits an inappropriate behavior, ignore the behavior and leave the site for a while, or place the client outside the training room for a few minutes.

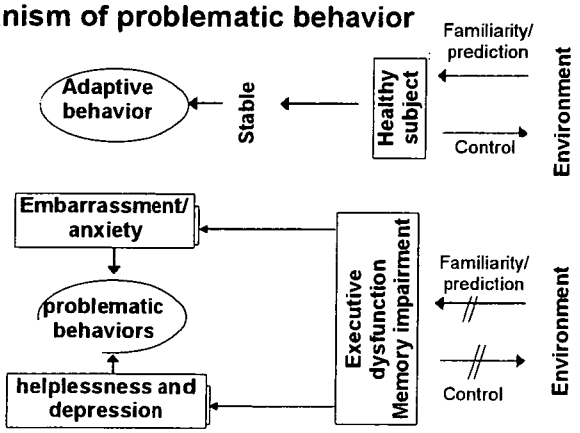
③ Response cost: Give a value to the client's behavior. If the client can control the behavior, the value is kept high and the client can replace the value with a certain article.

④ Treatment of avoidance behavior from saturation: Each time the client shouts, let him/her keep shouting for a few minute.

⑤ Positive punishment: This is regarded as unfavorable to use this method.

It has been reported that memory problem, executive dysfunction and other impairments observed in persons with higher brain dysfunction make it difficult for those persons to predict environmental change and prepare for it, and the resultant failure causes anxiety, confusion, helplessness and depression and could lead to problematic behaviors (see the figure below).

Mechanism of problematic behavior



Sakazume, 1998

II Training Program for Daily Living

The purpose of training for daily living is to increase the case's abilities to perform daily living tasks and social activities in order to stabilize his/her everyday life and enable him/her to actively participate in society.

For persons with higher brain dysfunction, it is extremely important to enhance their understanding of their impairments and acquire compensatory means through training. In addition, it is important not only to provide direct training to the patient, but also to improve his/her environment including asking his/her family for their support.

1. Evaluation

The training may be conducted mainly at social rehabilitation facilities rather than medical rehabilitation facilities.

<If the training is conducted at a hospital>

Perform evaluation of ① impairments such as physical dysfunction, higher brain dysfunction and mental dysfunction, ② life-related impairments such as difficulty in daily living and ③ environmental factors such as family background, growth history, living environment and economic situation through neuropsychological test, behavioral observation or interviews. Based on the evaluation result, set a goal and prepare an environment for hospital life while taking into account various needs and conditions.

【Points to remember】

- Understand the attitudes of the patient and the family toward the impairment.
- If the patient is a child, it is necessary to take into account the growth stage.
- The patient may face a problem for the first time after being hospitalized. Utilize data on actual hospitalization and training scenes, and perform evaluation as necessary.
- Identify the differences between the need and the demand, and between subjective evaluation by the patient and objective evaluation by other people.

<If the training is conducted at a rehabilitation facility for the physically disabled persons>

As with the method for care management for the persons with disabilities, understand the living conditions and the circumstances surrounding the patient, identify the requests of the patient and the family and find out the specific living need from the chief complaint. If medical evaluation and neuropsychological evaluation are performed, the overall evaluation will be more effective.

【Points to remember】

- In many cases, the patient's recognition of the impairment is insufficient and there

is a gap between the chief complaint and the reality.

- Cognitive and behavioral impairments are difficult to recognize from the appearance of the patient. Since in some cases ordinary handling is available, it is necessary to interview both the patient and the family.
- In finding out the living need, use a support need assessment sheet and an existing standardized assessment sheet.
- Ask the patient about unclear and sensitive matters only after a trust relationship has been built.

2. Planning the training

Based on the information acquired through evaluation, make clear the future goal and the problem that has to be solved in order to achieve the goal. Identify the true problem for the patient after full understanding of not only the request of the patient and his/her family but also the actual living conditions. After thorough interviews with the patient and the family, confirm the specific problem, the required training (support) content, the support staff and the training period, and then, plan the training (support).

