

the Working Brain

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We want to hear from you...

Is there a brain injury topic on which you would like to learn more?

Do you have a question related to resource facilitation services?

The *Working Brain* newsletter would like to provide you a forum in which to ask questions and gain knowledge to better serve our clients. Please send your questions and/or topic ideas to Judy Reuter at judy.reuter@rhin.com.



RESOURCE FACILITATION DEPARTMENT

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Introducing the New Resource Facilitation Newsletter, the *Working Brain!*

The success and growth of the Resource Facilitation Program provides



Dr. Lance Trexler

the opportunity to diversify the methods we use to inform and educate all the different constituencies that are committed to improv-

ing outcomes for people with brain injury. To that end, we have decided to produce a quarterly newsletter to keep you informed about resource facilitation and other topics as related to brain injury.

Our chosen name for the newsletter is *The Working Brain*, which is not accidental for three reasons. First, the goal of resource facilitation is obviously to help people return to work or school. Second, we obviously provide resource facilitation services to those who have had brain injury. The third reason is a bit lengthier. One of the founders of neuropsychology, Alexander Luria, wrote a book titled “The Working Brain,” published in 1973. In this book, Luria provided one of the first conceptual models for how the brain was functionally organized as a variety of dynamic networks that enable complex cognitive processing, and an understanding of how different types of brain injuries disrupt these networks. It only seemed fitting to name our newsletter the *Working Brain* as successful vocational rehabilitation is dependent on an understanding of how each person’s brain injury

has uniquely affected their cognitive functioning in context of a variety of other biopsychosocial and vocational variables, as captured in our Resource Facilitation evaluation, including the NeuroVocational Evaluation (NVE).

We hope that you will give us feedback about our newsletter and make suggestions for topics that you would like to see included. We are most appreciative of your commitment to achieving better outcomes for people with brain injury and your support for the Resource Facilitation program.

As always, the very best.

Lance E. Trexler, PhD, HSPP, FACRM
 Executive Director, Departments of Rehabilitation Neuropsychology and Resource Facilitation, Rehabilitation Hospital of Indiana; Clinical Assistant Professor, Department of Physical Medicine and Rehabilitation, Indiana University School of Medicine; Fellow, American Congress of Rehabilitation Medicine

Referring to the RHI Resource Facilitation Program

Q: Who is an appropriate candidate for resource facilitation?

A: A young adult or adult 15 years or older, who has sustained an acquired brain injury (ABI- defined below) who has a return to work, school, or homemaker goal.

An ABI is an injury to the brain that occurred after birth and is not hereditary, congenital, or degenerative. The injury commonly results in a change in the neuronal activity, which affects the physical integrity, the metabolic activity, or the functional ability of the cell. ABI may be caused by TBI, tumor, blood clot, stroke, seizure, toxic exposure, infections such as encephalitis, metabolic disorders, neurotoxic poisoning, or lack of oxygen to the brain.



