Counseling and Brain Injury: A Post Rehab Support View

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Today’s Goals

LEARN

how counseling helps after rehab
Today’s Goals

UNDERSTAND

how psych symptoms are related to brain injury
Today’s Goals

DISCOVER

counseling interventions for people with brain injury
Today’s Goals

FIND OUT how families adjust to life after a brain injury
Sarah’s Storm
The Car Wreck
The Symptoms
Relationships

Suffer
Work
Suffers
Diagnosis
DAMAGED BRANCHES
Ambiguity & Uncertainty

DAMAGED BRANCHES
Blurred Boundaries

DAMAGED BRANCHES
Stranger in Relationships

DAMAGED BRANCHES
TBI Creates Uncertainty and Stress

DAMAGED BRANCHES
Walking on Eggshells

DAMAGED BRANCHES
How we create a new realistic outlook

DAMAGED BRANCHES
A Brief History of Cognitive Remediation, Neuropsychology, and Psychotherapy in Relation to Brain Injury
1970s
Cognitive Remediation
Neuropsychology

1980s
Cognitive Behavioral Therapy

1990s
Today

Team Approach
Today

Team Approach

Therapy
Today

Team Approach

Therapy

Advocacy
How do we nurture a brain?
The Role of the Individual Therapist
The Role of the Individual Therapist
The Role of the Individual Therapist
Collect History
Screen
Assess

The Role of the Individual Therapist
The Role of the Individual Therapist
Is it a brain injury?

OR

Is it a psychiatric issue?
Does the client have sufficient cognitive abilities to immediately recognize deficits?
Is denial a hallmark of brain injury?
Are there signs of disinhibition, sexual or personal hedonism, and lack of concern?
Does apathy, lack of drive or emotionality look like depression?
Is apathy resistance or hostility?
Realize that:
Symptoms can be the result of a brain injury
Family Assessment

• Look at relationships and role changes
Family Assessment

• Look at relationships and role changes
• Weigh the emotional reactions
Family Assessment

- Look at relationships and role changes
- Weigh the emotional reactions
- Family Denial
Family Assessment

• Look at relationships and role changes
• Weigh the emotional reactions
• Family Denial
• Unrealistic expectations
Family Assessment

- Look at relationships and role changes
- Weigh the emotional reactions
- Family Denial
- Unrealistic expectations
- Evaluate pre/post marital roles
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• Look at relationships and role changes
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• Evaluate pre/post marital roles
• Caretaker and self care
Family Assessment

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• Evaluate pre/post marital roles
• Caretaker and self care
• With dependent children, explore divided loyalties
Psychotherapy with brain injured clients would be ineffective if there is not an ongoing relationship with family members.
Interventions
COGNITIVE REMEDIATION

Basic Principles
COGNITIVE REMEDIATION

Basic Principles

1. Training must be based in theory—learning theory
COGNITIVE REMEDIATION

Basic Principles

2. Training must be multi-modal
3. Integrate cognitive and skill training
4. Training must generalize

**BEWARE** the frustration factor
COGNITIVE REMEDIATION

Basic Principles

5. Intervention requires sufficient time to effect behavioral change
6. Time since injury does not preclude effective intervention
COGNITIVE REMEDIATION

Basic Principles

7. Intervention approaches may vary in locus
8. Individual’s awareness of cognitive deficits is crucial to successful intervention
COGNITIVE REMEDIATION

