

# Brain Injury, Behaviour, and Back to Work

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Behaviour is considered to be a primary obstacle to community reintegration following brain injury. Behaviour has been cited as a barrier to healthy family functioning, maintaining relationships, school re-entry, and community services. And, behaviour is considered to be one of the most significant barriers to employment for people who have sustained brain injuries.

There is ample research showing that issues such as deficient anger control, emotionality, poor interpersonal skills, decreased self-awareness, disinhibition, and decreased initiative are closely associated with vocational failure. In fact, behavioural and social concerns have been consistently found to be more disabling than physical impairments, and as disabling as cognitive impairments within this population.

Given the significance of these concerns and the barriers that they create, one would think that behaviour should be a primary focus of rehabilitation efforts. And yet, a coordinated behavioural approach is notably absent from most non-residential, community-based rehabilitation programming.

Therapists of all disciplines do their best to manage behavioural issues, but intervention is often limited to symptom management. Without a theoretical or procedural model in place to address the concerns, each therapist tends to develop their own approach based on instinctive responses. To complicate matters further, family members often report that they get conflicting advice on how to address their loved one's behaviour. This means that inappropriate behaviour is often inadvertently reinforced, and it becomes more firmly entrenched over time. Not surprisingly, family members report that behavioural issues outrank physical, language, memory and dependence problems as their most significant concern five years post injury.

When behaviour has become a barrier to securing or maintaining work, a behavioural assessment provides a functional analysis of the behaviour along with a practical, cohesive, clinically sound plan to address the behaviour and limit the threat to vocational success.

Often the recommendations resulting from such an assessment can be implemented by the treatment team already in place. Moreover, the recommendations frequently do not require any additional therapy expense; they simply change the way the service is delivered.

Once such a plan is implemented and sunning smoothly, the treatment team members will frequently find that therapy becomes more streamlined, therefore making rehabilitation efforts more efficient. When emotional issues, such as work-related anxiety, become a barrier to employment, a practical psychological intervention program targeting concerns and focusing on skill and strategy development makes sense as an alternative to a more traditional counselling approach. Keeping the approach structured and direct ensures efficiency; and concerns regarding "generalization" or "transfer of learning" are minimized. This approach teaches the client the skills and strategies needed to maximize the client to utilize them.

Job coaching can also be used very efficiently to enhance workplace success. Job coaches provide hands-on support to the client and the employer, and support is systematically decreased as the client progresses. Using a rehabilitation therapist experienced in both brain injury and behaviour to provide job coaching maximizes the therapeutic benefit. In addition to the specific job training that any job coach is mandated to provide, a trained and experienced rehabilitation therapist will integrate cognitive, psychosocial, physical and behavioural strategies in to the work environment; identify and develop natural supports, and be alert for and objectively report inconsistencies between stated and observed abilities.

Returning an individual to productive employment following brain injury can be particularly challenging when social, emotional, and behavioural issues are present. Ideally, such issues should be address early, proactively, and with a cohesive behavioural plan in place. However, when this is not possible, or when behaviour or emotion becomes a barrier to work, the intervention of choice must be practical, solution focused and grounded on behavioural principles.

To obtain further information about this topic or to obtain a list of references, please contact:

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