

Traumatic Brain Injury for VR Counselors

Margaret A. Struchen, Ph.D. and Laura M. Ritter, Ph.D., M.P.H.

Training Session 2d: Emotional/Behavioral Changes that May Occur Following TBI, Impact on Vocational Issues, and Strategies to Address these Changes.

Behavioral/Emotional Issues:

- [Decreased Initiation \(Moderate/Severe\)](#)
- [Lack of Awareness \(Moderate/Severe\)](#)
- [Impulsivity \(Moderate/Severe\)](#)
- [Irritability/Anger \(Mild, Moderate/Severe\)](#)
- [Inappropriate or Embarrassing Behavior \(Moderate/Severe\)](#)
- [Emotional Lability \(Moderate/Severe\)](#)
- [Depression \(Mild, Moderate/Severe\)](#)
- [Anxiety \(Mild, Moderate/Severe\)](#)
- [References](#)



© 2009 Baylor College of Medicine



This program is sponsored by a grant from the National Institute on Disability and Rehabilitation Research, U.S. Department of Education for the Rehabilitation Research and Training Center on Community Integration of Persons with Traumatic Brain Injury (Grant No. H133B03117) at TIRR Memorial Hermann.

Traumatic Brain Injury for VR Counselors

Margaret A. Struchen, Ph.D. and Laura M. Ritter, Ph.D., M.P.H.

Training Session 2d: Emotional/Behavioral Changes that May Occur Following TBI, Impact on Vocational Issues, and Strategies to Address these Changes

Decreased Initiation (Moderate/Severe):

After TBI, some individuals may have trouble getting started with activities.

How might trouble with initiation impact vocational success?

While your client with TBI may express interest in engaging in activities, the ability to get going is affected. Problems with initiation can often be misinterpreted as laziness, a lack of motivation, or as noncompliance with treatment suggestions. However, initiation difficulties can occur as a result of damage to neural systems that are involved in activating motor sequences. Initiation problems can be observed as:

- Seeming to sit all day staring at the computer monitor.
- Not seeming interested in activities he or she liked to do before injury. Your client may show little enthusiasm for work tasks that he or she previously found enjoyable or exciting.
- Appearing to not think or remember to bathe or brush his or her teeth unless reminded. Such grooming issues can affect workplace presentation.
- Not having ideas for vocational plans or social activities, or if your client has ideas, not getting started with them.
- Knowing what needs to be done, but just not seeming to be able to get started

What strategies may be helpful to my client in managing initiation difficulties to facilitate vocational success?

- Remember that decreased initiation is a result of the brain injury—your client is not being lazy. It will be especially important to help your client's employer and co-workers to understand that initiation problems are often seen after TBI and are not due to motivational issues.
- Work with your client and his or her supervisor to identify a list of tasks that he or she needs to complete when at the workplace. If the order of completion of these tasks does not matter, ask your client which of the tasks he or she would like to complete first. Don't be surprised if your client indicates that he or she doesn't want to do anything. You may have to choose activities for them at first or give them a choice among 2 or 3 different activities. Then make checklists for this set of these activities to help them initiate and stay on task while at work.



© 2009 Baylor College of Medicine



This program is sponsored by a grant from the National Institute on Disability and Rehabilitation Research, U.S. Department of Education for the Rehabilitation Research and Training Center on Community Integration of Persons with Traumatic Brain Injury (Grant No. H133B03117) at TIRR Memorial Hermann.

Traumatic Brain Injury for VR Counselors

Margaret A. Struchen, Ph.D. and Laura M. Ritter, Ph.D., M.P.H.

Training Session 2d: Emotional/Behavioral Changes that May Occur Following TBI, Impact on Vocational Issues, and Strategies to Address these Changes

- Find something that your client really enjoys, like a television program or a certain kind of food. Have your client's family use this as a reward for being more active while at the workplace. For example, if your client completes the first task on his or her checklist, he or she can watch the television program. after work that day. Duration of a rewarding activity can be increased as your client shows increased amount of time on tasks and continues to initiation the string of activates at the workplace.
- It could also be a good idea to help your client get involved in a support group for persons with TBI or an activity or group that meets on a regular schedule. Having a social activity that can become part of a routine may help your client increase their activity throughout the week.