【Points to remember】

- In formulating the plan, if there is a big gap between the request of the patient or the family and the reality, set long-term and short-term goals and provide support. Then, provide feedback of the result to the patient and set a new goal, to thus make the goal more realistic.
- Set a short-term goal using content and wording that are specific so the patient can easily understand.
- If the cognitive impairment or behavioral impairment significantly affects the patient, aim to establish a daily rhythm and enhance life management ability.
- If the impairment does not greatly affect everyday activities, strive to enhance the patient's social skill through actual experience.
- If the patient is hospitalized, strive to enhance his/her activity during daytime.
- Prepare a subsequent program from the viewpoint of continuous services.

3. Conducting the training

<Content of the training/support>

① Establishing a daily rhythm

Many patients have difficulty in building their routine and leading a life in accordance with routine. They spend much time in bed or have an activity problem such as reversal of day and night due to memory problem and decreased spontaneity or willingness.

Encourage those patients to acquire regular lifestyles and enhance their activity

during the daytime through life in the facility.

Even if the patient has difficulty controlling his/her emotions and desires and is prone to having a problem with routine accomplishment and interpersonal matters, presenting a clear framework for living frequently leads to stabilization of their life. The recommendation is to talk to the patient and guide him/her to perform checking whenever necessary so that the patient can live in accordance with their routine.

【Points to remember】

- Present a daily schedule or weekly schedule in an easy-to-understand manner in order not to build anxiety or confusion in the patient.
- For daytime, prepare various exercises and activities in order to also increase the patient's activity.
- The patient may easily behave and life may be stabilized if you minimize the idle time between trainings and establish a continuous training schedule.
- Observe whether life at a hospital or facility generates great stress for the patient.
- If the patient is mentally ill at ease and the state of participation in the training widely fluctuates depending on the day, write in a "memo notebook" among the staff and hold a staff meeting on a regular basis (e.g., once a week) in order to share information and unify responses among the staff.

【Clues for the training】

- Since life at a facility requires the patient to conform to other persons in the facilities, a daily rhythm is naturally created in many cases. Even for patients visiting a facility, it is relatively easy to build a daily routine since the visit serves as one of the cores of his/her life. The preference is to adjust the frequency of the facility visit in a stepwise manner from once to five times a week, according to individual circumstances.

② Increasing the life management ability

Management of routine:

To help the patient behave independently in accordance with the routine, establish an environment that allows the patient to easily live by providing compensatory means such as utilization of a calendar and by posting noticeable marks and guide indications in the calendar.

Establish the use of compensatory means that suit the case such as a calendar and a notebook. Allow time for a "morning meeting" before starting the training, where the involved members check the schedule of the day. After the end of the training, allow time for a "gathering" in which the members reflect on the day in order to have them understand the necessity of recalling memory and use of compensatory means.

Management of drug administration:

Widen the range of self-management of drug administration, for example, from several times a day to once a day and once a week. Pass a check sheet to the patient and have him/her check each administration of drug. Utilize a calendar-type pocket case or drug container that allows the patient to separately store one dose of drug, thus to help him/her easily check drug administration.

Cash management:

Some patients spend as much money as they have. Discuss with the patient and the family how to manage cash so that the patient can use it systematically, and have the patient keep a cashbook with a fixed period and amount. Regularly check the cashbook and the balance in order to raise the patient's awareness of cash management and to help him/her become accustomed to doing so.

【Points to remember】

- In producing a calendar, take into account the following items in accordance with the patient's status.
  - ◇ Whether to prepare a weekly calendar or a daily calendar.
  - ◇ Whether a daily calendar should be written by the staff or by the patient.
  - ◇ Whether to have the patient put a checkmark in the calendar every time he/she completes a routine for the day in order to have him/her confirm what was done.

