Considerations for Vocational Psychologists Working with Traumatic Brain Injury Clients
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Overview of the Impact of TBI in the United States:
Traumatic brain injury (TBI) may result after an individual sustains impact to their head, a significant jolt or whiplash, or penetration of the skull by an object. Each year in the U.S., approximately 2.7 million new TBI’s are reported and about 3.5 million of those are treated in hospital settings. To aid in visualizing what 2.7 million people looks like, one could equate that number with the entire population of the state of Nebraska, West Virginia, or Idaho, respectively. Other comparable cities with populations around 1.7 million include Philadelphia, Pennsylvania and Phoenix, Arizona.

- Some of the leading causes of TBI include falls, motor vehicle accidents, being struck by objects, and assaults. Blasts, such as those from explosive devices are the leading cause of TBI in Active Duty Military service members.
- Males are about 3.5 times as likely to experience a TBI compared to females.
- African Americans account for the largest proportion of TBI’s. American Indians and Alaskan Natives also disproportionately experience higher rates of TBI’s. Latino’s also experience high rates of TBI compared to Whites in the U.S.
- The two age groups where TBI’s are most common are 0-4 year olds and 55-69 year olds. TBIs are also common in aging populations (65+ years) usually due to falls.
- The costs of TBI’s annually in the U.S. are staggering. Each year, TBI’s result in combined direct medical costs (i.e. hospital care) and indirect costs (i.e. loss of productivity at work) of about $60 billion.
- The Center for Disease Control and Prevention estimates that at any given time there are about 5.3 million Americans with severe debilitation from TBI. Several studies have found that around 40% of people who have a TBI report feeling like their needs for daily life functioning have not been adequately addressed. The top needs those patients reported desiring additional help for included: improving memory and problem solving, managing stress and emotions, and improving their work related skills.

TBI and Career Issues in Minority Populations
In the U.S., African Americans, American Indians, Alaskan Natives, and Hispanic populations are affected by TBIs at much higher rates than Caucasian Americans and Asian Americans. Many minority groups lack access to resources or other means by which they could receive TBI related care. This often leads to issues with being able to return to work following a TBI. Clinicians working with TBI clients should be mindful of minority status, gender, and socioeconomic status factors their clients face when working on career related concerns.

TBI and the World of Work
There is a growing push for employers to become more aware and knowledgeable about how TBIs may impact their employees and what they can do to help. The Mayo Clinic recently has been promoting research which has found that employees who are able to return to work in some capacity after a TBI tend to have better long-term outcomes. It is thought that the mechanisms responsible for this are correlated with having opportunities for physical and cognitive stimulation, learning new skills to compensate for losses or damage, increased motivation from completing short-term goals, and perceived support. Employment has been found to be a significant predictor of quality of life and rate of recovery for people with a TBI. In summary, work provides the individual with a sense of productivity, meaningfulness or purpose for their life, financial income (depending on what is considered work) and social connection.

- Although some work-related laws may vary by state, the 1990 Americans with Disabilities Act (ADA) provides some guidance for the rights of both employers and employees that may be helpful for TBI instances.
- It is important to assist individuals in connecting with state or other agencies that may be able to assist in returning to work after a TBI. For example, see the Brain Injury Association of Kansas’ website link in the reference section.

Work Adjustments After TBI
Individuals who experience a TBI report a wide range of issues adjusting to work. Much of this is due to when in their lifespan the TBI occurred. For instance, if a TBI occurs during childhood or adolescence, limited neural connections associated with work abilities or skills have been formed. This may cause the individual to no longer consider some types of work or learning the skills to do certain jobs may be more difficult. On the other hand, experiencing a TBI mid-career or later on in life may mean that the individual has a wider range of neural connections, problem solving approaches, and other life factors that are beneficial in the recovery or readjustment to work process. Social and family support, collaborative care by professionals, self-efficacy, and hope are also important for readjusting after a TBI.

One qualitative study reviewed for this project found 7 themes reported by people with TBI who were returning to work that were significant elements for them to explore. These themes included their experiences of finding work after TBI, maintaining work after TBI, and their independence via work after TBI.

- Another team of researchers took a qualitative approach to identifying the experiences of individuals with TBI who returned to work. They found significant differences in improvement in patients who received individually customized treatments including vocational guidance and disability adjustment services than those who did not receive those aids as they returned to work.

Assessments and Theories for TBI Clients in Career Counseling
Various types of assessments and testing in different settings could be helpful in determining what the best work situation may be for each individual client. These assessments not only help to determine what brain areas are impacted by the TBI, but also assist in tailoring interventions or environmental changes that are most appropriate.

- Very few career-related assessments have been normed on individuals with TBI. Below is a list of those that has been normed on TBI and other recommendations for assessment:
  - Functional Assessment Inventory: 39 item inventory developed at the University of Minnesota. Designed to assist vocational counselors in assessing an individual’s strengths, weaknesses, and capacity for work or other productive activity. Widely used to assess vocational readiness after TBI.
  - Other recommended assessments should cover a variety of potential concerns such as intelligence, executive functioning, attention, memory, visual-spatial abilities, personality, mood/ emotion, sensory and perceptual or motor abilities, etc. It is also recommended that measures for effort and malingering be included.
  - Some examples of such assessments include: MMPI-II, Beck’s Depression Inventory, Woodcock-Johnson Psychoeducational Battery, Wisconsin Card Sort, Trails-A & B, Wide Range Achievement Test, Motor Free Visual Perception Test, Visual Perception Skills, M-FAST, etc.

- Traditional Career Theories may be applied with TBI clients although few have been studied using TBI participants. The Minnesota Theory of Work Adjustment (TWA) is one theory that has been recommended for working with TBI clients on career issues. Other traditionally used career-related assessments that explore interests, abilities, aptitudes, values, and skills can also be used successfully with TBI clients. Savickas’ Career Style Inventory may be especially helpful in facilitating the exploration process of meanings that TBI clients ascribe to work.

References:

Helpful Links:
- http://www.mayo.edu/pmts/mc1200-­‐mc1299/mc1298.pdf
- http://www.brainline.org/

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