

Returning to Work After Traumatic Brain Injury

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- ▶ “No matter how much detail a person’s medical records indicate about their injury, the record is only a shadow, a small hint, at the human behind the injury.”



Why return to work?

- ▶ Personal (identity, social interaction and supports, normalcy)
- ▶ Generate income (increased medical costs, quality of life)
- ▶ Self-sufficiency (family burdens)
- ▶ Decrease in service demand (cost of TBI, amount utilizing benefits and welfare)
- ▶ Positive health effects both physical and mental
- ▶ Returning to work is strongly correlated with better quality of life

Cost of not returning to work

- ▶ Significant impact on the individual
- ▶ Significant impact on caregivers
- ▶ Financial consequences
- ▶ Health consequences
- ▶ Potential consequences of impeding maximum recovery potential

What does it mean when a RTW is successful?

- ▶ Return to work is often one of the main objectives in multi-disciplinary teams
- ▶ Employment is often used as an “end point” when measuring recovery and reintegration, and the effectiveness of therapeutic interventions
- ▶ Return to work = greatest measure of success of rehabilitation programs (Journal of Head Trauma and Rehabilitation)
- ▶ Decreased health related absences

Data is mixed

- ▶ An estimated 40% of persons with moderate to severe TBI maintain community-based employment
- ▶ 75% of survivors that return to work lose their job within 90 days
- ▶ Unsuccessful return in an estimated 35-71%
- ▶ Fewer than 5% are able to keep their jobs as long as one year
- ▶ So, we know some return to work and some don't

Factors Associated with Lower RTW

Post-traumatic stress

Lower levels of memory functioning

Lower levels of executive functioning

Reduced interpersonal/social skills

Pre-existing mental health issues

Lower pre-morbid levels of intelligence

Poor work history prior to injury

Pre-injury substance misuse

Male

Strategies for Returning to Work

- ▶ The right time to return to work is difficult to predict
- ▶ Accurate prediction of a successful return to work is “not feasible”
- ▶ Early intervention: even if there is still rehabilitation to be completed, planning for a return to work is the best option
- ▶ Addressing mental health concerns, adjustment, social skills
- ▶ Treatment for substance use
- ▶ Neuropsychological and neurological evaluation and recommendations
- ▶ Securing transportation

Strategies for Returning to School

- ▶ Start slow and build
- ▶ Utilize disability support office
- ▶ Identify learning barriers through neuropsychological evaluation
- ▶ Vocational planning
- ▶ Assistive devices
- ▶ Examine financial and personal impact

Common Barriers

- ▶ Balance
- ▶ Hemiparesis, especially of the dominant side
- ▶ Mobility
- ▶ Fine motor function
- ▶ Memory impairments
- ▶ Fatigue
- ▶ Lack of compensatory strategies
- ▶ Mood dysregulation
- ▶ Attentional deficits
- ▶ Attitude/pessimism
- ▶ Personality/trait based concerns

Additional Barriers

- ▶ Substance use
- ▶ Location
- ▶ Options
- ▶ Lack of network
- ▶ Lack of work history/
spotty work history
- ▶ Legal issues
- ▶ Employers
- ▶ Secondary gains
- ▶ Litigation
- ▶ Lack of support

Focus of Healthcare for Return to Work

- ▶ Identify outcome criteria for work and training goals
 - ▶ Include patient/client, family, specialists
- ▶ Identify important work skills the individual can currently:
 - ▶ Do independently
 - ▶ Do only with assistance
 - ▶ Cannot do
- ▶ Create plan to focus on work skills in order of importance and that are realistic
- ▶ Evaluate based on outcome criteria

Focus of Rehabilitation for Return to Work

- ▶ Occupational therapy for activities of daily living, compensatory techniques
- ▶ Physical therapy for function, pain relief, mobility
- ▶ Speech therapy
- ▶ Treatment of spasticity
- ▶ Identification of assistive devices
- ▶ Augmentative communication
- ▶ Transportation

What do patients and community providers say?