  Select a calendar that fits with the patient's current ability. In using it, cooperate with the involved staff to urge the patient to check the calendar so that the checking habit is established.
- The calendar and the notebook must be noticeable and simple. If possible, storing information in one place is advisable.
- Develop ways to help the patient to easily use the calendar/notebook while walking, easily find it and not forget it somewhere such as hanging it from the neck.

③ Increasing the social skills

Conduct outing exercises such as shopping, moving in an urban area, using a public transportation system, cooking or life-experience practice using a detached house in order to help the patient prepare for life in the community and achieve his/her future goal. Perform evaluation in real-life settings, providing feedback for any problem to the patient, and repeat the training.

Evaluate and train the patient in problems with impairment concerning physical function and higher brain dysfunction.

【Points to remember】

■ Outing exercise

- Since this exercise contains many elements that require situation assessment and

applied skill in the situation, persons with higher brain dysfunction are usually weak at this exercise. First, specify a goal and a course, and then conduct the exercise stepwise. If the goal concerns a hobby or cultural activity, it could broaden the patient's life.

- Even if the patient can act in accordance with the predefined course, he/she may become unable to react to another duty or change that occurs halfway. Also understand such situations.
- If the settings that the patient will use in the future are determinate such as commuting to/from the workplace/facility, train the patient in the course and time slot that he/she will actually use in order to achieve practical realization.
- Even if the patient has difficulty in moving alone in a strange place or route, he/she may be able to act with almost no hesitation in a familiar place.

④ Increasing interpersonal skills

Group living in a facility serves as the opportunity for everyday life experience in a "pseudo-society," and such group living provides many benefits through performance of routines and interpersonal exchange. However, group living is also susceptible to interpersonal problems. Group living will provide the opportunity to deepen the patient's understanding of his/her impairment if objective information is provided as feedback to him/her on the scene.

If any problem occurs in a training scene or group living, explain the situation at the site of the problem and instruct him/her to correct the behavior or perform a desirable behavior (real feedback).

In addition, conduct a group program (group work) in order to have the patient gain interpersonal skills, etc. Strive to increase interpersonal skills through processes such as opinion exchanges or role allocation among members, planning, execution and reflection against the task.

【Points to remember】

■ About the group

- Carefully select members so that a group is formed.
- If possible, provide the result of performance to the members within the time frame of one activity.
- Proceed with tasks to be continuously performed while confirming the group's goal, currently addressed content and what was done last time every time the task is performed.

⑤ Self-recognition of the impairment

To achieve self-recognition of the impairment, have the patient experience as many

realities as possible, and provide feedback of the result of the experience to him/her. Possible means to perform this include the following:

- As described in the section "Interpersonal skills," provide real feedback through exercises and life scenes.
- Create the opportunity for the patient to think about his/her problem through opinion exchange between group members.
- Listen to talks of impaired persons living in the community.
- Have the patient experience operations using an occupational training scene in a simulated workplace.
- Provision of information of available social resources and a facility tour
- Conduct practice at a local workshop, sheltered workshop or ordinary company.

At a hospital, it is necessary to first explain to the patient the result of evaluation of higher brain dysfunction such as images and a neuropsychological test in an easy-to-understand manner. It appears that images (PET and SPECT, in particular) are easy to understand for the patient.

【Points to remember】

- When selecting a facility for the social resources tour and a facility for the practice, take into account the case's life base in the future.
- Concerning the result of the practice, the preference is that the staff at the facility communicates the result directly to the patient with attendance of his/her family.

⑥ Clarifying the required support

The content of the required support usually becomes clear in the process of self-recognition of the impairment or reality testing. However, in many cases, it is difficult to design a more effective and realistic life for the patient In such a case, the support staff should adjust the environment and prepare a social participation scene and a support system.

If there is a wide gap between the patient's recognition and the objective evaluation, attach importance to what is needed and proceed with examination as the first step before bridging the gap.

In some cases, even if the patient is reluctant and rejective to the content of the support or future direction, the patient adapts to the content/direction of the support relatively smoothly once the support is started. Actual experience is important also in this sense. In contrast, for some cases, the patient cannot adapt to the support as a result. In such cases, it is necessary to provide continuous support including working out of the problems and reconstruction of the support system.

