

Person Centered Practices for Individuals Living with Brain Injury

This document is intended as an example, it is far more detailed than what would typically be used in “real life”.

Sample Assessment and Treatment Plan: Modifying the Grieder/Adams model for individuals living with brain injury.

Tom’s Assessment: The assessment is a summary derived from data collected from the following; a structured intake interview with the individual, any records or reports from treating providers. According to Grieder and Adams,

“..it involves integration or synthesis of the data and it draws upon the provider’s insights and interpretation. It is similar to weaving a whole cloth from a collection of threads; out of bits and pieces of the assessment data, we can create a holistic understanding of the individual and family that extends beyond the mere facts”¹

Current Circumstances: Tom was referred to the state Brain Injury Alliance (BIA) by his case manager for assistance in finding supports for brain injury informed employment as well as behavioral health professionals who can accommodate his brain injury related challenges with memory and organization as well as his mood and substance use related disorders. After a period of many challenges in his life, Tom has achieved stable housing after qualifying for Social Security Disability Insurance after working with his SSI/SSDI Outreach, Access, and Recovery (SOAR) Certified Case Manager who works for a homeless services provider. He is now seeking a part-time job. He is grateful for all the help and services he has received but still finds himself feeling anxious and depressed for “no reason”. Tom thinks some of his anxiety is related his difficulty keeping things “straight”. He describes having post-it notes all over his apartment to remind him of things he needs to do and appointments he has to keep. Despite this attempt at organization, he reports he still forgets things daily and is worried about his ability to get and keep a job.

History: Tom grew up in the Denver area. Tom is a natural athlete, playing sports year round including football, wrestling and baseball while growing up. After being assaulted outside a bar in Denver after a night of heavy drinking, Tom began having difficulties at work, he was late to jobs more than he was on time, eventually placed on probation and finally was fired after getting into an argument with his supervisor.

Family Background: Tom is 34 years old, the youngest of 3 children. His mother is a nurse and his step-father a welder and union representative. His father, now deceased was a heavy

¹ Grieder D, Adams N, *Treatment Planning for Person-Centered Care. Shared Decision Making for Whole Health, second edition.* Elsevier Inc. 2014.

drinker and Tom's mother left him after she caught him violently shaking Tom when he was 13 months old. Tom rarely saw him while he was growing up. His mother has told Tom and his siblings that their father came from a "long line of drinkers". His paternal grandmother died by suicide when his father was in high school. His siblings, two sisters are college graduates and working professionals. Both are married with children. Tom was briefly engaged to his high school girlfriend, he is currently single. Post the bar fight and until he stopped drinking, he was in infrequent contact with his family, his stepfather, he reports was very angry with him for "screwing up his life". His mother tried to talk to him about his problems, even offering to pay his rent after he lost his job, but he felt he was his "father all over again" and cut off contact for a period of time rather than "hurt her". He is just beginning to reconnect with his family.

Education/Employment Accomplishments: Tom attended public high school, graduating with a diploma. He reports barely graduating on time as he flunked a world history class, he managed to get a passing grade when he took the class over during the summer. He reports he actually preferred summer school because the classes were smaller and it was easier to pay attention and the teacher gave more individualized assistance to the students. Following graduation, he was not interested in pursuing college, plus his grades were not going to get him any scholarships. His stepfather suggested he look into becoming a journey man welder. Tom reports his stepfather helped him apply for an apprenticeship program offered by the Ironworkers Union where he worked and Tom found he really loved the work and the chance to work in different environments depending on the job. He eventually became certified welder, a career he had worked in successfully, saying his supervisors thought he was an excellent worker until he was assaulted outside a bar five years ago. After losing his job, his alcohol and drug use accelerated and he lost his apartment and spent his savings.

