

Counseling Clients with Traumatic Brain Injury: Exploring SLP's Role

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Abstract

Traumatic Brain Injury (TBI) is a major cause of death and disability in the United States, contributing to about 30% of all injury deaths (CDC, 2020). Survivors may experience various cognitive or communication disorders symptoms depending on the type of TBI sustained. The injury can range from mild to severe and may increase the risk of mental health conditions such as anxiety and depression. Speech-language pathologists (SLP) use counseling to address the psychological well-being of people affected by TBI. However, SLPs report low counseling knowledge, skill, and confidence for working in various communication disorders (Kaderavek, Laux, & Mills, 2004) caused by TBI. This session will provide an overview of counseling and mental health concerns of persons with TBI; exploring SLP's role. The definition and symptoms of TBI related to mental health issues will be identified. Discussion of counseling-related strategies to aid and support individuals with post-brain injury and their families will occur. Finally, a survey of students in speech-language pathology programs and clinical fellows will be provided to examine their training levels in counseling skills.

Learning Outcomes

1. Define TBI, its symptoms, and how it affects the quality of life in these patients
2. Identify SLP's role in counseling
3. Provide adequate counseling techniques to person's with TBI and their caregivers

Defining Traumatic Brain Injury

- ❖ TBI refers to the "physiological disruption of brain functioning caused by an external force resulting in an acceleration/deceleration or a direct blow to the head" (Carroll, Cassidy, Holm, Kraus, & Coronado, 2004)
- ❖ Symptoms include:
 - ❖ **Cognitive:** attention, memory, executive functioning, amnesia
 - ❖ **Physical:** sleep, headache, dizziness, nausea, fatigue, balance
 - ❖ **Emotional:** irritability, anxiety, depression, affective lability, personality changes

Complications

- ❖ Several complications can occur immediately or soon after a TBI. Such injuries can increase the risk of more-severe **complications** and **mental health issues**, including the below conditions:

- Coma
- Hydrocephalus
- Seizures
- Vertigo

- Anxiety
- Depression
- PTSD

(Mayo Clinic, 2019)

Quality of Life after Brain Injury

- ❖ TBI can lead to a lifetime of physical, cognitive, emotional, and behavioral changes. These changes **affect a person's ability to function in their everyday life**. Despite initial hospitalization and inpatient rehabilitation services, about **50%** of people with TBI will **experience further decline in their daily lives** or die within 5 years of their injury (CDC, 2021).
- ❖ Some of the health consequences of TBI can be prevented or reduced. Therefore, tending to these lifelong issues, also known as chronic disease management, is crucial for improving the lives of persons with TBI.

57% are moderately or severely disabled.

55% do not have a job (but were employed at the time of their injury).

50% return to a hospital at least once.

33% rely on others for help with everyday activities.

29% are not satisfied with life.

29% use illicit drugs or misuse alcohol.

12% reside in nursing homes or other institutions.

(CDC, 2021)

Counseling Strategies/Models

❖ How do I do it?

- ❖ **Informing:** providing education, information, interpreting findings
- ❖ **Persuading:** providing reinforcement for home exercise, explaining the "importance" of following treatment recommendations
- ❖ **Valuing and Listening:** encourages clients to explore their own feelings, and motivations, and to find and implement their own solutions (Yaruss, 2019)

❖ Stress Recognition and Management

- ❖ Diaphragmatic breathing
- ❖ Muscle relaxation
- ❖ Guided imagery and mindfulness
- ❖ Activities: walking, exercising, coloring, listening to white noise or ambient sounds (Bray, 2022)

Cognitive-Behavioral Model

- Focuses on current behaviors and problems, along with what changes can be made to remove behaviors that are causing difficulties

Humanistic Model

- Person-centered techniques to address issues in consideration of what it means to thrive as a human being and to realize one's potential
- **Self-acceptance**

Existentialism

- Help individuals establish, find meaning and purpose in their lives
- Targets underlying factors that cause internal conflicts within individuals
- To promote individual's **self-awareness** of their abilities while simultaneously acknowledging the impact of a communication disorder