【Clues to the support】

- In considering a support system, also take into account the use of informal social

resources such as friends, colleagues and volunteers. Conduct thoroughgoing orientation in advance. Utilization of these resources may serve as an instrument for the patient in acquiring interpersonal skills, gaining mental stability through good conversation partners and raising life motivation.

⑦ Support for the family

Even for the family, the fact that the family member became impaired is shocking, and it takes considerable time until they understand and accept the impairment. Therefore, it is necessary to provide support also for the family as with the patient in order to lighten their anxiety and the burden on them.

In addition, it is difficult for the patient to build and lead his/her life alone, and some form of support by others will be needed. To establish such a support system, the family's understanding of the impairment and their cooperation are essential.

Besides individual support for consultation and other requirements from the family, it is important to continuously provide information on the social resources, conduct study meetings and family get-togethers and introduce a patient group in the community.

【Points to remember】

- Support the family so that they are not isolated.
- Take into account the period from injury in providing support.
- Characteristics of families whose members have higher brain dysfunction include confusion and anxiety about the fact that behaviors significantly changed from injury; confusion about the mixture of almost unchanged matters after injury and those matters the person became unable to cope with; and the fact that many cases with cerebral trauma are relatively young people and therefore they feel huge uncertainty about the future and have great expectations for recovery. It is important to fully understand the feelings and positions of these individual families and provide careful support to them.

4. Outcome assessment

Evaluation (or assessment) is used to associate the acquired information with characteristics of an individual and predictively interpret the degree of achievement against the training goal. It is an essential process for formulating a rehabilitation program designed to help the patient increase his/her social life skills or adapt to social life by grasping the characteristics and problems of the person and examining intervention methods and possibilities of behavior modification.

Assessment concerning the social life-related difficulty in performing activities and participation is conducted in various aspects, such as sense of value of the individual,

diversity of impairment and interactive property with the environment. For training, the preference even for the facility is to set up a simulated training environment that assumes the place of the patient's activity and participation in society after he/she leaves the facility, while avoiding assessment of the ability level, and make adjustment with a realistic social environment before conducting training. Assessment is performed in three stages: early stage, mid-training stage and late training stage. Support staff expertise plays an important role in the judging and weighing for accurate interpretation of assessment.

In contrast, the major focus of measuring the effectiveness of training for daily living is on enhancement of the patient's ability required for everyday life and social activities and encouragement of him/her to adapt to social life based on the state of the impairment that still remains after medical rehabilitation. That is, by assessing how difficulties related to social life (social life skills) such as work skills, daily living skills and social activity skills improved after intervention of the training, you are able to measure a certain effect.

In addition, it is also useful to ask the user (including the family) to comment on the quality of the services when he/she leaves the facility. Items in their comments include good things and bad things of using the facility, achievement of the purpose for using the facility, effectiveness of the training menu and the staff's work.

Furthermore, you must also attach importance to evaluation of the process in addition to evaluation of the achievement. It is desirable to sum up the user's satisfaction and achievement as its fruit in improvement of the difficulties related to social life described above, satisfaction of the user, and the service provision system. The indicator of achievement is comprehensive goal achievement including accurate process assessment ranging from satisfaction of the user to consciousness of the service provider and expertise.

5. Others

Support for community transition:

Long-term, comprehensive support is required for persons with higher brain dysfunction.

In the transition to the community, after gaining the consent of the patient and the family, it is necessary to provide written information to the involved organizations about the impairment characteristics and behavioral characteristics of the patient and the support method so that the organizations will correctly understand the impairment and appropriately manage the situation. In addition, depending on the circumstances, the involved staff should hold a support staff meeting to adjust the direction and content of future support and ensure continuity of support.

