

Behavioral and Vocational Support for Individuals With TBI

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BRAIN INJURY ISSUES

Emotional

- Depression
- Exaggerated personality characteristics
- Personality regression
- Denial of deficits
- Reduced self-esteem
- Anxiety
- Lability/inability to modulate responses
- Flat or restricted responses
- Apathy

Behavioral Sequelae of TBI

- Exaggeration of pre-injury behavior
- Disinhibition and impulsivity
- Poor initiation
- Diminished capacity to discriminate among relevant/irrelevant environmental cues
- Impaired capacity for social perceptiveness
- Reduced frustration tolerance (self management)
- Failure to profit from experience
- Heightened sensitivity to stimulation
- Impaired social skills/disruption in previously learned social behaviors
- Inability to engage in purposeful behavior
- Stimulus bound behavior
- Changes in drives (temper, eating, sexuality)

Characteristics of Adolescents with TBI

- Are different - don't want to appear so. May go to extremes to deny differences.
- Often have invisible deficits with visible behaviors.
- Are frequently misunderstood, misdiagnosed, accused, socially isolated.
- Often have double, triple, quadruple, diagnoses...e.g. Substance use, LD, ADD, Behavior Disorder, Paranoia, Depression, Anxiety Disorders, etc. (pre and/or post injury).
- May have very different personalities than pre-injury.
- May manifest exaggerated pre-injury traits and behaviors.
- Are often given insufficient or ineffective remediation in normal academic settings and special education resource rooms.

- Compensate for deficits without formal training, but may do so inefficiently and awkwardly.
- May be unaware of the functional implications of their injuries.
- Probably require good structure.
- May absorb information slowly and/or think slowly.
- May experience life differently than pre-injury.
- May not be able to accurately see themselves through others' eyes.

Behavior Planning

- Behavior problems are not unusual; you need to visualize the context in which the behavior occurs, i.e., environment. Where are you when the behavior occurs?
- Behavior Plans?? (refer to handout)
 - II. What to do:
 - A. Listen, Listen, Listen. (Warning signal=your own emotions)
 - B. Plan:
 1. Predict - It always occurs when _____ (fill in the blank) _____.
 2. Anticipate - What are the warning signals?
 - a) Change in behavior (non-typical behavior).
 - b) Change in attitude (more defensive, angry, etc.).
 3. Check your own emotional state.
 - a) Calm, slow objective, in-control.
 4. Your attitude and means of intervention needs to match the individual's request level:
 - a) Provide rational answers.
 - b) Individual questioning authority...
 - Avoid power struggle; set clear limits; redirect to task or discussion of task.
 - c) Verbal acting out...
 - Isolate or remove individual from audience or remove yourself and/or audience.
 - Negotiate later when individual is calm. (Remember when you were out of control and somebody talked to you rationally and told you how you should act!?)
 - C. We must separate ourselves out from the behavior. We must make sure we are not part of it. Stay out of it emotionally, do not react from an emotional base.
 - D. Intervention:
 1. Positive and in-control ---voice, body language, movements, space.
 2. Individual owns behavior, this is a must!!! Otherwise you become the police agent; this should not be one's role in life.
 - E. Risk Taking (this comes from truly understanding the behavior):
 1. Do you or does the individual need the encouragement? How does a child become an adult?
 2. Knowing the individual and the level of his/her behavior at the time allows you to choose appropriate verbal intervention strategies.

Specifics (Or How to Become a Behavior Analyst In 3 Easy Steps)

- A. Treat only one behavior at a time.
- B. Quantify the behavior - What is the baseline?
- C. What are environmental antecedents; can they be modified?
- D. Clear consistent reinforcers (consistency is the key).
- E. Simple behavior plan.
- F. Can you track and record data? How do you know if the behavior is changing?
- G. Be aware the behavior will probably increase before it will decrease (test the limits).
- H. Remember this is not your behavior plan, it belongs to someone else. It is much easier to have a plan which they are part of so they have a vested interest in change. If they commit to a plan, it is their plan not yours, so they select the consequences. Remember: who gets paid off or not paid off by the success or failure of the plan.
- I. Always intervene verbally before physically.
- J. Use behavioral brainstorming format if you cannot come up with a method to change the behavior.

Questions That Can Be Addressed to the Neuropsychologist

- What vocational /functional limitations are evident? If there is a vocational goal in sight, ask them to address limits in relation to the goal.
- Is a Training or educational program reasonable for this individual? If so, please address the nature, intensity and length of programs which would seem appropriate, given past experience and training. What difficulties will this individual encounter in attempting to utilize their abilities in prior employment?
- What level of supervision or structure will be required for this individual to function competently?
- Please address any individual and/or family psychodynamics which may interface with neuropsychological deficits to further impair employment?
- Please address the individual's current level of insight into their neuropsychological deficits and willingness to compensate for these on the job.
- Please address the individual's stamina and endurance level as these relate to their ability to engage in full time employment.
- How is this individual likely to respond to job stresses (such as time pressure) and off the job stresses (such as domestic life)?
- Please comment on this individual's current level of motivation for work and any disincentives which may be evident.
- Given adequate motivation for employment does this individual possess the cognitive ability to initiate and remain focused on job tasks?
- Please comment on this individual's ability to perform even simple tasks consistently well; (i.e., will this person's error rate due to distraction, confusion, etc., be too great for them to be competent?)

- What difficulties, if any, may this individual encounter in social and interpersonal interactions on the job?
- Is this individual able to identify their own errors when they are made?
- If an error is made and it is identified or pointed out to them, is this individual able to correct the error?
- Are there other cognitive problems that would impede this individuals ability to work?