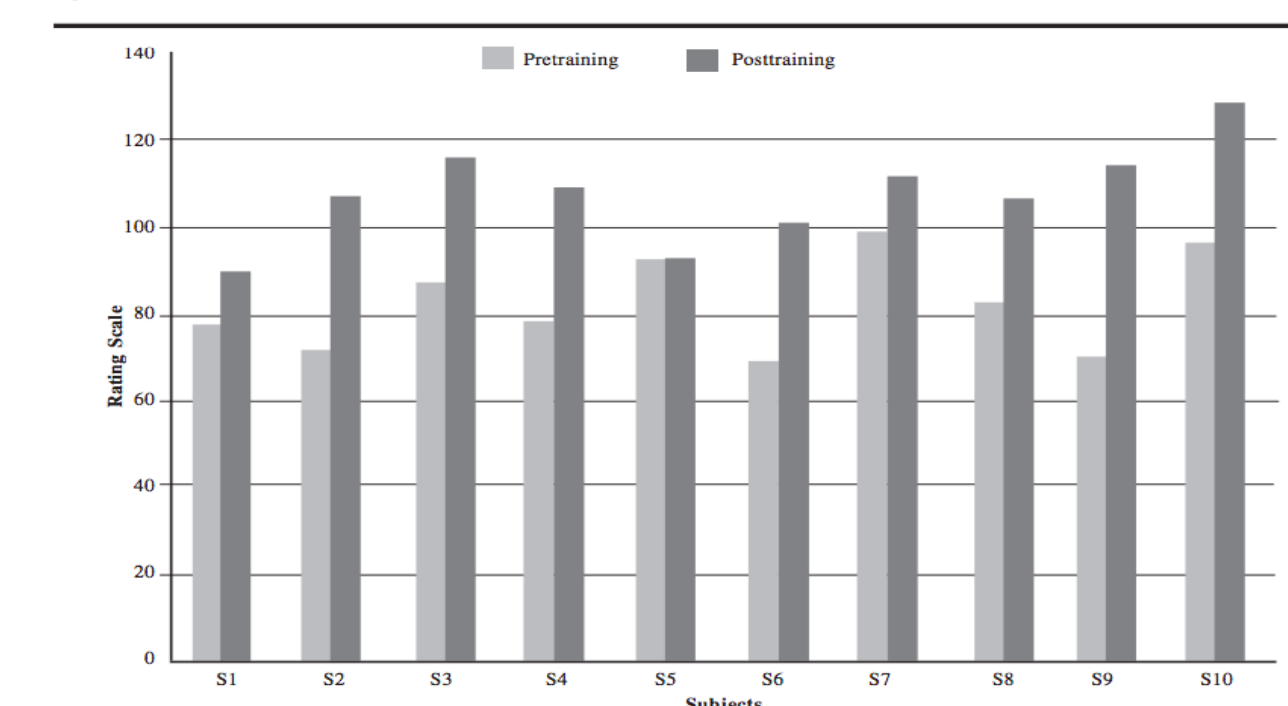
(Kendall, 2000)

Role of Speech Language Pathologists

- ❖ SLPs with a **strong knowledge** base, a high degree of **confidence** and **comfort**, and a keen **self-awareness** of their strengths and weakness may be instrumental in augmenting successful outcomes (Riley, 2002) when working with individuals with TBI.
- ❖ According to American Speech-Language-Hearing Association (ASHA), SLPs counsel by providing **education, guidance, and support**. Individuals, their families and caregivers are counseled regarding **acceptance, adaptation, and decision making** about communication, feeding, swallowing, and related disorders.