III Vocational Training Program

1. What are vocational training and vocational rehabilitation?

Vocational training includes preparatory training and vocational skills training. Even for persons whose periods from injury/onset are short, work-focused training may be conducted at hospitals or facilities. This is called prevocational training, and it overlaps with the previously mentioned medical rehab program and training for daily living. In addition, the whole vocational training including part of employment assistance is called vocational rehabilitation in a broad sense although it digresses from the definition of training.

2. Purpose of vocational rehabilitation for persons with higher brain dysfunction

Many of the problems that persons with higher brain dysfunction have in workplaces are based on the gap between "appearance" and "work they can actually perform," such as "although they have few functional impairments and seem to be able to do anything, they make a lot of mistakes once they are given a job."

Therefore, it is considered effective to provide services with the following purposes.

1. Clarify the vocational problems such as duties that can be performed and adaptability.
2. Encourage the patient to recognize his/her disability from the aspect of work and acquire compensatory behaviors.
3. Then, select a job appropriate for the patient, and establish an environment in the workplace to achieve stable employment.

3. Stages of vocational training

- The road for persons with higher brain dysfunction to the workplace generally flows as follows: injury/onset → medical treatment in the acute phase → rehab medical treatment/training (recognition evaluation/training, prevocational training) → (training for daily living) → vocational training (work preparation training, vocational training) → employment assistance (transition support, settlement support).

The prevocational training is performed before work preparation and may be conducted from the acute phase. The subjects include cases that do not have a clear hope for future, cases whose hope is greatly different from the actual ability, cases whom functional training is given priority, and cases whom cognitive training is tested in work scenes. In the meantime, cases whose symptoms are mild or significantly recovered during admittance and preparation for employment is mostly made are also included. This training is the first step of vocational rehabilitation for patients who were impaired in an illness or accident, and mainly consists of basic evaluation and training for work life. The prevocational training covers a broad range of life stages, from the acute phase to the subacute phase and to the stable phase of medical rehabilitation.

- At the stage of work training, it is important to work on the training with a sense of purpose for utilization of a compensatory means so that the patient becomes able to pay attention to his/her higher brain dysfunction and understands the need of vocational training.
- At the stage of employment assistance, the preference is that the patient becomes able to understand his/her impairment and has the clear intention to work and the training conducted as necessary and the basic cognitive training are almost complete.

4. Actual state of vocational rehabilitation

Points of evaluation are: ① taking into account the hierarchical structure of work life and ② grasping and confirming personal information.

① Hierarchical structure of work life

Working has a hierarchical structure in which life lies as the base, on which the "working ability" to rightly commute every day is placed, on which the "adaptability" to human relationships, etc. at the workplace is built, and on which the "task executing ability" to perform a certain level of work is placed. When managing vocational rehabilitation, it is necessary to consider such a hierarchical structure in addition to the aspect of executive performance, to which you tend to pay most attention.

② Items to be checked in evaluation

◇ Personal information

- The subject has an employment need, necessity for vocational training, etc.
- Employment need: grasp the difference with demand, specific need, etc.
- General information: basic information such as career, home status and economic situation
- Impairment state, employment-related information: it is important to check the status in past employment if the patient used to work after injury, and check the status and measure the effectiveness in the process of training and support in monitoring.

- In some cases, the patient is not covered by the vocational rehabilitation as a result of evaluation.

◇ Items to be studied

- Select effective training/support methods (content and technique), appropriate training/support facility/organization

[Special affairs]

In conducting evaluation, pay attention to the following:

<Characteristics of the disability>

- What kind of task the patient can perform.
- What the level of the processing capacity is.
- Environmental factors

<Importance of disability recognition>
<Effective training/support>
- Simulate work life
- Face reality, provide appropriate advice

<Importance of home life>
<Having a long-term view>
<Utilization of a social welfare and medical insurance system>

Formulating a vocational rehabilitation plan

In formulating a vocational rehabilitation plan (training plan), determine the goal and period with consent of the patient and the family based on the evaluation.

Many of the chief complaints of persons with higher brain dysfunction are unrealistic. If you cannot gain understanding of the patient, do not flatly deny his/her chief complaint, but listen to it as a "long-term goal" and the person in-charge prepares a feasible "short-term goal" after gaining consent of the patient.

