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CLINICAL CONCERNS COUNSELORS SHOULD BE SENSITIVE TO IN RECOVERING TBI PATIENTS/CLIENTS

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ABSTRACT

Counselors, therapists, mental health workers and psychologists often encounter clients who are recovering from a traumatic brain injury, concussion or other type of head injury. Depending upon the location of the injury and type of brain injury, difficulties could range from very mild to extensive and severe. Difficulties could be in one domain or several. This paper examines these realms and offers some concerns regarding treatment.

Keywords: *Counselors, therapists, patients, clients, TBI*

Counselors are often asked to provide assistance to clients who may have suffered an open or closed head injury. It is difficult to predict the exact signs and symptoms of either an open or closed head injury or severe concussion, but this paper will attempt to sensitive clinicians to the various types of signs, symptoms and difficulties that these individuals and their significant others and family may experience or perceive. Much of the following is based on the book by Tyler and Mira (1999) and by Shaughnessy and Laman (2012). Therapists and counselors working with those with open or closed head injury are advised to do additional reading to supplement this brief article.

1) Motor – the client may be experiencing difficulties in either gross motor or fine motor skills. They may have difficulty with simple tasks such as signing a documents, cooking, or cleaning or performing routine activities of daily living. They may experience some troubles in driving, and operating a motor vehicle.

2) Language – the client may have difficulty articulating their thoughts, feelings, dreams, emotions and hopes, and desires and have difficulty with their expressive language and they may become exasperated attempting to communicate to others. They may also have difficulty with receptive language- that is-understanding what others say to them. They may have difficulty grasping directions and even simple requests or commands.

3) Speech is an area which is akin to language – but slightly different. Those who have had a head injury may manifest slurred speech, long sounds or vowels and they may be misdiagnosed as Bells Palsy.

4) Attention – Clients may have difficulty focusing, paying attention to others, listening to others for long periods of time and this may be exasperating to caregivers. They could have problems in sustaining attention to new tasks, or have difficulty remaining on task for example, later in the day due to fatigue.

5) Executive functioning – refers to the planning, organizational part of the brain. Judgement may be impaired and these individuals may be led astray die to the difficulty they have making decisions, especially when confronted with intricate complex decisions.

6) Learning – For college students who have sustained a head injury, for example during a car accident, learning upon return to the classroom is quite challenging. A gross generality is that there is about an 18 month plateau following the head injury where rehab therapists will see many if not involved. Some college students will manifest what is termed "neuro fatigue" which means that they will fall asleep on occasion. In the schools, it is concerning to teachers who obviously are held accountable for student learning, yet, if these students were home, they would not be receiving very much individual instruction either as the average teacher is not familiar with pedagogy of teaching students with head injury. Some students may require extensive testing to determine an appropriate place to begin instruction. Some students may have lost materials that has previously been learned.

7) Memory – Many clients/patients have difficulty with short term or long term memory. They forget directions or requests from parents or significant others and have additional difficulties with what is termed retrieval. They cannot seem to remember what they may have learned in the past. They may have "forgotten" relevant information or simple procedures- such as riding a bicycle (which involves motor memory.) A patient who may have played a musical instrument in the past may have forgotten those skills.

8) Post Traumatic Amnesia – In some instances, for example a car accident-the client patient may not remember what occurred prior to or during the accident. Thus, they are unable to reconstruct a cogent, coherent story as to the details of the accident.

9) Processing Difficulties – Client may have difficulty processing new information. College students may not be able to handle several courses and it would be wise prudent and judicious for them to return to the classroom in a very gradual fashion.

10) Loss of Specific Skills – In some instances for whatever reason, a person may lose certain specific skills, such as reading, spelling, writing, math and so forth. Some musicians seem to have "lost" previously learned skills.

11) Vision Problems – In rare instances, depth perception, right or left perception, vision acuity, stereotypic, depth perception, double vision, blurred vision could occur. It is imperative that the opthamologist or optometrist know the specific part of the brain that was impacted or where the insult or injury to the brain occurred.

12) Loss of Impulse Control. In many instances, clients/patients manifest impulsive behavior. They do not seem to control their impulses, or make comments and or statements that seem strange, odd, bizarre or inappropriate.

13) Sleep problems – The client may report disrupted sleep, or sleeping for long periods of time. Some individuals may still be recovering from the shock of a certain event which has been traumatic (which is why it is referred to as Traumatic Brain Injury).

14) Balance Issues – Many individuals experience falls, difficulty with balancing and often fall. It is fairly well documented that many who sustain a Traumatic Brain Injury sustain another one within the two-year period of recovery. Thus, it is imperative that they be supervised, and cautioned against dangerous endeavors such as mountain climbing.

15) Hearing Issues – In some instances, survivors of a traumatic Brain Injury may have difficulty with their hearing. Often blood is often seen coming from the ear of a person who was in a fight or car accident. The tympanic membrane or "ear drum" has been ruptured or compromised.

16) Low Frustration Tolerance – In many instances, survivors experience anger, exasperation and frustration when confronted with intricate complex tasks. These individuals recall what their performance was like prior to the accident and are exasperated by their lack of perhaps fine motor coordination or their difficulty with simple rote routine tasks.

