

the Working Brain

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Save the date:

Northern Indiana
October 11-12, 2016
South Bend

Southern Indiana
October 18-19, 2016
French Lick

Central Indiana
October 25-26, 2016
Indianapolis

**ONLINE REGISTRATION
OPENS EARLY JULY**

Announcing...

1st Annual Brain Injury and Resource Facilitation Regional Conferences

Mark your calendars for the 1st Annual Brain Injury and RF Regional Conference in your region. Three conferences will be held with one each in the north, south and central regions. The goal of this two-day event is to provide cutting-edge brain injury education and to promote collaboration of community resource providers and therefore improve vocational outcome.

Leading brain injury experts Drs. Lance Trexler and Summer Ibarra will start the conference with a day of brain injury education. The second day will focus on collaboration of community resource providers.

Who should attend: VR staff, employers, brain injury professionals, agencies and service providers.

How much does it cost: \$200 (includes lunch both days)

How to find out more: Subscribe to our listserv!

Contact Claire Brownson at 317-329-2262 or email her at claire.brownson@rhin.com to be added to our listserv for the latest information on all three conferences.

Continuing Education credits will be available through a number of professional organizations following completion of a conference examination.

EDUCATION

Frontal Lobe Injury and Return to Work

The functions of our frontal lobes are complex and unique to humans, especially the prefrontal cortex. The ultimate job of the frontal lobes is to ensure that our behavior is adaptive based on:

1. What we want or need to do (our goals and drive),
2. Self-monitoring what we *are doing* as compared to what we have learned about what we *should and should not do*, and
3. What is appropriate given the situation in which we find ourselves (environmental context) at that moment.

The prefrontal cortex is functionally and anatomically divided into several regions; the main two are the dorsolateral convexity and the orbitofrontal cortex, as seen in graphic on page 3.

The dorsolateral convexity gets many inputs from all of the brain – it serves as the “executive” of the *cognitive* functions of the brain (see specific functions of this region in the table on page 3). In contrast, the orbitofrontal cortex serves as the “executive” of the *behavioral* functions of the brain. As a consequence, damage to the prefrontal cortex impairs our ability to adapt in day-to-day life, and depending on specifically where the prefrontal cortex is injured, different types or patterns of impairments may be evident, again as summarized in the

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BICS: BRAIN INJURY COPING SKILLS

Not just 'Any' Support Group

Brain injury brings certain challenges in applying traditional group therapy techniques.

1. Traditional group psychotherapy *does not address* the unique behavioral and cognitive challenges associated with brain injury.
2. Traditional group therapy *does not provide* the structure necessary for people with brain injury.
3. *There is no evidence* that traditional group therapy helps with the cognitive, behavioral or emotional challenges associated with brain injury.
4. While support groups can be useful sources of social support, *there is no evidence* that they result in cognitive, behavioral or emotional improvement in people with brain injury or their families.

As a consequence, Drs. Backhaus and Ibarra at Rehabilitation Hospital of Indiana (RHI) created the **Brain Injury Coping Skills Group (BICS)** as a research trial and have demonstrated the effectiveness of this group in several prestigious publications.

BICS is a specialized 16-week group therapy that offers a unique opportunity to brain injury survivors and their caregivers to learn techniques for adapting to and managing daily brain-injury related cognitive and behavioral challenges, all while still developing important psychosocial bonds with similar individuals. Unlike a typical support group, BICS is led by a brain injury-trained clinician whose goals are to provide education about:

1. The effects of their injury,
2. Expectations for recovery,
3. Factors that affect ongoing functioning.

In addition, participants are taught specialized techniques for managing issues related to anger, depression, hostility, grief, irritability, and anxiety, all common after brain injury and found to affect a person's ability to return to work and to maintain stable employment. The aim of BICS is not

CELEBRATION

Wendy Waldman Elected to INAPSE and BIAI Boards

Congratulations to Resource Facilitation Local Support Network Leader Wendy Waldman, BSW, CBIST. Wendy was recently elected to serve on two local boards, Indiana Association of Persons Supporting Employment (INAPSE) and the Brain Injury Association of Indiana (BIAI).

INAPSE is the Indiana Chapter of APSE, a membership organization that promotes and expands quality, community employment outcomes of choice for all people with disabilities. BIAI is the Indiana Chapter of the BIAA with which Wendy has been heavily involved with since 2004. She is incredibly honored to work on these two board which empowers her commitment to build capacity and to help create a positive impact on individuals in the state of Indiana with a brain injury.



Wendy Waldman

Jean Capler Honored as Bloomington's Woman of the Year

Jean Capler, MSW, LCSW, Resource Facilitation Department's very own Local Support Network Leader of Southern Indiana was named Bloomington's Woman of the Year for her outstanding service to the Bloomington community.