- ▶ Patients say the most helpful is:
 - ▶ 1. Support of family and friends
 - ▶ 2. Support of providers (this also includes you)
 - ▶ 3. Employers providing accommodations

- ▶ Community providers say the most helpful is:
 - ▶ Motivation to work
 - ▶ Daily living skills (bathing, toiletry, getting dressed)
 - ▶ Awareness and openness
 - ▶ Being able to schedule
 - ▶ Stable personal life

Integration into Programs and Supports

- ▶ DHSS Brain Injury
- ▶ NAMI
- ▶ Substance use treatment
- ▶ Case management services
- ▶ Guardianship
- ▶ Social Security/Disability Determinations
- ▶ MOBIA
- ▶ Support groups

Vocational Rehabilitation Services

- ▶ VR services assist people with physical and/or mental disabilities find and/or maintain employment.
- ▶ Missouri VR is a division of Missouri Department of Elementary and Secondary Education.
- ▶ Offices serve every county in the state. (Two offices in Springfield, Kearney and Catalpa)



Vocational Rehabilitation History

- ▶ Soldier's Rehabilitation Act of 1918
- ▶ Modern medicine allowed more injured soldiers to survive and come home with significant disabilities, but they could not go back to their old jobs
- ▶ Public Vocational Act of 1920
- ▶ Vocational Rehabilitation paid to treat some physical disabilities and provide equipment
- ▶ 1965 Amendment included substance misuse and other mental health disorders
- ▶ 1973 Amendment mandated VR service people with significant physical and/or mental disabilities

Indications for Vocational Rehabilitation Referral

- ▶ Medically released
- ▶ Desire to return to work
- ▶ Mobility issues considered (rural area and transportation, vehicle modification, assistance with mobility device, public transportation availability, etc.)
- ▶ Additional surgeries
- ▶ Substance use and treatment
- ▶ 3-6 months post injury (focus on acute rehabilitation first)

Eligibility for Services

- ▶ A person must have an impairment causing a significant impediment to employment. The impairment must be permanent or ongoing.
- ▶ Three levels of impairment- impairment level indicates what types of services can be offered.
- ▶ A person will not be eligible if they have a disability when the disability is not causing an impediment to employment.

Services

- ▶ Assessment- testing, evaluation, referral, recommendations, job sampling
- ▶ Job Development
 - ▶ Client works with a community provider to assist with resume, interviews, job search, applications, advocacy, and maintenance
 - ▶ Job coaching provides on-the-job support for a limited period of time

Services cont...

- ▶ Tools- client must be “job ready” or need tools as part of a training program that VR is supporting
- ▶ Assistive Technology- hearing devices, vehicle modifications, wheelchairs, etc.
- ▶ Training- vocational and college education programs
- ▶ Dental- limited services
- ▶ Guidance and counseling

Specialized Services

- ▶ Mental Health
- ▶ Autism Spectrum
- ▶ Hard of Hearing
- ▶ Individual Placement and Support Model
- ▶ Traumatic Brain Injury

TBI Program

- ▶ Brain injury secondary to head injury, stroke, tumor, post-concussive, congenital, etc.
- ▶ Specialized services through Preferred Healthcare's Brain Injury Program
- ▶ Differences in supports compared to other programs
- ▶ Pre-vocational supports, DHSS, DMH

Trial Work Assessment

- ▶ Patient/client meets with Vocational Rehabilitation counselor as well as assessor from community agency
- ▶ Employment history, goals, and barriers reviewed
- ▶ Patient participates in work at actual job sites or, if necessary, simulations
- ▶ Often this is the first time a patient/client faces their difficulties in the workplace
 - ▶ Denial as self-protection or anosognosia as organic lack of insight
 - ▶ Especially difficult to accept cognitive impairments
 - ▶ Many people become discouraged, angry, drop out of services

Service Gaps and Wandering Souls

- ▶ “They all had loved ones who had suffered brain injuries, spinal cord injuries, or both, but they soon found they all had another common denominator: none of them knew what to do once the hospital stay ended.”
- ▶ Typical entry into Vocational Rehabilitation services is a few years after injury, and often the person’s life “is in shambles” (housing, transportation, employment, supports, family/caretaker fatigue, lack of SSI/SSDI, homelessness, mental health, victims of crime, manipulated, addiction).
- ▶ One of the largest difficulties is when a return to employment has been done but later there are significant changes in the workplace or work tasks and “everything falls apart.”

Service Gaps cont...