Health Status: Tom reports being "hyper" as a child and being taken to several doctors by his mother after his elementary school teachers expressed concerns about his ability to "sit still". He remembers taking a pill daily that his mother told him was for his concentration starting in middle school but stopped taking it by the time he got to high school. Tom's responses to the Ohio Valley Traumatic Brain Injury Identification (OSU TBI ID) screener suggests that he has a recent as well as remote history of brain injury. As a child, his father was abusive, shaking and slapping Tom. While playing sports as a kid, he reports he had his "bell rung" on multiple occasions and is proud of his ability to "shake it off" and get back to the game or match. Five years ago, while intoxicated he got into a fight outside a bar at closing time. He doesn't remember getting hit on the side of his head and going down, this is what his friends have told him. They also told him they called 911, but by the time the police and paramedics arrived, the assailants had taken off and he was conscious and refused to get checked out at the hospital. Post the assault, the occasional migraines he has had since high school became worse and lasted longer.

Alcohol/Drug Use: Tom has not had a beer in 18 months, a major achievement that he is very proud of, having been a binge drinker to the point of blackout since he was in high school. Although it has been suggested he attend Alcoholic Anonymous, he stopped going after a few meetings because he got tired of listening to everyone's stories and he hates the "God" stuff. ". Tom also admits to taking oxycodone, in whatever form he could buy from guys he met on the job to treat periodic work related injuries such as muscle sprains as well as for his headaches. He says the only reason he isn't taking any now is he isn't sure how to get them and his current doctors will not prescribe any opioids because they aren't good for his brain and because of his history of drinking use of substances.

Medications and Treatment: His case manager linked him up with a neurologist for his migraines, besides offering some relief from the pain, the neurologist is the first person to suggest to him that not only the headaches, but some of his learning issues and troubles at work might be related to the traumatic brain injuries he has sustained over the years. It was she who recommended to Tom's case manager the Brain Injury Association as a good source of information and referral. In addition to taking Imitrex for his migraines, he is taking sertraline (Zoloft) to help his mood, and is also taking Adderall for his concentration as recommended. He has been seeing a social worker for psychotherapy and really likes his therapist.

Tom's Narrative Summary (this is where you formulate a theory/hypothesis using the Stages of Change Model and what the team believes led him to this point in his life)

Tom is a motivated young man with a supportive family. Until the assault, resulting in his most recent traumatic brain injury, Tom was a responsible and trusted employee. He got along with his parents and was a beloved uncle to his sister's children.

Once he lost his job and home and fell out of touch with his family, things got worse and worse for him until an outreach specialist approached him when he was living on the streets and referred him to homeless services.

Currently, he is feeling much more stable, he loves his new studio apartment and has met some of his neighbors. He is proud of his work as certified welder and member of the Ironworkers Local Union and hopes he can regain his reputation as a reliable and hard worker and return to work, at least part time. He feels he is earning the trust of his family back, especially since he stopped drinking. Tom appears to have been living with the life-long impact of childhood trauma as well as a history of multiple mild brain injuries beginning with physical abuse inflicted upon him as a child. These circumstances may or may not be exacerbated by a reported remote family history of addiction and mental illness.

Stages of Change:

Alcohol Use: Maintenance

Mental Health Issues: Action

Employment: Contemplative

Repairing Family Relationships: Action

Brain Injury related Barriers: Action

Tom's Treatment Plan

Tom, you have learned a great deal about yourself during the past five years since your brain injury. You have worked very hard over the past year. You have achieved stable housing, are in recovery, and are learning what are the injury-imposed barriers to successful employment as well as what are the strengths you possess and the strategies that you can use to work around the barriers. This plan is a living document that reflects your goal of returning to work and what you and your supporters can do to help you work towards and achieve that goal.

Here we will review your strengths, the barriers and review and summarize the strategies that will help you secure and maintain a job.

Strengths:

1. You are a **certified welder**
2. You have **excellent interpersonal skills**. This is one of the most important skills for any employee.
3. Your **task persistence** is very good once you feel organized. This is an important work-related skill, you are able to put aside any concerns you have and focus on the task at hand.
4. Good **problem solving skills**, this includes the ability to generate more than one solution to a problem or situation. We know this from talking to you and your stepfather about your training and employment history
5. **You ask for help and/or feedback** when working on a task and are able to **apply the feedback given** back into your work efforts. This was also noted by your stepfather as well as your case manager at the Colorado Coalition for the Homeless
6. **Excellent work history** – speaks for itself!
7. **Your dedication to remain alcohol free**

Now let us review the brain injury challenges you have been working so hard to overcome. You have made great strides, however you need to keep these barriers in mind so they will not become stumbling blocks to work success.