[Return to top](#) or [Continue](#)



© 2009 Baylor College of Medicine



This program is sponsored by a grant from the National Institute on Disability and Rehabilitation Research, U.S. Department of Education for the Rehabilitation Research and Training Center on Community Integration of Persons with Traumatic Brain Injury (Grant No. H133B03117) at TIRR Memorial Hermann.

Traumatic Brain Injury for VR Counselors

Margaret A. Struchen, Ph.D. and Laura M. Ritter, Ph.D., M.P.H.

Training Session 2d: Emotional/Behavioral Changes that May Occur Following TBI, Impact on Vocational Issues, and Strategies to Address these Changes

Lack of Awareness (Moderate/Severe):

One of the major challenges that can be faced for vocational counselors, healthcare professionals, and family members is poor awareness. As a direct result of injury to the brain, some individuals have a difficult time seeing themselves accurately.

How might trouble with lack of awareness impact vocational success?

Your client with TBI may be unable to notice that they are experiencing certain problems and may act as though nothing has changed since the injury, despite evidence to the contrary. This kind of unawareness is different than denial. In denial, a person may be aware at some level that a problem exists, but uses defense systems to deny the problem. With unawareness (or anosognosia), the individual does not realize that any problem is present or is unaware that a problem can affect their ability to perform tasks like driving and working. Such difficulties can be evidenced as:

- Never seeming concerned, as if nothing is different.
- Insisting that they can do things just as well as before the injury, or wanting to do activities that you know they can't do.
- Complaining that the doctors and you "don't know what you're talking about".
- Blaming other people for the things they can't do (for example, "I can go back to my job as is, but the doctor won't let me").
- Poor safety awareness (for example, thinking it is safe to use power tools despite problems with vision and coordination).
- Wanting to do job activities in the same way as had been done prior to injury and failing to see that compensatory strategies may be necessary to facilitate job success.

What strategies may be helpful to my client in managing visual field cuts poor awareness to facilitate vocational success?

- Be patient. Your client is not ignoring problems on purpose. In some cases, the brain injury makes a person unable to recognize problems. In other cases, denial is a way of dealing with the losses they've experienced.
- Key to assisting clients with unawareness due to brain injury is to develop a good rapport. If your client trusts you, and you have shown yourself to be empathetic and



© 2009 Baylor College of Medicine



This program is sponsored by a grant from the National Institute on Disability and Rehabilitation Research, U.S. Department of Education for the Rehabilitation Research and Training Center on Community Integration of Persons with Traumatic Brain Injury (Grant No. H133B03117) at TIRR Memorial Hermann.

Traumatic Brain Injury for VR Counselors

Margaret A. Struchen, Ph.D. and Laura M. Ritter, Ph.D., M.P.H.

Training Session 2d: Emotional/Behavioral Changes that May Occur Following TBI, Impact on Vocational Issues, and Strategies to Address these Changes

have good follow through with the client, he or she is more likely to heed your advice about using a given strategy – even when he or she does not see the problem behavior in the first place. For example, if a client states that he or she has no problems with memory and you are encouraging them to use a memory notebook system to help with job performance, you are much more likely to have client buy-in if the client believes that you are interested in their welfare and are primarily motivated to achieving the client's goals.

- Point out problems when they occur, but do this in a kind and calm way. Do not yell or get angry with your client. For example, if visiting your client at the workplace and you notice that he or she forgets to attend a scheduled meeting, gently point this out to your client and help him or her to link this to difficulties with his or her memory. Help the client to understand in a collaborative manner, that utilizing a planner to remind him or her of scheduled appointments may be a good “back-up” compensation strategy to avoid any work difficulties due to forgetfulness.
- When it is safe (i.e. will not compromise his or her own or others physical safety and will not jeopardize his or her employment), let your client make mistakes. This may sometimes be the only way to bring problems to your client's attention. Remember to talk things over with your client after a mistake is made and hold such discussions in a problem-solving collaborative manner. Help your client think of a way to get around this problem the next time a similar situation occurs. For example, if you are visiting your client at the workplace and you notice that he or she forgets to take home his or her backpack (that does not contain any valuables), allow your client to leave the building before pointing out to him or her that the backpack was forgotten. Ask your client why he or she might have forgotten to take the backpack and develop a plan for your client to remember to take all of his or her important belongings with him or her at the end of a shift.

[Return to top](#) or [Continue](#)



© 2009 Baylor College of Medicine



This program is sponsored by a grant from the National Institute on Disability and Rehabilitation Research, U.S. Department of Education for the Rehabilitation Research and Training Center on Community Integration of Persons with Traumatic Brain Injury (Grant No. H133B03117) at TIRR Memorial Hermann.