- ▶ About 40% of those hospitalized with a TBI had at least one unmet need for services one year after their injury. The most frequent unmet needs were:
 - ▶ Improving memory and problem solving
 - ▶ Managing stress and emotional upsets
 - ▶ Controlling one's temper
 - ▶ Improving one's job skills

Need for Supports, Closure in Gaps

- ▶ What is the cost of service gaps?
 - ▶ Lifetime history of any TBI:
 - ▶ Psychiatric inpatients- 68%
 - ▶ Combat veterans- 67%
 - ▶ SUD treatment- 65%
 - ▶ Incarcerated- 60%
 - ▶ Homeless- 53%

Case Studies

- ▶ Elderly female, s/p stroke, dementia, balance and mobility issues, immigrant, no high school education, relies on family for transportation, lives rurally
 - ▶ Participated in a trial work assessment: strengths identified, interest identified, work history utilized
 - ▶ Outcome: individual hired, able to keep benefits
- ▶ Young male, veteran, TBI, paraplegia, no transportation
 - ▶ Utilized existing employment, assisted with vehicle modification
 - ▶ Outcome: employment maintained, hours increased, transportation accessed

Case Studies cont...

- ▶ Middle-aged female, brain injury from MVA, memory and confusion, fatigue
 - ▶ Utilized previous employment, accessed additional training
 - ▶ Outcome: transitioned from part-time to full-time employment, no longer utilizing SSDI, increased income
- ▶ Middle-aged male, brain injury from exposure to chemicals, veteran, memory impairment, aphasia, anxiety, hearing impairment
 - ▶ Utilized previous education, provided job coaching, hearing devices
 - ▶ Outcome: successful full-time employment, no longer utilizing SSDI, increased income

References

- ▶ Baumman, B. (2014). *Vocational Rehabilitation and Return to Work for Individuals with a Brain Injury* [Powerpoint Slides]. Lecture presented at Brain Injury Association of Missouri Annual Conference, St. Charles, MO.
- ▶ Center on Knowledge Translation for Disability and Rehabilitation Research (2015). *Employment after traumatic brain injury*. [PowerPoint slides].
- ▶ Corigan, J.D. (2017). *The Public Health Burden of TBI* [Powerpoint Slides]. Lecture presented at Brain Injury Association of Missouri Annual Conference, St. Louis, MO.
- ▶ Erker, G. (2015). *Neurobehavioral Impact of Brain Injury* [Powerpoint Slides]. Lecture presented at Brain Injury Association of Missouri Annual Conference, St. Charles, MO.
- ▶ Halfaker, D. (2017). *Is Your Survivor Woke?* [Powerpoint Slides]. Lecture presented at Brain Injury Association of Missouri Annual Conference, St. Louis, MO.
- ▶ Hogan, T. (2017). *Preparing Students with Disabilities for the School-to-Work Transition* [Powerpoint Slides]. Lecture presented at Brain Injury Association of Missouri Annual Conference, St. Louis, MO.
- ▶ Johnson, G. (2004). *Traumatic brain injury survival guide*. Neuro-Recovery Head Injury Program.
- ▶ Journal of Head Trauma and Rehabilitation, October 1997 Special issue
- ▶ Malec, J. & Sanlan, R. (2004). *Employment after traumatic brain injury*. Brain Injury Association of America.
- ▶ Mason, M.P. (2008). *Head Cases: Stories of Brain Injury and It's Aftermath*
- ▶ Missouri Department of Health and Senior Services (2012 revision). *The Missouri Greenbook: Living with Brain Injury*.
- ▶ Shames, J., Treger I., Ring, H., & Giaquinto, S. (2007). Return to work following traumatic brain injury: Trends and challenges. *Disability and Rehabilitation*, 29, 1387-1395.
- ▶ United States Department of Education (N.D.). *VR Research in Brief: Achieving Vocational Success after Traumatic Brain Injury*. Retrieved 1/28/2018 from <https://www2.ed.gov/rschstat/research/pubs/vrbriefs/vrbrief-success-after-tbi.pdf>.
- ▶ Wellmann, J.N. (2015). *Treatment and Rehabilitation of Stroke vs. Traumatic Brain Injury* [Powerpoint Slides]. Lecture presented at Brain Injury Association of Missouri Annual Conference, St. Charles, MO.

Contact Information

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