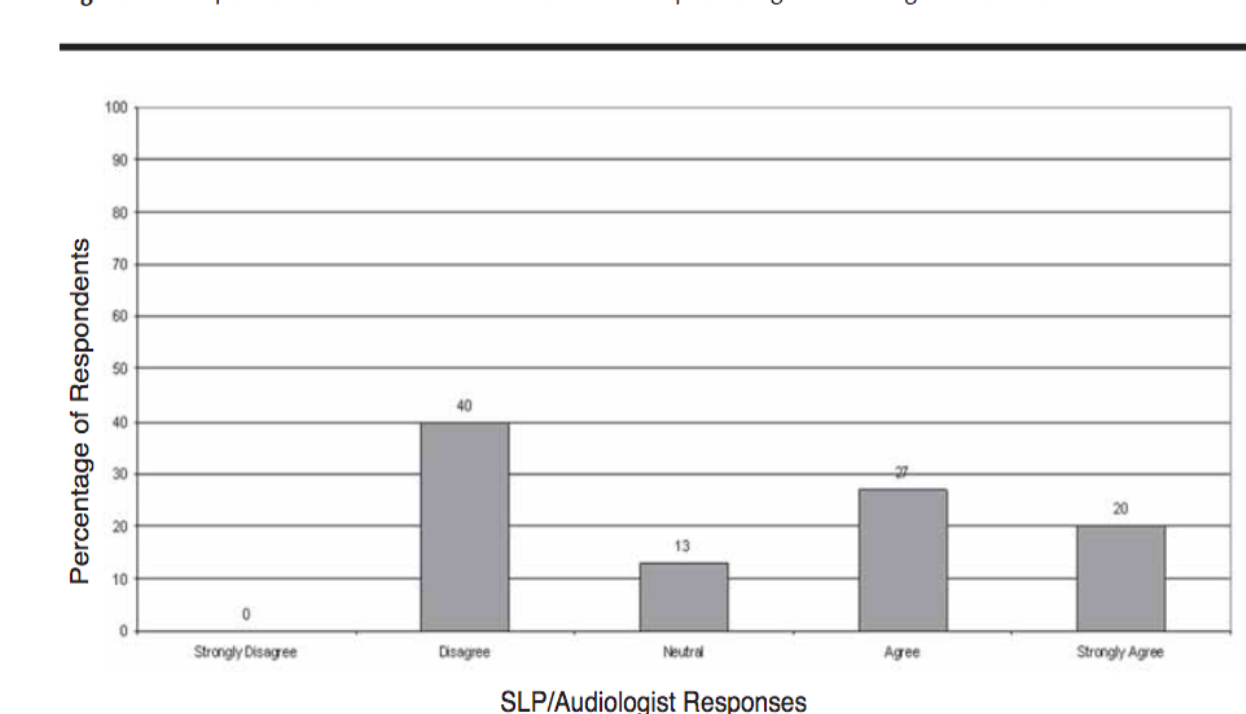
Survey of Students in Speech-Language Pathology Programs and Clinical Fellows

Figure 1. Counseling rating for speech-language pathology graduate students before and after training.



(Kaderavek, Laux, & Mills, 2004)

Figure 4. Responses to item #8: "I feel comfortable providing counseling services to clients served."



(Phillips & Mendel, 2008)

- ❖ **82%** of SLP graduate students indicated a need for more experience in counseling practicum and coursework.
- ❖ Pre-Post treatment:
 - ❖ Training sessions took place over 3 sessions (8 hr. of training)
- ❖ **60%** - felt that counseling was not an integral part of their graduate coursework or practicum.
- ❖ **87%** - felt that it was graduate school's responsibility to provide training in counseling in both classroom and practicum.
- ❖ **33%** - felt prepared to conduct counseling after graduation.

Conclusion

- ❖ The goal in counseling as presented here is to facilitate individuals to find their own answers, experience an internal sense of control, and leave with new perspective and the confidence that they can continue to care for themselves. This session highlights the concept of viewing and treating the whole person, not just the disorder.
- ❖ The purpose of this poster is to provide knowledge to future and current SLPs to consider the importance of counseling and how we can help the client have choices in how to respond to the impairment in a positive light.

References



Long-term negative effects of TBI are significant.

Even after surviving a moderate or severe TBI and receiving inpatient rehabilitation services, a person's life expectancy is 9 years shorter. TBI increases the risk of dying from several causes. Compared to people without TBI, people with TBI are more likely to die from:



Seizures
50 x more likely



Drug Poisoning
11 x more likely



Infections
9 x more likely



Pneumonia
6 x more likely

(CDC, 2021)