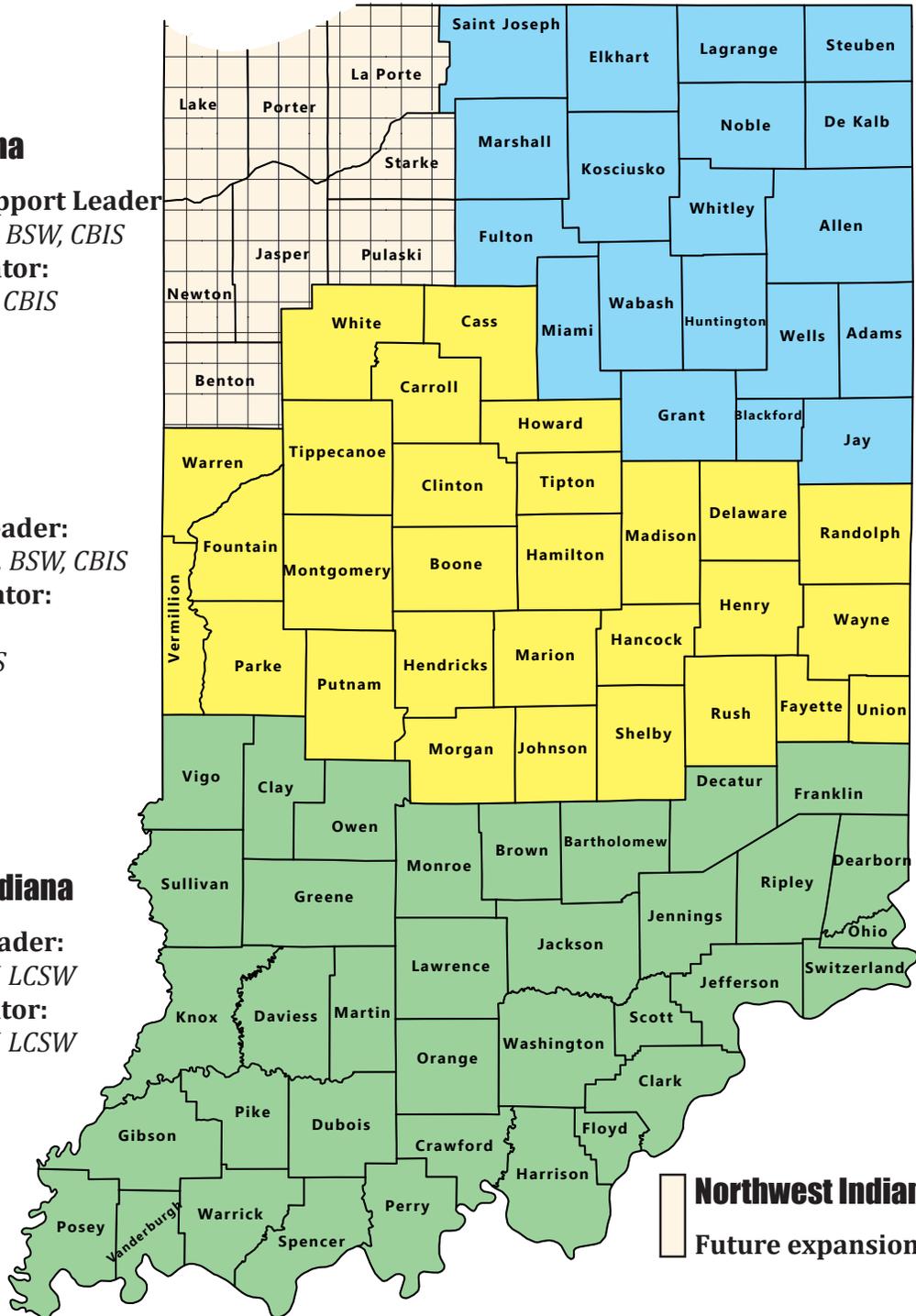
REGIONAL MAP

RESOURCE FACILITATION DEPARTMENT

Northeast Indiana
Interim Local Support Leader:
Wendy Waldman, BSW, CBIS
Resource Facilitator:
Tina Funkhouser, CBIS

Central Indiana
Local Support Leader:
Wendy Waldman, BSW, CBIS
Resource Facilitator:
Susie Crane
Pam Nihiser, CBIS
Jared Sivertson

South Central Indiana
Local Support Leader:
Jean Capler, MSW, LCSW
Resource Facilitator:
Jean Capler, MSW, LCSW



January 2015

Updates from the RHI Resource Facilitation Department

Indiana's Local Support Networks (LSN) provide a single point of access to supports, services and resources that promote and enhance community integration, and work or school re-entry specific to the needs of people with brain injury and their families/caregivers. The LSN Leader serves to identify and promote brain injury resources and facilitates system coordination enabling the Resource Facilitator to access client-specific resources on a case by case basis.

Join us in a fond farewell to **Alan Neuenschwander** who is leaving the Resource Facilitation Department. Alan honorably led the development of the LSN in Northeastern Indiana from 2009 to 2015. Alan was our first LSN Leader and originally started with the Indiana HRSA Brain Injury Grant. He passionately engaged with clients and stakeholders, assisting in identifying needs and advocating for delivery of services, teaming up with VR, the Resource Facilitator, BIAI Support Group leadership and more, even in the most challenging situations. Furthermore, he forged many supportive relationships with area providers in the community and played a significant role in the growth of Resource Facilitation Northeastern Indiana. For those of you who know Alan, you know the passion he brought to each person and each support group he attended. *The entire RHI Team wish Alan the very best!!!*



Dr. Edmund Haskins joined the Resource Facilitation Team in May of 2014 as a Rehabilitation Psychologist for the NeuroVocational Evaluation process and as a treating clinician offering individualized Psychotherapy. He received his Ph.D. in clinical psychology from the University of Florida in 1986 and completed a post-doctoral fellowship in clinical neuropsychology at the VA Medical Center, Menlo Park, California. He is affiliated with the National Academy of Neuropsychology, the International Neuropsychological Society, the American Congress of Rehabilitation Medicine, and the American

Psychological Association. Dr. Haskins is the primary author of the *Cognitive Rehabilitation Manual-Translating Evidence-Based Recommendations into Practice*; Published 2013.