Traumatic Brain Injury for VR Counselors

Margaret A. Struchen, Ph.D. and Laura M. Ritter, Ph.D., M.P.H.

Training Session 2d: Emotional/Behavioral Changes that May Occur Following TBI, Impact on Vocational Issues, and Strategies to Address these Changes

Impulsivity (Moderate/Severe):

Some individuals with TBI have problems with being impulsive. That is, they may have a difficult time inhibiting actions. The neural systems that help us “stop and think” before we act have been affected. Such difficulties are often seen in individuals who have sustained injury to the prefrontal cortex and/or connections between this area and other brain systems.

How might trouble with impulsivity impact vocational success?

Your client may demonstrate impulsive behaviors such as...

- Acting or speaking without thinking first.
- Doing whatever he or she wants to without regard for what happens
- Doing things that are dangerous or will cause problems (for example, deciding not to go into work and not calling a supervisor to alert him or her).

What strategies may be helpful to my client in managing visual field cuts to impulsivity to facilitate vocational success?

- Significant difficulties with impulsivity could have implications on what types of jobs would be a good fit for your client. Power tools and driving before released to do so could comprise your client’s safety if he or she has access to these items and is frequently impulsive.
- Your client may benefit from working with a cognitive rehabilitation specialist or behavioral specialist to develop strategies to help him or other with stopping impulsive behaviors, such as use of a special signal that can be used to let the client know when he or she is doing something impulsively in the work setting. For example, the signal could be something like holding up a finger or saying a special word. Your client should be encouraged to respond to the signal as a sign to “stop” and think, and should practice receiving the feedback without getting upset. These strategies can then be transferred to the workplace.
- You may want to work with a supervisor or co-worker to help implement use of strategies to monitor and limit impulsive behaviors in the workplace. The supervisor should be instructed to use such a signal in a manner that alerts the client, but does not embarrass him or her in front of other co-workers.



© 2009 Baylor College of Medicine



This program is sponsored by a grant from the National Institute on Disability and Rehabilitation Research, U.S. Department of Education for the Rehabilitation Research and Training Center on Community Integration of Persons with Traumatic Brain Injury (Grant No. H133B03117) at TIRR Memorial Hermann.

Traumatic Brain Injury for VR Counselors

Margaret A. Struchen, Ph.D. and Laura M. Ritter, Ph.D., M.P.H.

Training Session 2d: Emotional/Behavioral Changes that May Occur Following TBI, Impact on Vocational Issues, and Strategies to Address these Changes

- Consider if your client's level of impulsivity would render him or her better suited to working in a group or pair, rather than independently.

[Return to top](#) or [Continue](#)



© 2009 Baylor College of Medicine



This program is sponsored by a grant from the National Institute on Disability and Rehabilitation Research, U.S. Department of Education for the Rehabilitation Research and Training Center on Community Integration of Persons with Traumatic Brain Injury (Grant No. H133B03117) at TIRR Memorial Hermann.

Traumatic Brain Injury for VR Counselors

Margaret A. Struchen, Ph.D. and Laura M. Ritter, Ph.D., M.P.H.

Training Session 2d: Emotional/Behavioral Changes that May Occur Following TBI, Impact on Vocational Issues, and Strategies to Address these Changes

Irritability/Anger (Mild, Moderate/Severe):

After TBI, people often report having a “shorter fuse” or being more easily irritated or angry. Such increased irritability has been noted for persons with all levels of injury severity. While violent behavior is relatively rare for those with TBI, it can occur. More frequently, persons feel angered more easily and may be more prone to verbal outbursts.

How might trouble with irritability/anger impact vocational success?

When anger is expressed in the workplace, it can have adverse affects on co-worker relationships and the customer experience. If anger manifests itself in physical behaviors, such as damaging property or engaging in violent behavior, more severe consequences can occur. Your client with anger problems related to his or her TBI may...

- Become angry easily.
- Overreact to relatively minor incidents.
- Yell or raise his or her voice.
- Use offensive language.
- Become overwhelmed when frustrated and “shut down”
- Throw objects or slam fists into things, such as doors, etc.
- Threaten others.
- Hit, push, or otherwise hurt others. (uncommon)

What strategies may be helpful to my client in managing irritability/anger to facilitate vocational success?