17) Higher Level Problem Solving – Again, for students returning to college/ university or even high school, these individuals may have difficulty with math, which requires sustained attention and problem-solving skills in subjects such as physics, calculus or chemistry.

18) Facial Recognition – The survivor may not recognize individuals who were well known before the accident. Good friends may not be recognized and this is perplexing and results in some consternation.

19) Ambulation – Here we refer to the simple act of "getting around". It is quite difficult for the average person to navigate in a typical airport. For a person with a head injury, this is almost an impossibility.

20) Emotions – For some, emotional control is lost. They "cry at the drop of a hat" and may become angry over minor details. As indicated earlier, they recall the person they were prior to the accident, and cannot determine why they cannot perform the behaviors they were able to master in the past.

21) Loss of Income and for some – Long term Unemployability. For some individuals depending on the extent of the injury, they may never be able to return to their previous employment.

22) Loss of Previous Meaningful relationships. In the schools, good friends may abandon students with TBI – because they have "changed" They outgoing, social high school quarterback is now sullen, withdrawn, depressed, apprehensive, and cannot remember the names of their previous friends.

23) Loss of Sexual Functioning – There could be many reasons for this- psychological, physiological, anxiety, depression, but in adults this appears to be one of many difficulties faced by adults.

24) Loss of Multiple functions – Sadly, for some individuals, their accident may result in paralysis, quadriplegia, hemiplegia and lack of bowel, bladder control.

25) Loss of Familial Support – A wife, husband, spouse may not have the skills to cope with the difficulties presented by a person with a head injury. It is difficult to learn how to engage in cognitive rehabilitation, do physical therapy or occupational therapy at home or prompt and encourage a person who has had their entire life disrupted.

EMOTIONAL ISSUES FOR COUNSELORS

1. Attitude – Counselors have to project a positive attitude and communicate this to the client. They need to have confidence that they can assist the client in the recovery process or that they can consult with other skilled professionals to facilitate and expedite their recovery. People can improve, they can get better with time and help and support and a "listening ear".

2. Acceptance – The counselor accepts the client where they are at in any stage of the recovery process. The client may have just been released from the hospital or rehabilitation center- or they may have been struggling for years- and unable to find the right therapist, the right approach, the right amount of empathy and understanding.

3. Caring – Clients have to know and believe that their therapist cares about them - and cares about their ability to recover, and cares about them as a person- not just the person that they once were - but as the person that they are becoming or in the process of changing and growing and developing.

4. Empathy – The counselor must work on this- as they may not be able to truly understand what it is like to be a person with a brain injury. They may not understand the frustration and exasperation and difficulties that a person with a head injury may have and experience on a daily day to day basis- just putting on their shoes for example.

5. Encouragement – Every session, the counselor has to encourage the client. Alfred Adler believed that most clients were discouraged- and that part of the therapeutic process was to encourage them- to give them hope and lift them up- and in some cases assist them in getting just the right dosage of medication and getting involved in the titration process.

6. Hope – Counselors have to give clients hope, help them see the future- help them see the proverbial light at the end of the tunnel. Counselors must instill some hope that things will get better- perhaps not tomorrow- next week next

month- but perhaps next year. Clients have to be helped to see things down the road- into the future and helped not to dwell on the past.

7. Listening Skills – In working with clients with head injury counselors have to work quite hard to hear what they are saying- emotionally, cognitively and in terms of what they are experiencing as a person with a head injury that perhaps others do not understand.

8. Counselors may need to alter their communication Skills and communication style – they may need to speak slower, maintain eye contact, get the attention of the client before speaking and speak in a perhaps more simplistic understanding tone with empathy.

9. Support Skills – Those in the recovery process need support- they may need the support of their significant other-they may need the understanding of their friends and employers.

10. Information Dissemination – Individuals who have sustained an open or closed head injury need information about their brains, how to cope with their difficulties- where to find assistance, and to learn as much as they can about the recovery process.

11. Referral – to state and local agencies and Internet sources – Many states have organizations that are set up specifically to assist those with a head injury and their families. There are support groups that meet weekly and some bi-weekly.

12. Reflection – As part of the therapeutic process, counselors can openly reflect on their own observations as to recovery, progress, and how difficult the journey must be for the person recovering from a head injury or TBI.

13. Long term and Short term Goals – Clients often need goals to work toward and counselors need to assist them in formulating realistic, reasonable, rational and appropriate goals for both the short terms and the long term.

14. Significant Others – are significant in the treatment process. The people who are closest to the client with the head injury are the most important to involve in the treatment process.

15. Newness – Acceptance of the "new person"- For many with a head injury- they are a completely new, different person - with shortcomings, perhaps inadequacies, foibles, difficulties and frustrations.

16. Realistic, Reasonable, Rational goals and objectives – Here the counselor must spend some time in thought- attempting to ascertain what goals and objectives are important and relevant.

17. Networking – a true nurturing support group may lead to an ongoing network around the state or community in which the person lives. People can come together for coffee to share their hopes dreams, and aspirations for recovery. Recovery for each person is going to be different and difficult.

18. Understanding – the counselor must almost work at attempting to understand what the TBI client has gone through, is going through and what transitions he or she will face.

SUMMARY AND CONCLUSIONS

This paper has attempted to provide a cursory overview of some of the main issues and concerns that counselors face when they are working with a client that may have suffered an open or closed head injury.

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