

## **PlacementWorks summary of therapy services**

### **Services provided to clients participating in grant sponsored by Brain Injury Association of Florida:**

#### **Grant Title: “Extended Services for Clients with TBI”**

Individuals with Traumatic Brain Injury (TBI), following limited hospitalizations and shorter length of stays in rehabilitation centers, struggle with adjustment issues to family and community upon a return home. Those who are new to the area or who are many years post injury often flounder before they connect with the BIAF Family Support Specialist or Vocational Rehabilitation. Managing stress and learning accommodation to an environmentally changing world is challenging. Often survivors will be intermittent users of mental health services and be diagnosed with DSM disorders such as Bipolar Disorder or Depression. Some will enter the criminal justice system due to misunderstood behavior or frontal lobe dysfunction and others will have supportive families to help them return to work or acquire skills. Nearly all of these survivors will need or could benefit from the assistance of mental health and rehabilitation professionals who understand the impact of brain injury sequelae.

While physical impairment to the body often distresses the individual with TBI, injury to the frontal lobe often presents significant challenges to the family, community and workplace. Impairment in higher executive functions such as pre-planning, problem solving, judgment, sequencing, decision making and self awareness limit the survivor's capacity to read the environment. Low frustration tolerance, difficulty accepting feedback, intolerance to stress, confusion when presented with a stimulating environment, inability to adapt to change are some of the problem areas for most survivors. Models for addressing these issues are reflected in the three pronged approach of psychoeducation, behavior change and cognitive-behavioral therapy.

The models developed for this grant include both an adjustment /accommodation model and a pre-vocational model. Individuals referred this grant year reflect other needs as well. The need for medication and the problems of unstable housing and limited financial resources often interfere with the process of adjustment by sending the client into a crisis. The adjustment model will address new and intermittent users of counseling services while the pre-vocational model will address those survivors who require counseling primarily to return to work. They may be clients of Vocational Rehabilitation requiring initial, follow-along and intermittent therapy services.

## **Outline for Deliverable Report and program developed for “Extended Services for clients with TBI”**

1. Approach-Psychoeducation, Behavioral, Cognitive Behavioral
2. Defining the client
  - a. TBI survivor
  - b. VR counselor
  - c. Significant family member/friend
3. Models for disability adjustment counseling
4. Models for pre-vocational counseling
5. Tools for meeting needs for client
  - a. Psycho-education primarily about frontal lobe injury
  - b. Daily Planner
  - c. Checklists
  - d. Pros and cons
  - e. Other compensatory strategies
  - f. Attending staffings
6. Tools for meeting Needs of VR Counselors
  - a. Consultation
  - b. Assessment
  - c. Telephone and e-mail reports
7. Results
  - a. Numbers and Type of clients served
  - b. Purpose of intervention
  - c. Conclusion

Sample assessment plan and proposal for request for services through  
Vocational Rehabilitation

In an effort to continue services beyond this Grant, proposals were submitted to Vocational rehabilitation Counselors. Most proposals demonstrated a 3 phase model of services.

# DRAFT

## TBI Counseling Model (Stages of Interest and Development)

1. Mutual respect in counseling process
2. Probing possibilities of the process and how it will benefit
3. Development of knowledge of client's own strengths and barriers
4. Learning what goes wrong and why
5. Communication w/ others through feedback
6. Realistic appraisal of behavioral change following self critique (May use video)
7. Self Awareness
8. Self correction and changes
9. Adaptation to circumstances
10. Generalization

## Adjustment Process based on 12-14 counseling sessions

1. Legal (HIPAA) extent of confidentiality (Session 1)
2. Rapport development (Sessions 1-2)
3. Acknowledgment of concerns (1-3)
4. Amplifying concerns (2-4)
5. Unifying themes for behavior(3-6)
6. Evaluation of place in process of learning strategies (6-9)
7. Improving approaches and strategies (7-10)
8. Attempting goals (9-10)
9. Identifying methods of problem solving learned (10-11)
10. Generalization of successful behaviors (12-14)