- Understand that being irritable and getting angry easily can be due to brain injury, and try not to take it personally. Educate your client’s co-workers and supervisors about irritability and anger after TBI in an effort to promote understanding and the hope that angry behavior will not be taken personally.
- Lay down some communication rules. Help your client know that it is not acceptable to yell at or threaten others. Let your client know that this type of communication will absolutely not be tolerated in the workplace and he or she will most likely lose his or



© 2009 Baylor College of Medicine



This program is sponsored by a grant from the National Institute on Disability and Rehabilitation Research, U.S. Department of Education for the Rehabilitation Research and Training Center on Community Integration of Persons with Traumatic Brain Injury (Grant No. H133B03117) at TIRR Memorial Hermann.

Traumatic Brain Injury for VR Counselors

Margaret A. Struchen, Ph.D. and Laura M. Ritter, Ph.D., M.P.H.

Training Session 2d: Emotional/Behavioral Changes that May Occur Following TBI, Impact on Vocational Issues, and Strategies to Address these Changes

her job as a result. Let your client know that it is okay to let others know when he or she is upset about something, but that they need to do it in a calm way.

- If during your individual appointments or when observing your client at the workplace, reward him or her for discussing a problem that upset him or her in a calm and pleasant way. Let your client know that his or her point-of-view is important. Encourage your client's supervisor to do likewise.
- If possible in the client's work setting, it may be necessary for the client to learn to initiate "time-outs" to manage anger. If he or she is noting that anger is becoming a problem, your client should take 5-10 minutes to "cool off", which may necessitate leaving a work area to go to a more private space, taking a restroom break, or the like. During this time-out, the client should actively engage in activities that help relax him or her, such as deep breathing, taking a walk, or progressive muscle relaxation (tensing and releasing muscles). Involving a behavioral specialist to help teach and practice the "time-out" procedure and relaxation techniques may be useful. You can help your client to evaluate and determine how such techniques can best be implemented in his or her work setting.
- If your client is consistently having difficulty managing his or her irritability and anger, you may need to consider if returning to work at this time is an appropriate goal. Perhaps your client will need a referral to a comprehensive rehabilitation program or a rehabilitation psychologist to help your client develop additional strategies to manage anger and irritability.

[Return to top](#) or [Continue](#)



© 2009 Baylor College of Medicine



This program is sponsored by a grant from the National Institute on Disability and Rehabilitation Research, U.S. Department of Education for the Rehabilitation Research and Training Center on Community Integration of Persons with Traumatic Brain Injury (Grant No. H133B03117) at TIRR Memorial Hermann.

Traumatic Brain Injury for VR Counselors

Margaret A. Struchen, Ph.D. and Laura M. Ritter, Ph.D., M.P.H.

Training Session 2d: Emotional/Behavioral Changes that May Occur Following TBI, Impact on Vocational Issues, and Strategies to Address these Changes

Inappropriate or Embarrassing Behavior (Moderate/Severe):

Some persons with TBI exhibit inappropriate or embarrassing behaviors. Such problem behaviors are often very stressful for family members, and may contribute to family reluctance to take persons with these problems out into the community. These problem behaviors may include:

- Telling strangers about personal matters that people are usually quiet about.
- Asking casual acquaintances overly personal questions.
- Hypersexuality, or making embarrassing sexual comments, behaviors, or gestures.
- Cursing a lot.
- Lifting an article of clothing in order to show a casual acquaintance or stranger a scar.

What strategies may be helpful to my client in managing inappropriate or embarrassing behavior to facilitate vocational success?

- When working individually with your client and preparing him or her to return to the workforce, it might be a good idea to develop a signal you can use to let your client know when he or she is acting inappropriately. For example, you could hold up your hand to signal “stop,” shake your head no, or say a special word with which you have both agreed. Make sure you practice this with your client so they know what the signal means. Enlist the client’s family in using this signal as well, so that your client is consistently getting this feedback throughout his or her day.
- After you give your client the signal, let your client know in a calm way why the behavior is problematic and might bother other people. Do not yell or lose your temper because that may actually lead to more inappropriate behavior.
- Remember that the injury can make it hard for some individuals to always act appropriately, so the first goal should not be to eliminate all inappropriate actions at once. You can start off with the goal of not more than one inappropriate behavior per visit with your client. As time goes on you can increase the goal, so that it is eventually no inappropriate talk or actions.
- Be sure to compliment your client when he or she acts appropriately during a visit with you or at the workplace.