The vocational rehabilitation plan should be formulated in an easy-to-understand manner.

Prevocational training

The prevocational training is conducted prior to work preparation, and may be used as training from the acute phase. That is, it can be a type of training with vocational content conducted in a medical rehabilitation. For cases that were impaired in illnesses or accidents, the prevocational training is the first step of a vocational rehabilitation, and mainly consists of basic evaluation and training for work life. The prevocational training may cover a broad range of stages from the acute phase to the subacute phase and to the stable phase of the medical rehab programs.

In principle, you perform the same evaluation and training as the one used in the medical rehabilitation. The educational materials and skills are more related to vocational training.

Work preparation training

(1) Purpose of the work preparation training

The purpose of the work preparation training is to establish an environment with the concept of "simulated workplace" = "workplace," and evaluate or develop the ability required for reinstatement of work or new employment.

As described in the preceding paragraph, the person in charge of the training formulates a training plan with patient consent based on the evaluation and prevocational evaluation to organize vocational need before conducting the work preparation training.

<Points to remember>

① Perform actual training exercise and organize existing problems (what you can do, cannot do).
② Confirm the patient's awareness (thinking) of the work ⇒ grasp the gap with impairment recognition.
③ Prepare an environment through ① and ② and have the patient acquire compensatory behavior.
④ Identify and improve the operation ability (acquisition of compensatory behavior).
⑤ Identify and improve the adaptability (acquisition of compensatory behavior).
⑥ Establish a work life style (especially for new employees, persons with no work experience).
⑦ Establish a specific direction of work.

(2) Problems related to task execution

Higher brain dysfunction frequently accompanies decreased judgment and executive function. Cognitive impairment creates jobs that can be executed and those difficult to execute. It is important for both the client and the staff to know exactly what level of quality and what kind of duty/task will "pass as work" in work preparation training.

【Points】

Study the following items.

- Analysis of the task setting
- Level of the task setting
- Actual experience and appropriate advice
- Acquisition of a coping method and consideration by the surrounding persons
- Importance of recording
- Importance of behavioral observation

<Points to remember>

- Grasping the ability of the person with higher brain dysfunction
- Necessary to control information
- Necessary to assess
- Trust relationship is premised

Problems likely to arise in persons with higher brain dysfunction and measures to cope with them

This section describes problems related to task execution of persons with higher brain dysfunction frequently observed at workplaces and measures to cope with them. The staff should grasp "tasks that the client can perform" and grasp what kind of environmental setting (e.g., coping measures, consideration by colleagues) will increase the working capacity

and stabilize the work life.

<Problems related to information processing>

- Attention mistakes do not decrease in checking task
  - Increase reliability through a measure such as using a scale to check the performance and putting a check mark on each line.
- Mistakes will increase if speed and accuracy are both required
  - Make the client aware that work requires both speed and accuracy, and then have the client repeat the operation to check how the performance improves.
- If there are multiple points of attention, the client cannot perform the task
  - Problems such as displacement due to attention only paid to punching in the filing operation and forgetting something when performing complex photocopying (large size printing, duplex printings, etc.) frequently occur. In such a case, it is preferable to have the patient learn the method for coping with the problem by making him/her aware that he/she became weak at paying attention to multiple things simultaneously, and have him/her write down each point to be checked in advance and check one by one when performing the operation.
- Low efficiency and poor idea/judging
  - Unable to place a part in a position where the client can easily reach it, unable to place the instruction sheet in a place where the client can easily sees it, etc. Since the client is weak at "ideas" and "judging," grasp to what degree he/she is able to do so, and encourage him/her to recognize his/her weakness, thus to study a method for coping with the problem. It is safe to avoid letting the client perform the operation unless there is a reliable coping method.
- Becomes confused if multiple instructions are given at the same time or instructions are given by multiple persons
  - For the former, encourage the client learn to tell the instructor: "give the instructions one by one" or "I will take a memo, so speak slowly." For the latter, make him/her aware that he/she is not good at receiving instructions from multiple persons rather than from one person and it is necessary to ask the staff to give him/her instructions from one person, if no improvement is made.
- Unable to make priorities or arrangements
  - Make the client aware that he/she became weak at performing operations when sequences are not determined. Then, study a method that allows the client to easily check the sequence.