Barriers:

1. Sometimes it is hard for you to pay **attention and understand** and what you hear, this is also referred to as “auditory processing”
2. You describe problems with your **memory**, especially for new information
3. You can be **Impulsive** in you what you say or do in conversations or when in certain situations. You are more at risk to be **Impulsive** when you are in a new situation, or are not sure what is being asked of you (due to attention & concentration difficulties). Feeling anxious can make **impulsivity** worse.
4. **Word retrieval difficulties**. This means during conversations, or when you are putting your thoughts on paper, you sometimes struggle to find the words to express yourself. We have observed when you are feeling stressed, your ability to pull words out is that much more difficult.
5. We are very impressed with your ability to recognize and deal with your **dependence on alcohol**. As your neurologist explained, alcohol use after brain injury can increase the risk of seizure as well increase the risk of additional injury to the brain such as from a fall.

Strategies:

1. To improve your ability to pay attention and understand what you are hearing or reading (**auditory processing**) and remember what is said to you we strongly suggest you use your iPad to:

Jot down notes of work related tasks and instructions in your job log. The mere act of writing things down reinforces your understanding and **memory** and serves as a reference for later. Writing down tasks at work so that you can refer to them later is key to your ability to work independently. It is also suggested you ask for clarification, or repetition of what is being said to you to make sure you understand the information.

2. **Impulsivity** can lead to mistakes made on the job and can lead to misunderstandings in personal relationships. To help you “put the brakes on”, we suggest the following strategies:
 - ✓ You can jot down in your iPad what you want to say so you can review and organize your thoughts. Do this when you have questions for your case manager, supervisor or co-workers.

Of course this is not practical for day to day conversations.

- ✓ For those situations you might try:

- ✓ Putting “breaks” in between sentences. This way you can mentally prepare what you want to say next, and it provides your listener an opportunity to respond to what you have said.
- ✓ To reduce **impulsivity** caused by feeling nervous or anxious, try this deep breathing exercise. Draw in a long breath over 4 counts, hold it for 4 and then let out slowly for 4-8 counts. We recommend you install the free app Breathe2Relax which walks you through how to use breathing to calm your mood

3. Some of the strategies for **impulsivity**, can be used to help improve

your **word retrieval** skills. For example:

- ✓ Writing down what you want to say in advance
- ✓ Mentally rehearsing what you want to say in advance
- ✓ If you cannot retrieve a particular word, either describe it or try to think of another word
- ✓ When trying to describe an action word or object use gestures
- ✓ If you find yourself getting stuck, frustrated or upset, take a break, and do the above breathing exercise.

Goal	Goal
"I want to work as a welder again"	" I want to stay sober"
Objective	Objective
"As a result of services, Tom will be able to focus his attention on job seeking activities as evidenced by his completion of two job applications for two consecutive weeks within three months"	"Tom will complete a written harm reduction plan for maintaining his sobriety as evidenced by sharing this plan with his family and team within 30 days"
Interventions	Interventions
"Ann Marie Awesome, Speech and Language Pathologist will provide two, half hour sessions a week for a month, of cognitive therapy to help Tom learn how to improve his attention and concentration and reduce his impulsivity	David Knight, certified addiction counselor will meet with Tom once a week for an hour to educate Tom on the link between addiction and brain injury and to offer tools and support for his continued sobriety
Dr. Goode, neuropsychiatrist will meet with Tom to discuss/prescribe medications that may reduce his anxiety within the next 30 days	Catherine Competent, case manager will meet with Tom 1-2x's per week to assist him in making and keeping his appointments for the next 30 days
Kim Darling, employment specialist will meet with Tom twice a week for an hour to help him identify and apply for jobs that match his skills and experience as a welder for three months	Catherine Competent, case manager will also work with Tom to identify a psychotherapist in the community with whom he feels comfortable to address his anxiety, work towards improving his relationship with his family within one month

Tom, your signature below indicates you are in agreement with the above plan, at any time you can request an update or change of goals.

Tom W. _____ Date _____

Catherine Competent _____ Date _____

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