© 2009 Baylor College of Medicine



This program is sponsored by a grant from the National Institute on Disability and Rehabilitation Research, U.S. Department of Education for the Rehabilitation Research and Training Center on Community Integration of Persons with Traumatic Brain Injury (Grant No. H133B03117) at TIRR Memorial Hermann.

Traumatic Brain Injury for VR Counselors

Margaret A. Struchen, Ph.D. and Laura M. Ritter, Ph.D., M.P.H.

Training Session 2d: Emotional/Behavioral Changes that May Occur Following TBI, Impact on Vocational Issues, and Strategies to Address these Changes

- If your client is consistently having difficulty managing inappropriate or embarrassing behavior, you may need to consider if returning to work at this time is an appropriate goal. Perhaps your client will need a referral to a comprehensive rehabilitation program or a rehabilitation psychologist to help your client develop additional strategies for managing inappropriate or embarrassing behavior.

[Return to top](#) or [Continue](#)



© 2009 Baylor College of Medicine



This program is sponsored by a grant from the National Institute on Disability and Rehabilitation Research, U.S. Department of Education for the Rehabilitation Research and Training Center on Community Integration of Persons with Traumatic Brain Injury (Grant No. H133B03117) at TIRR Memorial Hermann.

Traumatic Brain Injury for VR Counselors

Margaret A. Struchen, Ph.D. and Laura M. Ritter, Ph.D., M.P.H.

Training Session 2d: Emotional/Behavioral Changes that May Occur Following TBI, Impact on Vocational Issues, and Strategies to Address these Changes

Emotional Lability (Moderate/Severe):

For some persons with TBI, emotions may easily shift from one extreme to another. Control of emotions may be more difficult. Examples of such lability include:

- Seeming like they can be laughing one minute and crying the next.
- Laughing inappropriately; for example, laughs when someone is hurt or dies.
- Crying easily at things that would not have upset them before.

How might trouble with emotional lability impact vocational success?

Displays of emotion, particularly at inappropriate times, could be uncomfortable for co-workers and/or customers. Education of co-workers and supervisors and/or working with the client to explain such behaviors to his co-workers may be helpful in minimizing social discomfort.

What strategies may be helpful to my client in managing emotional lability to facilitate vocational success?

- Emotional lability can be worse in times of stress. Help your client to avoid stressful situations by encouraging identifying sources of stress at work and working with them to problem-solve how to deal with the stressor before it occurs.
- Educate your client's supervisors and co-workers about emotional lability after TBI. Encourage your client's supervisor and colleague to minimize the attention that is paid to this kind of behavior. For example, if the client begins crying loudly because his or her stapler is missing, co-workers and supervisors should try to ignore it. Paying lots of attention to these emotional behaviors may increase the behavior.
- If possible, the item that the client is reacting to may be removed or the client might be distracted from the situation that is provoking the reaction. Encourage your client's supervisor and colleagues to redirect your client if possible. Individuals with emotional lability are often distracted fairly easily. For example, changing the topic of the conversation, suggesting a different task to work on, etc. could help to change your client's emotional behavior.
- If your client is consistently having difficulty emotional lability, you may need to consider if returning to work at this time is an appropriate goal. Perhaps your client will



© 2009 Baylor College of Medicine



This program is sponsored by a grant from the National Institute on Disability and Rehabilitation Research, U.S. Department of Education for the Rehabilitation Research and Training Center on Community Integration of Persons with Traumatic Brain Injury (Grant No. H133B03117) at TIRR Memorial Hermann.

Traumatic Brain Injury for VR Counselors

Margaret A. Struchen, Ph.D. and Laura M. Ritter, Ph.D., M.P.H.

Training Session 2d: Emotional/Behavioral Changes that May Occur Following TBI, Impact on Vocational Issues, and Strategies to Address these Changes

need a referral to a comprehensive rehabilitation program or a rehabilitation psychologist to help your client develop strategies for managing emotional lability.

[Return to top](#) or [Continue](#)



© 2009 Baylor College of Medicine



This program is sponsored by a grant from the National Institute on Disability and Rehabilitation Research, U.S. Department of Education for the Rehabilitation Research and Training Center on Community Integration of Persons with Traumatic Brain Injury (Grant No. H133B03117) at TIRR Memorial Hermann.