<Problems related to memory>

- Unable to utilize memos even if the client writes them
  - Using memos in work requires the ability to write a necessary note → see it when necessary → use it appropriately. The required ability is higher than that for a schedule book. As a measure to cope with the problem: 1) use a separate notebook

for schedule, and another for business notebook for training, and then 2) affix indexes for different training menus in the business notebook such as "Operations," "Clerical" and "PC" to clarify where to write memos. With this method, assess the degree of practicality.

- Taking a thing as something else and doing the wrong thing
  - Always provide feedback "Halfway memory disturbs work" to the client, and have him/her thoroughly follow the rules "Carefully listen to instructions" and "Take memos." In principle, instructions to persons with higher brain dysfunction should be "simple" and "specific." However, if the instruction is insufficient, attach more importance to special care (detailed instruction). If there is still a problem, use measures such as handing a memo to the client and having the staff write in a notebook.
- Making a mistake without seeing the instruction sheet
  - Urge the client to recognize the memory problem by always feeding back "Dependence on memory disturbs work" and "Be sure to see the instruction sheet" to him/her, and then have him/her become accustomed to using instruction sheets. If the client does not see the instruction sheet, measures include placing an indication plate written with the operation sequence, and directly affixing the procedure on the machine.
- Operation sequence or content changes halfway
  - Give feedback to the client every time change occurs to deepen his/her understanding, and repeat that until the procedure is established. If the cause is complexity of the operation, consider using the instruction sheet or segmentalizing the process.
- Unsure about whether to resume work after a break such as lunch, or mixed up with done and in process
  - For the former, measures include: 1) have the client learn to see the memo before starting, 2) affix a Post-it memo written "Finished here" on the task if the memo-checking is not established, and 3) post a paper sheet indicating "From ledger production in afternoon," etc. in a place where the client can see it easily such as on the desk if he/she forgets the task itself. For the latter, use an indication plate that shows "Done" or "In process" to let the client clearly know the present state. In either case, the practicality varies depending on whether special care is needed.

(3) Problems related to adaptability

Many client with higher brain dysfunction are unable to smoothly build interpersonal relationships due to social behavioral impairment (dependence, regression, decreased emotional/desire control, etc.) among other characteristics of this disorder. In addition, there are cases that have difficulty in continuing work as a result of inability to faithfully execute instructions from the supervisor or reporting to the supervisor due to his/her impairment such as memory problem, attention problem and executive dysfunction.

【Points】

- Make the client aware that environmental adaptability is important for work.
- Have the client understand the task through behavioral analysis by the surrounding persons.
- Provide direct remarks in order to have the client realistically grasp the problem.
- Address the task after sorting out how to improve the problem.

<Points to remember>

- Grasp the ability of the person with higher brain dysfunction
- Necessary to control information
- Necessary to assess
- Trust relationship is premised

Vocational training (skills training)

The category of vocational training includes vocational skills training. Persons with higher brain dysfunction naturally include those who desire to acquire certain skills or hope to become employed if they acquire skills. There are many persons with higher brain dysfunction who want to learn the personal computer (hereinafter "PC") in order to find jobs. However, it is likely that acquisition of PC skills will have an adverse effect unless the characteristics of the impairment concerning the work ability of persons with higher brain dysfunction are known. In fact, in many instances the PC skills of persons with higher brain dysfunction are not acceptable although they are employed for PC-related jobs because they graduated from PC vocational schools.

