Strategies for Return-to-Work Success: Brain Injury and Mental Health Considerations

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Areas of Potential Functional Impact in Traumatic Brain Injury

**Sensory Functions:**
- Vision/Hearing
- Eye-hand Coordination
- Hands-on Learning

**Motor Functioning:**
- Speech Articulation
- Fine motor skills
- Gross motor skills

**Cognitive Functioning:**
- Memory
- Processing Speed
- Executive Functioning
- Attention/focus

**Emotional-Behavioral Functioning:**
- Psychosocial adjustment
- Depression/Anxiety Issues
- Emotional Liability
Mental Health Conditions

And Psychosocial Issues
Major Depression Following TBI

(Jorge, Robinson, Moser, Tateno, Crespo-Facorro, & Arndt, Archives of General Psychiatry, 61, Jan 2004)

- Major Depression is a frequent complication of TBI that hinders patients recovery.
- It is associated with executive dysfunction, negative affect, and prominent anxiety symptoms.
Mental Health Conditions and Symptoms following TBI

- Depression
- Anxiety
- Aggression
- Substance Abuse
- Sleep Disorders
- Apathetic Syndrome

(Steel, Macciocchi, & Kreutzer, Journal of Head Trauma Rehabilitation, Vol 25, 2010)
Functional Impact: Emotional-Behavioral Issues

- Attention-Focus
- Distractibility
- Disorganized Approach to Task
- Impulsivity
- Anxiety
- Perseveration
- Poor awareness
- Low self-esteem
- Low self-efficacy
- Apathy
- Quick to anger
- Aggressiveness
- Thought fragmentation
- Emotional Liability
Psychosocial Issues

- Fear
- Catastrophic thinking
- Perceptions of injustice
- Belief about one’s disability
Impact on Return-to-Work
Post-Acute Emotional Adjustment
(Ashley, Ninomlya, Berryman & Goodman 2004; Ownsworth & McKenna, 2004)

Clients with TBI who are:
- Depressed; or
- Anxious/helpless; or
- Diagnosed with PTSD (w/MBTI); or
- Have less effective coping skills; or
- Have higher levels of hopelessness

Are less likely to Return to Work
Awareness and acceptance of deficits

- Willingness to change and accept guidance positively related to RTW

- Poor awareness may reduce likelihood of RTW

(Ashley, Ninomlya, Berryman & Goodman, 2004; Ownsworth & McKenna, 2004)
74 MTBI survivors were less likely to have good psychosocial outcomes if their coping styles were avoidant, emotion-focused or wishful.
Executive Functioning is the most reliable predictor of return to work

EF = Concept formation, divided and selective attention, mental flexibility, mental programming and planning, follow through and initiation
Strategies & Supports
Some supports can be helpful prior to RTW

Other supports need to be observed on the job.
Managing Problems with Attention
Components of Attention

- Arousal - alert/awake
- Sustained attention – consistent focus
- Working memory
- Selective attention – not being overly distracted
- Divided/alternating attention – shifting/juggling
- Hierarchical in nature
Arousal

- Most prominent in early stages of recovery
- Psychostimulant medication may help
- Avoidance of sedating medication
- Frequent breaks and naps
- Scheduling work when arousal is optimal
Education and Psychosocial Support

- Validate concerns about attention
- Educate about TBI and attention
- Normalize attentional problems within TBI pop
- Provide tools for self-management
- Assess attention problems in terms of behavior in personal and work life
Environmental Strategies

- Task Management strategies: reduce distractions and select facilitating environments

- Environmental modifications: posted reminders, message centers, use of external aides
Internal Distractors

- Goal is sustained activity with self-regulation
- Thought stopping exercises
- Managing response to errors
Divided Attention

Establish needs of divided attention within the workplace environment

- Provide modifications
- Practice
  - Example: alternate between filing, typing forms and answering phones
Train Self-Management

Strategies:

- Take advantage of peak times
- Pace yourself
- Alternate easy and difficult tasks
- Take breaks – don’t push yourself
- Slowly increase amount of time on tasks
- Give yourself enough time to complete task
Managing Problems with Memory
Memory Impairment following TBI

- Almost universal and often persistent (Wilson, 1988)
- Various aspects of memory may be impaired
- Memory impairments can interfere with virtually every aspect of daily life, including RTW
- Significant emotional impact
Memory Involves

- Arousal and attention
- Encoding
- Storage
- Retrieval
Types of Memory

- Procedural memory – allows new conditioned responses (sensiomotor training)
- Semantic memory – fact based knowledge, word meaning
- Episodic memory – recall of personally experienced events
Metamemory

- Knowledge about memory strategies
- Memory related emotional affect
- Memory self-efficacy
Why is memory self-efficacy so important? (Cavanough & Poon, 1989; Hertzog, Dixon & Hutsch, 1990; Jonker, Smits & Deeg, 1997)

- Memory self-efficacy predicts performance on memory tests
- Control of memory efficiency depends on self-perceived memory capacity
Functional Memory Strategies

- Memory as a Muscle – e.g. if you work it more you will have more, memory games
- Teaching internal mnemonic strategies, e.g. associations of words
- Implementing external compensations, e.g. writing it on your hand
- Adopting effective teaching strategies, e.g. errorless learning and transfer of training
- Increasing self-efficacy with respect to memory, e.g. building confidence through small steps
Functional Memory Strategies

- Internal memory strategies such as mnemonics and “memory as a muscle” have very limited empirical support.