Traumatic Brain Injury for VR Counselors

Margaret A. Struchen, Ph.D. and Laura M. Ritter, Ph.D., M.P.H.

Training Session 2d: Emotional/Behavioral Changes that May Occur Following TBI, Impact on Vocational Issues, and Strategies to Address these Changes

Depression (Mild, Moderate/Severe):

Depression is the most common affective disturbance experienced by persons with TBI, with incidence rates far exceeding those of community base rates. Injury-related factors, including location of the injury and neurochemical dysregulation, along with psychosocial factors, including pre-injury psychiatric history, high levels of perceived stress, and maladaptive coping skills have all been hypothesized to contribute to increased rates of depression.

It is important to note that the vegetative symptoms of depression can overlap to some degree with typical impairments that can occur after injury, such as diminished attention and concentration or low energy. So, you may wish to consider affective symptoms as clearer signs of depression in this population. Typical symptoms of depression include:

- **Affective:**
 - Seeming sad a lot of the time, and keeping to himself or herself.
 - Doesn't seem to be interested in talking with other people. This may result in reduced participation in staff meetings or in the social conversations with co-workers.
 - Has lost interest in things he or she once enjoyed, including work activities that were previously enjoyed.
 - Says things like "It would have been better if I had died in the accident."
- **Vegetative:**
 - Has difficulty sleeping or sleeps too much. This can contribute to fatigue that may make it difficult to exert full effort within the workday.
 - Seems to have no energy, which may affect the pace of work.
 - Has little appetite.

How might trouble with depression impact vocational success?

The vegetative symptoms of depression, such as a loss of energy and sleep disturbance, can affect your client's endurance level. He or she may have difficulty arriving to work on time, and once at work, find it difficult to finish his or her shift. The affective symptoms of



© 2009 Baylor College of Medicine



This program is sponsored by a grant from the National Institute on Disability and Rehabilitation Research, U.S. Department of Education for the Rehabilitation Research and Training Center on Community Integration of Persons with Traumatic Brain Injury (Grant No. H133B03117) at TIRR Memorial Hermann.

Traumatic Brain Injury for VR Counselors

Margaret A. Struchen, Ph.D. and Laura M. Ritter, Ph.D., M.P.H.

Training Session 2d: Emotional/Behavioral Changes that May Occur Following TBI, Impact on Vocational Issues, and Strategies to Address these Changes

depression could lead your client to isolate him or herself from co-workers and be less interested in interacting with customers.

What strategies may be helpful to my client in managing depression to facilitate vocational success?

- A referral for therapy or to a physician for medication management may be appropriate. Keep in mind that some signs of depression are also symptoms of brain injury (low energy, poor attention/concentration). When making a referral, consider referring your client to a physician that is familiar with brain injury, such as a physiatrist (physical medicine and rehabilitation doctor) or a neurologist specializing in neurorehabilitation, if available.
- Remember, feeling sad is often a normal reaction to loss. Depression can sometimes be a good sign because it may mean that the client has become more aware of some of the challenges they are facing. It is possible that this increased awareness might lead to improved use of strategies within the work setting. Although sad mood may be a positive sign that can be associated with increased awareness, this does not mean that the sad mood should be left alone. Addressing depression would be extremely important in facilitating work performance as well as leading to increased life satisfaction.
- Encourage your client's family to let their loved one talk to them about his or her feelings and to let your client know that they support him or her. Also, your client's family may want to let their loved one know that they realize how much the injury has changed things.
- Encourage your client to get involved in activities that will take their minds off feeling sad. Activities where they can help others may be especially helpful, but any increased activity would be a good thing. Exercise can be especially positive.

[Return to top](#) or [Continue](#)



© 2009 Baylor College of Medicine



This program is sponsored by a grant from the National Institute on Disability and Rehabilitation Research, U.S. Department of Education for the Rehabilitation Research and Training Center on Community Integration of Persons with Traumatic Brain Injury (Grant No. H133B03117) at TIRR Memorial Hermann.

Traumatic Brain Injury for VR Counselors

Margaret A. Struchen, Ph.D. and Laura M. Ritter, Ph.D., M.P.H.