【Points】

- Work ability of persons with higher brain dysfunction
- Since operation of Windows requires skills that persons with higher brain dysfunction are not good at depending on the type of operation, in many cases they are unable to fully utilize the operating system.
- Assessment of the level of PC operation
- Attaching importance to basic response to persons with higher brain dysfunction

For vocational training, if the skills required for persons with higher brain dysfunction are higher than their abilities, they frequently have difficulty utilizing or applying those skills even though they are able to use part of those skills or acquire them as their own skills. In particular, computer-related businesses mostly require skills that persons with higher brain dysfunction are weak at as described above. Therefore, task analysis of the implemented exercises is more important.

5. Employment assistance

What is employment assistance?

Employment forms of the persons with disabilities include "ordinary employment," "working at home," "protected employment" and "welfare-type employment."

Employment assistance at hospitals

(a) If the case has a position in the workplace

Specific assistance efforts for reinstatement are as follows.

Vocational evaluation and organization of information

- Family status
- Place of residence
- Action of the case toward employment (observation)
- Physical impairment (confirm the state through documents and interview)
- Higher brain dysfunction (neuropsychological findings, screening test)
- Task endurance (task evaluation)
- Task executing ability (task evaluation)
- Mobility (physical aspect, higher brain aspect)

Confirming the intension of the case and assistant

- Will to work
- Counseling for reinstatement

Collection of workplace information

- Intension of the office concerning reinstatement
- Contact at the office for reinstatement adjustment, industrial physician
- Leave of absence, leave compensation (accident and sickness benefits, paid leave)
- Possibility of decruitment
- Possibility of job creation for the client
- Content of job at the workplace and duties of the client
- Working environment (physical, mental)
- Possibility of providing duties at the office for training
- Possibility of workplace training

Provision of information to the workplace

- Intension of the client and the family for reinstatement
- Explanation of the higher brain dysfunction of the client
- Necessity of understanding of the impairment, consideration and compensatory means
- Subsidiary systems
- Advice on improvement of the workplace
- Follow-up

Workplace training

- Training planning (period, time slot, place, training content, key person, commute route)
- Training contract, insurance
- Checking with the workplace training evaluation sheet
- Summary of the training and reporting of the result
- Conduct re-training as necessary

Reinstatement, settlement guidance and follow-up

- If any problem arises, allocate roles between the parties involved to resolve it.
- The follow-up period will be determined at each implementing organization.

(b) If the client intends to have a new job

Confirm the intension from the client and the family. Make a decision for employment after vocational evaluation and information organization. Register the client at a job-placement office. Also seek possibilities through such means as participation in group career counseling, recruitment magazines, newspaper flyers and the Internet.

The purpose of experimental training at the office is to evaluate the client and does not assume his/her employment. Subsequently, provide support for workplace training, reinstatement, settlement guidance and follow-up.

(c) If it is difficult to have an ordinary job

If it seems difficult to find an ordinary job in the present state, there is the option of aiming at ordinary employment via welfare-type employment.

Employment assistance at a welfare facility

Regional rehabilitation centers/facilities that have vocational training departments or sheltered workshop actively supporting career development also provide employment assistance given these. Employment assistance provided at welfare facilities is as follows:

Welfare facilities provide employment assistance for persons with higher brain dysfunction for new employment or reinstatement. However, their assistance tends to become unstable even if a slight environmental change occurs. Their assistance includes transition support related to new employment or reinstatement based on duties that the case can perform and settlement support as follow-up.

6. Outcome assessment

The purpose of evaluating outcome of vocational rehabilitation is to measure how the status improved or changed after intervention of training or support (including during the training or support period). It enables the service providers to formulate the next plan if the vocational rehab plan is to be modified or proceed to a next stage. In addition, outcome evaluation also serves to evaluate the appropriateness of training or support technique by the service provider in addition to measuring change in the case.

【Points of **outcome assessment** 】

Employment of persons with higher brain dysfunction tends to raise problems resulting from the gap between "appearance" and the "actual ability." The most important factor of vocational rehabilitation for persons with higher brain dysfunction in the training stage is the viewpoint of clarifying: ① the degree of vocational preparedness such as task executing ability and adaptability, and ② the degree of impairment recognition.