- Internal strategy training may be useful for test taking or for info that one has to use over and over.
Functional Memory Strategies

- Environmental and external cueing systems are helpful

- Some limitations include:
  - Forgetting to use them
  - Unable to program them
  - Use them unsystematically
  - Are embarrassed by them
Group Study of Memory Book Training

- Fewer everyday memory failures after memory notebook training
- No changes following supportive group therapy
Functional Memory Strategies
(Baddeley and Wilson, 1994)

- Errorless Learning

  Showed that people with amnesia learned better and forgot less if they were prevented from making mistakes while learning (in order to benefit from our errors we need to remember them)
Functional Memory Strategies

Direct Instruction:
- Scaffold learning
- Don’t try something until the necessary knowledge and skill are in place
- Provide lots of repetition
- Minimize errors
- Emphasize fluency
Managing Problems with Executive Functioning
Executive functions are critical for carrying out complex behaviors in novel situations involving goal setting, planning, and self-monitoring.
Train Specifically to the Task

1. Write a task analysis (breakdown task into logical sequence of steps)
2. Write each step on a checklist to make it explicit so client can know when each step is completed
3. Provide sufficient practice utilizing errorless learning
4. Build reinforcement and motivation into the training

(Sohlberg & Mateer, 2001)
Teach Decision Making Skills

1. Identify the problem
2. Separate the relevant from irrelevant info
3. Draw links to the relevant items
4. Generate possible solutions
5. Monitor the effectiveness of the solution
Teach time management & scheduling of tasks

- Teach how to use a daily calendar for scheduling and a daily list of tasks - smart phones and i-pads are useful in this endeavor

- Create lists of other tasks that occur on other schedules and build into the calendar

- Teach scheduling and completion behaviors
Strategies for Supporting Emotional-Behavioral Issues
Awareness

The ability to perceive and to acknowledge disturbances in one’s functioning; influences motivation and participation in therapeutic activities

- Physical
- Emotional
- Cognitive
- Interpersonal
- Functional activities of daily living
Strategies to Increase Awareness

- Distinguish diminished awareness from denial
- Provide consistent performance feedback
- Gentle correction versus confrontation
- Determine whose need it is to determine difficulties
Managing Stress and Anxiety

- Normalize symptoms and provide a realistic explanation as to their bases
- Regulate lifestyle/environment to avoid problems
- Recognize early signs of stress and take steps to reduce it (take breaks more often; self-care)
Cognitive Behavior Therapy

- Based on principle that “self-talk” and self-belief influences one’s mood and behavior
- Identify and alter distorted cognitions
- Promotes emotional skills learning – especially managing negative expectations and reactions
- Strong support for efficacy of CBT in other domains
CBT facilitates generalization from therapeutic work in treatment to natural contexts

CBT challenges pessimism and promotes self-efficacy
CBT with individuals with TBI

- Lasting results 6 months after treatment
- Improvements in mood and community integration

(Arundine, Bradbury, Dupis, Dawson, Ruttan & Green, Journal of Head Trauma Rehabilitation, Vol 27, No.2, 2012)
Increase Psychosocial Adjustment

- Identify degree to which cognitive disorders trigger self-doubt and rumination
- How much are deficits seen as overwhelming or victimizing?
- Are any behaviors negatively reinforced by avoidance?
- Do core beliefs lead to negative automatic thoughts?
Teach adaptive coping skills

- Relaxation training
- Self-care strategies
Psychopharmacology Support

Cognitive Issues (attention, EF)
Physical Issues (fatigue)
Affective Issues (depression, etc)
Behavioral Issues (impulsiveness)
Pharmacological Interventions (Fenn et al, 2001)

- 15 mild TBI patients with comorbid major depression
- Patients tested at baseline on measures of memory
- Administered Zoloft (SSRI)
Results

Significant (p<.05) improvement on measures of verbal memory

Bar graph showing:
- Immediate memory
  - Baseline vs. Week 8
- Delayed Memory
  - Baseline vs. Week 8
Results

Significant ($p<.05$) improvement on measures of verbal memory
Results

Significant ($p < .05$) improvement on measures of visual memory
Results

Significant (p<.05) improvement on measures of visual memory
Holistic Habit Retraining

Combines errorless learning strategies, facilitation of healthy coping/adjustment and positive reinforcement to achieve the greatest possible outcomes.

(Martelli, Zasler and Tiernan, Brain Injury Professional, Vol 1, Issue 3 (2005))
Holistic Habit Retraining

(Martelli, Zasler and Tiernan, Brain Injury Professional, Vol 1, Issue 3 (2005))

- The greatest obstacle to learning or relearning is redirecting one’s energy away from goal directed activity and toward debilitating emotion and activity.

- The most frequent Rehab Energy Reserve Poisons include: Fear/Anxiety, Persistent Catastrophic Emotional Reactions, Anger, Resentment, Feelings of Victimization.
Support on the Job

Build Supports Individually
Gather information

Build the plan with standardized, collaborative and functional information about the worker and the job.
Evaluate the Job

- Do a Job-Task Analysis and Compare to Personal Profile of Worker – identify potential barriers and needed supports
- Identify and address health and safety concerns
- Observe co-worker interactions
- Inquire about job satisfaction and turn-over
- Identify natural supports in the workplace
Provide On-site Vocational Support

- Provide job coaching to teach errorless learning
- Develop and use compensatory strategies for cognitive issues
- Help worker to solve problems and interpersonal conflicts
- Help worker manage emotions and behaviors
Employer Relationship

- Develop and maintain a good relationship with employer and supervisors - Solicit feedback about clients and respond promptly to requests and calls

- Help monitor employee progress toward job performance goals.
Facilitate Long-Term Supports

- Personal and family counseling
- Substance abuse treatment
- Medical intervention
- Job retention support
- Case management
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