Training Session 2d: Emotional/Behavioral Changes that May Occur Following TBI, Impact on Vocational Issues, and Strategies to Address these Changes

Anxiety (Mild, Moderate/Severe):

Problems with anxiety are frequently reported after traumatic brain injury. Common symptoms of anxiety include:

- Feeling worried, nervous, tense, and/or “wound up.”
- Irritability.
- Difficulty concentrating.
- Trouble falling asleep or staying asleep.
- Feeling restless.
- Difficulty relaxing.
- Upset stomach or “butterflies.”
- Muscle tension.

Anxiety and depression often co-occur, and some symptoms of anxiety, like concentration difficulties and poor sleep, overlap with symptoms of depression and with symptoms of TBI. To differentiate anxiety from depression, it may be helpful to focus on the following symptoms: psychomotor retardation, feeling hopeless, helpless, and/or worthless, and depressed mood appear to be more characteristic of depression, whereas symptoms of increased arousal and behavioral agitation appear more characteristic of anxiety.

How might trouble with anxiety impact vocational success?

The symptoms of anxiety can often serve as a source of cognitive distraction. Frequent thoughts about sources of worry and concentration difficulties commonly experienced by anxious individuals can make it more difficult for your client to focus and follow through with work-related responsibilities and activities.

What strategies may be helpful to my client in managing anxiety to facilitate vocational success?

- Like depression, a referral for therapy or to a physician for medication management may be appropriate. Keep in mind that some signs of anxiety are also symptoms of brain injury (attention/concentration difficulties, poor sleep). When making a referral,



© 2009 Baylor College of Medicine



This program is sponsored by a grant from the National Institute on Disability and Rehabilitation Research, U.S. Department of Education for the Rehabilitation Research and Training Center on Community Integration of Persons with Traumatic Brain Injury (Grant No. H133B03117) at TIRR Memorial Hermann.

Traumatic Brain Injury for VR Counselors

Margaret A. Struchen, Ph.D. and Laura M. Ritter, Ph.D., M.P.H.

Training Session 2d: Emotional/Behavioral Changes that May Occur Following TBI, Impact on Vocational Issues, and Strategies to Address these Changes

consider referring your client to a physician that is familiar with brain injury, such as a physiatrist (physical medicine and rehabilitation doctor) or a neurologist specializing in neurorehabilitation, if available.

- Anxiety can be made worse by stress. Help your client to identify sources of stressors at the workplace. If possible, work with your client to problem solve and proactively address these stressors.
- Encourage your client to engage in relaxation techniques, such as deep breathing, when he or she feels his or her stress level start to rise. Your client could benefit from a referral to a therapist to learn relaxation techniques to help manage anxiety and stress.

You have now completed the self-study material for this module segment.

Options:

- [Return to the top](#)
- [View references for this module segment](#)
- [Continue on to the next segment of this module](#)
- [Evaluate the module](#) (but don't forget, this is just one of five segments for this module)
- [Obtain further information on obtaining continuing education credit](#)



© 2009 Baylor College of Medicine



This program is sponsored by a grant from the National Institute on Disability and Rehabilitation Research, U.S. Department of Education for the Rehabilitation Research and Training Center on Community Integration of Persons with Traumatic Brain Injury (Grant No. H133B03117) at TIRR Memorial Hermann.

Traumatic Brain Injury for VR Counselors

Margaret A. Struchen, Ph.D. and Laura M. Ritter, Ph.D., M.P.H.

Training Session 2d: Emotional/Behavioral Changes that May Occur Following TBI, Impact on Vocational Issues, and Strategies to Address these Changes

References

Some of the information in this guide was adapted, with permission of the authors, from the following sources:

- Sander, A.M. *Picking Up the Pieces: A Guide for Family Members after TBI*. 2002, Baylor College of Medicine.
- Struchen, M.A., Roebuck-Spencer, T.M. *What's Mild about This? Coping with Mild Traumatic Brain Injury*. 2001, Baylor College of Medicine.
- Struchen, M.A., West, D.A. *Making Connections: A Guide for Social Peer Mentors*. 2006. Baylor College of Medicine.
- Struchen, M.A., Clark, A.N. *Systematic Approach to Social Work Practice: Working with Clients with Traumatic Brain Injury*. 2007. Baylor College of Medicine.

[Return to top](#) or [Continue to Training Session 2e](#)



© 2009 Baylor College of Medicine



This program is sponsored by a grant from the National Institute on Disability and Rehabilitation Research, U.S. Department of Education for the Rehabilitation Research and Training Center on Community Integration of Persons with Traumatic Brain Injury (Grant No. H133B03117) at TIRR Memorial Hermann.