## Pre-Vocational Model (12-18 sessions)

1. Determining readiness for return to work
2. Evaluating behavioral, cognitive and physical deficits
3. Developing strategies for compensation
4. Evaluating strengths versus barriers to employment
5. Setting realistic goals based on previous work history/schooling/training
6. Assessment of opportunities and possibilities of vocational matches
7. Managing ancillary services such as transportation
8. Volunteer placement
9. Intermittent counseling related to stress inoculation and self monitoring of behavior



**Sample of consent form used with clients participating  
in “Extended services for clients with TBI grant”**

**PLACEMENTWORKS Authorization Form**

This form, when completed and signed by you, authorizes PLACEMENTWORKS to release protected information from your clinical record to the person you designate or to the Brain Injury Association of Florida grant for verification of service for research.

I authorize **PLACEMENTWORKS** administrative and clinical staff to release:

- Neuropsychological records
- Counseling summary
- Data required by the Brain Injury Association
- Other \_\_\_\_\_

This information should only be released to (name and address of person to whom the information is to be released)

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I am requesting PLACEMENTWORKS to release this information for the following reasons:

- BIAF grant participation
- Client Request

This authorization shall remain in effect until : (\_\_\_\_\_).

You have the right to revoke this authorization, in writing, at any time by sending such written notification to THE PLACEMENT WORKS office address.  
I understand that my receiving services under the Brain Injury Association of Florida grant may mean that my record or parts of my record may be used by them for purposes of proving that I received services or for research.

Signature of Patient

Date

If the authorization is signed by a personal representative of the patient, a description of such representative’s authority to act for the patient must be provided.

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## **Defining Point of referral and characteristics of population served through grant**

Populations served included clients injured as many as 34 years previously and clients injured recently. Clients in their 50's were served as well as clients who were young adults. Most of the population served was injured in their 20's. While the needs of the clients, in general, were dissimilar, some characteristics were consistent with both populations.

- Strained financial circumstances
- Limited social resources
- Issues with transportation
- Spotty work history
- Unstable housing
- Past history of mental health disorder
- Past history of drug and /or alcohol use
- Poor executive functions
- Poor time management

Clients identified for this grant were usually injured in their 20's. Past working histories for clients in the upper age brackets demonstrated multiple jobs, none of them lasting very long. Clients in their 20's had never developed appropriate work habits or completed much past the 10<sup>th</sup> grade. The high school diploma or GED is usually viewed as the entry point for many jobs.

Clients who refused referral included individuals with successful occupations who were overwhelmed with ongoing medical appointments in the first year post trauma and who considered adjustment counseling as something else they were forced to do or as an additional burden from their present state.

## Tips for the job coach when working with a client with TBI

Use a checklist of duties.

Address one issue at a time. Elicit feedback.

Review the sequences for each job task.

Use cueing when there is a problem and tie it to one behavior only.

Utilize client feedback for ease with the process.

### Main issues might be

1. one thing at a time
2. can't talk and do the job at the same time-talk after
3. deal with frustration and emotional lability
4. review performance by asking client what she perceives is the problem

**Sample progress note used for clients participating in  
“Extended Services for clients with TBI Grant”**

Name \_\_\_\_\_ Date \_\_\_\_\_ Session # \_\_\_\_\_

Goal	Progress	Status
Understand how TBI deficits impact current ability to work	Can name problems but does not believe she is affected by them	1
Keeping a daily planner	Manages appointments to VR, doctor and therapist	3
Using strategies to compensate for deficits	Refuses to use strategies because she does not see the problems of fatigue, perseveration and lack of boundaries	0

- 0. Non Participating
- 1. Attempts with some success
- 2. Attempts with success
- 3. Completes with some success
- 4. Completes successfully

Focus Next Session

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