Basic Principles

9. Verbal self-regulation is an effective intervention tool.
COGNITIVE REMEDIATION

Basic Principles

10. Computerized Training
11. Remediation of memory deficits is a difficult task
12. Psychotherapy an important component
WHY
Psychotherapy?
“Imagine waking up each day with a pounding headache, always feeling like you have a hangover plus a bad flu after being up three nights in a row; having trouble concentrating, remembering, and getting your thoughts together; losing your temper and snapping at people for no reason. On top of that, nobody believes you or thinks you are crazy.”
The Therapist’s Role
Provide patience, sensitivity, and objectivity as the foundation.
Client’s perceptions of the deficits
Work toward better self-observation
Use reality-focused methods to address denial rather than direct confrontation.
Anticipate feelings of frustration, being overwhelmed, family difficulty and withdrawal from interpersonal relationships.
Emotional reactions such as depression, anxiety, flat affect, apathy, heightened emotions and even chemical dependency issues.
Engage the client and family as active participants.
Encourage to resume normal activities and assist in restoring the client’s diminished power.
Therapist frustration as our own expectations of recovery are not realized
Awareness of and sensitive to **counter transference issues from self**
Therapeutic Tips
Write out homework assignments
Pair new learning tasks with old ones
Write as much as possible
Use over-learning such as rehearsing in sessions
Make interpretations explicit to avoid misunderstanding
Use reflection and re-statement of content extensively for clarification
Redirect client’s attention when agitated rather than confronting the topic
Conscious self-monitoring by the therapist
Use relaxation techniques
Client may be more attentive at certain times of the day
Start with easy tasks, use verbal praise, reinforce task completion
Give the client extra time to respond
Loss of Self
Long-term cognitive and physical problems accompany brain injury
Client may develop a profound “loss of self”
Manifests as identity uncertainty
Ambiguous loss is most stressful & defies closure
Self uncertainty correlates with perceptions of boundary uncertainty with others
Three categories that depict this issue:

Loss of clear self-knowledge
Three categories that depict this issue:

Loss of clear self-knowledge
Loss of self by comparison
Three categories that depict this issue:

- Loss of clear self-knowledge
- Loss of self by comparison
- Loss of self in the eyes of others
The Physician’s Story
“How could I continue to live with a deficient brain? My head injury had been bearable only because it was temporary. Permanent injury meant I had already lost. My job, my identity, my life, the real me.”
Integrating the Self
Who the client really is.
What the client believes they really are.
What the client wants to be.
Integration depends on four factors:
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- Severity of deficits
Integration depends on four factors:

- Severity of deficits
- Client’s awareness
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- Severity of deficits
- Client’s awareness
- Impact of deficits
Integration depends on four factors:

- Severity of deficits
- Client’s awareness
- Impact of deficits
- Value the client places on pre-injury thinking abilities
The 9 Keys:
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• Educate client and family about cognitive losses
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- Educate client and family about cognitive losses
- Allow mourning—past and future abilities
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- Educate client and family about cognitive losses
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- Focus on antecedents of interactions
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- Provide positive roles and scripts
- Natural and logical rewards
CLIENT’S VIEW OF INDIVIDUAL THERAPY

“It made me feel normal. I wasn’t crazy, I was brain injured. My therapist helped me understand that everyone’s healing process is different. She made me understand the importance of not over extending myself. She made me feel safe.”
Group Therapy and The Self
Research Study Explored

• Effectiveness of group therapy
• Focused on self-concept changes
• Life dissatisfaction & emotional distress
Goals of Intervention

- Explore self-concept complexity
Goals of Intervention

- Explore self-concept complexity
- Exercise important distinction of self-concept pre/post injury
Goals of Intervention

• Explore self-concept complexity
• Exercise important distinction of self-concept pre/post injury
• Increase self-esteem
How to do it
Session 1
• Discuss meaning of self-concept; poor vs. good
• Discuss meaning of self-concept; poor vs. good

• Discuss adjectives people use to describe themselves
• Discuss meaning of self-concept; poor vs. good