Jean Capler, MSW, LCSW joined the Resource Facilitation Team in September 2014 as a local support network leader and resource facilitator covering the expansion of resource facilitation services in southern Indiana. Jean earned her Masters in Social Work in 2000, is a Licensed Clinical Social Worker, and has provided psychotherapy services to brain injury survivors and their families since 2000, helping them to work through the anxiety, depression, and adjustment issues that are common following an acquired brain injury. She facilitated the Bloomington Brain Injury Support group for a number of years, and then continued to facilitate their family support group. She has personal experience as a family member support person. Prior to her clinical work, Jean worked with people with developmental disabilities and brain injuries in supported employment and day program services, so she understands the world of supported employment and the process of working with Vocational Rehabilitation. This gives her a real respect for the work of VR counselors and their need for communication, timeliness, and follow through of all service providers involved, as well as the challenges involved in job development and job coaching. Jean has a strong commitment to improving services for people living with brain injuries



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Announcing the new Indiana HRSA Brain Injury Grant

We are delighted to report that we received a new 2014-2018 HRSA Grant in collaboration with the Indiana Department of Corrections. Indiana was one of 14 states to receive this grant from the US Department of Health and Human Services. The grant was largely based on the success we had with our previous two HRSA grants in improving return to work for people with brain injury in collaboration with Indiana Vocational Rehabilitation Services.

The goals of this new project include: reduce return to incarceration/recidivism and re-arrest for ex-offenders with brain injury, increase employment rates for offenders through resource facilitation, and improve community-based provider knowledge, awareness and capacity to effectively work with people with brain injury.

We are now in the first year of this project and we have begun screening for the presence of brain injury as people exit the correctional facilities in Indianapolis to determine the number of ex-offenders who are able to return to work and avoid re-incarceration. We have also started the process of promoting education and awareness about brain injury in the Department of Corrections and to providers of post-release services. Lastly, we have also begun to provide support groups for ex-offenders with brain injury. Starting in Year 2, approximately July 2015, we will begin implementing resource facilitation services in collaboration with Indiana VRS to determine if we can reduce recidivism and incarceration as well as improve return to work, as we have done in the past with a non-offender population, through resource facilitation.

The very successful collaboration between the Indiana VRS and the Rehabilitation Hospital of Indiana established the basis for this grant and we are very excited to add the Indiana Department of Corrections to the state agencies that are committed to improving outcomes for people with brain injury. Please direct any questions to Dr. Summer Ibarra (summer.ibarra@rhin.com) or to Dr. Lance Trexler (lance.trexler@rhin.com).



Below are upcoming Webinars produced by the Resource Facilitation Department for Vocational Rehabilitation Services through their VR Leadership Academy. Due to limited space these webinars are only available to VR staff. Stay tuned as we review ways in which these webinars can be made available to a broader audience.

March 13, 2015 2:00 - 4:00 PM

Overview of the Indiana 2014-2019 HRSA Brain Injury Grant with the Indiana Department of Corrections

June 18, 2015 2:00 - 4:00 PM

Guidelines for Returning People with Brain Injury Back to School

NeuroVocational Evaluation vs. Neuropsychological Testing

During the development of the Resource Facilitation program it was determined there was a strong need to develop an examination that was a) specific to people with brain injury and b) based on a review of the research on predictors of return to work after brain injury. This led to the development of the NeuroVocational Evaluation (NVE).

There are components of the NVE that are similar to a traditional neuropsychological examination, particularly with respect to cognitive and behavioral effects of brain injury. However, the research on predictors of successful return to work also identified other important factors such as substance abuse, vocational interests and barriers, transportation, family support, perceived disability and awareness, as well as coping style as relevant variables that can influence outcome. The NVE therefore has a significantly broader scope than Neuropsychological Testing. While Neuro-

psychological Testing is the diagnostic procedure of choice for determining diagnosis (e.g., depression versus concussion), the NVE is the evaluation of choice for predicting success at returning to work or school when the diagnosis (e.g., traumatic brain injury) has already been established.

Neuropsychological Testing

- **Primary focus** is on differential diagnosis, e.g.:
 - Depression versus dementia
 - Learning disability vs. ADHD
 - Mild Traumatic Brain Injury vs. malingering
- **Scope of testing** is limited to cognitive, sensory, motor, language and perceptual abilities as well as personality functioning. However, testing is very rigorous to ensure reliable differential diagnosis
- **Testing** can be used to determine eligibility for VRS.

NeuroVocational Evaluation (NVE)

- **Primary focus** is on the assessment of vocational barriers and resources specific to people with brain injury.
- **Scope of testing** includes core cognitive functions and psychological status, but also incorporates:
 - Vocational preferences
 - Substance abuse
 - Coping skills
 - Level of disability associated with their injury
 - Family and social support
 - Transportation
- **The NVE** can be used to determine eligibility for VRS.
- **The NVE Summary and Recommendations include:**
 - Identified Strengths and Vocational Resources
 - Vocational Barriers
 - Community Resource Strategies
 - Resource Facilitation Strategies and Priorities