• Discuss adjectives people use to describe themselves

• Discuss how self-concept can affect their lives, behavior, and mood
Session 2
• Members provide adjectives used to describe self pre-injury
• Members provide adjectives used to describe self pre-injury
• Discuss adjectives members believe are most important pre-injury
• Have members provide adjectives they would use to describe themselves pre-injury
• Discuss adjectives members believe are most important pre-injury
• Encourage more expanded self views
• Have members provide adjectives they would use to describe themselves pre-injury
• Discuss adjective members believe are most important pre-injury
• Encourage more expanded self views
• Discuss sudden life change that challenges how they see themselves
Session 3
• Members provide adjectives to describe self post-injury
• Members provide adjectives to describe self post-injury
• Encourage more expanded view of self
• Members provide adjectives to describe self post-injury
• Encourage more expanded view of self
• Discuss difference in pre/post adjectives e.g., more negative, more positive, have not changed
Session 4
• Discuss pre/post injury changes, emotional functioning and view of self
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• Discuss how self-views may not have changed and how unchanged areas are important in describing self
• Discuss pre/post injury changes, emotional functioning and view of self
• Discuss how self-views may not have changed and how unchanged areas are important in describing self
• Describe examples of engaging in current behavior & activities consistent with pre-injury self-concept
Session 5
• Discuss effects of poor self-concept (e.g., lowered self-confidence, poor mood)
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• Discuss how the effects can impact recovery (e.g., avoiding challenges, feelings of failure and further self-concept reduction)
• Discuss effects of poor self-concept (e.g., lowered self-confidence, poor mood)
• Discuss how the effects can impact recovery (e.g., avoiding challenges, feelings of failure and further self-concept reduction)
• Encourage development of expanded view of self by discussing areas where successful
Session 6
• Psychotherapeutic exercise to encourage integration: Group describes a negative change in self-view followed by a positive aspect of self
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• Encouragement to be mindful of other aspects of self that have not changed
• Psychotherapeutic exercise to encourage integration: Group describes a negative change in self-view followed by a positive aspect of self
• Encouragement to be mindful of other aspects of self that have not changed
• Encouragement to consider how important changed areas of self-concept are to overall happiness
4 Results

1. Increased perceived attractiveness
4 Results

1. Increased perceived attractiveness
2. More hopeful than hopeless
4 Results

1. Increased perceived attractiveness
2. More hopeful than hopeless
3. Better cooperation
4 Results

1. Increased perceived attractiveness
2. More hopeful than hopeless
3. Better cooperation
4. Increased self-confidence
Family & Caregivers

Family

Client

Spouse

Support Systems
Tim’s Wreck
“You’re fine.”
3 weeks later:

AVH
Vision Problems
Poor Concentration

MTBI
Implications:

Can’t process stimuli
Implications:
Feels sense of rejection
Implications:

Slow progress
Implications:

Becomes defensive
Implications:
Labeled as malingering
Implications:

Wife refuses therapy and believes malingering
Implications: Divorce
Family Stages of Adjustment
1-3 Months:
Shock & Denial
Hope & Depression
3-9 Months:
Helplessness & Frustration

Denial ➔ Anxiety, Fear, Anger & Depression
6-24 Months:
Annoyed & Guilty
Discouraged & Helpless
10-24 Months: Realism, Exhaustion & Bereavement
12-24 Months:
Sadness & Regrieving Starts
Anguish & Acceptance
2-3 Years: Acceptance & Decreased Guilt
Re-empowerment
Family & Caregivers

HOW WE HELP
Family & Caregivers

- Role of family may not always be clear
Family & Caregivers

- Role of family may not always be clear
- Assist family finding their role
Family & Caregivers

- Role of family may not always be clear
- Assist family finding their role
- Locate support groups or respite
Family & Caregivers

- Role of family may not always be clear
- Assist family finding their role
- Locate support groups or respite
- Offer information, emotional support, a place to vent
Family & Caregivers

- Role of family may not always be clear
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- Locate support groups or respite
- Offer information, emotional support, a place to vent
- When the family is involved, the outcomes are more favorable
Let’s Review
Learned how counseling is a support system for post rehabilitation
Understanding of psychiatric symptoms related to brain injury
Discovered counseling interventions to assist client with recovery issues
Gained knowledge on family adjustment to brain injury and how counseling assists caregivers
In Conclusion
Counseling and Brain Injury:
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Questions?

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Thank you!

For presentation and manuscript go to www.brookhavenhospital.com

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