Jean Capler

On March 23rd, Jean was recognized for her tireless work as an advocate for equality and for those who have experienced brain injuries or have been marginalized in some way. Her work with under-served communities includes a private counseling practice serving the LGBTQ community. As the Local Support Network Leader for Southern Indiana, Jean provides advocacy and outreach for people with all types of brain injuries. Jean is the current Vice President of Indiana Chapter of National Association of Social Workers, co-founder of FairTalk, a grassroots GLBT equality advocacy group and a member of the leadership team for the Bloomington division of Freedom Indiana, working to defeat HJR3, the proposed marriage discrimination amendment to the Indiana constitution.

to keep them in a 'feel good' experience indefinitely—as in the case of traditional individual or group psychotherapy—but to teach them appropriate skills to use on their own and maintain those effects over time. Research performed at RHI has demonstrated that individuals who participated in BICS showed significantly reduced anger and impulsivity over time in comparison to participants who received a weekly support group. Both BICS and weekly support group participants showed significantly improved confidence, but BICS participants were particularly able to maintain these effects over time. Studies also showed that both individuals who participate in BICS as well as in a control group improve emotional functions, but the control group showed significant

emotional distress over time. Overall, in comparison to standard support groups, the BICS treatment promotes better adjustment and utilization of skills that can be maintained over time in persons with brain injury and their caregivers.

In summary, traditional psychotherapy does not meet the needs of the patient with brain injury or their family. Support groups are important sources of support, but they are not a clinical intervention and are without evidence of impact. Fortunately, BICS has been demonstrated to be effective. RHI is proud to have developed BICS through research and then, in turn, to offer it as a very specialized service.

Stay tuned for BICS training opportunities in your area!

Frontal Lobe Injury and Return to Work

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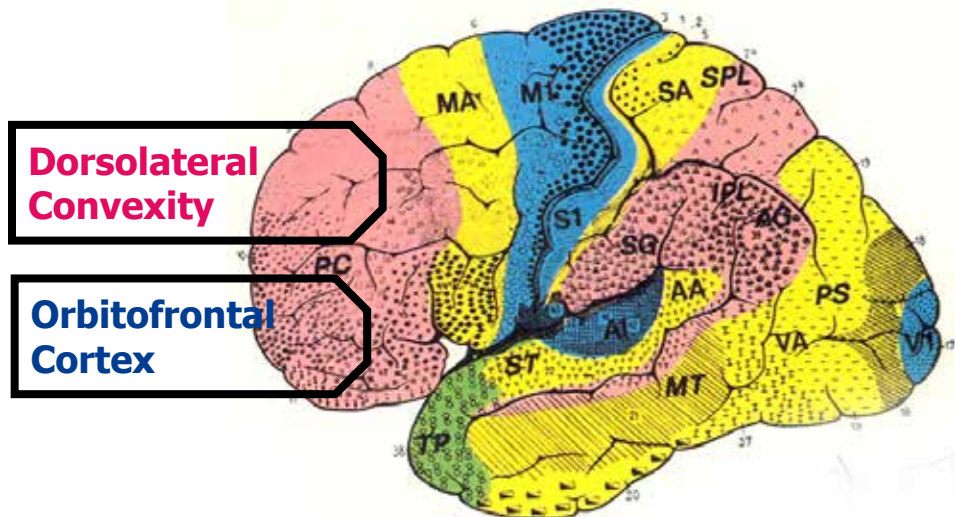
table to the right. In the case of severe prefrontal cortex injury, both dorso-lateral and orbitofrontal functions may be affected. Almost any type of brain injury can affect the functions of the prefrontal cortex, especially traumatic brain injury, but also many encephalopathies and different types of strokes.

Evaluating the day-to-day functioning of a patient’s prefrontal cortex is difficult. The detection of prefrontal impairments requires careful clinical interview and the use of specialized neuropsychological tests. Fortunately, we now have measures that are based on patient and family ratings of every-day cognitive and behavioral functioning and are specifically designed to detect injury to prefrontal cortex. This is important because many patients with selective prefrontal injuries typically “look” completely fine without any obvious impairment in their functioning, particularly in a structured situation—like an office interview, for example. Many patients with prefrontal brain damage get misdiagnosed with a psychiatric illness, as the effects of the injury primarily impact their behavior. Oftentimes, many people blame the patient with frontal lobe injury, saying “they are just not motivated or really trying” when problems arise.

Historically, people with brain injury have had poor vocational outcomes, but particularly for those with injury to prefrontal cortex. The reasons for these poor outcomes include:

1. The impairments were never identified,
2. The impairments were often misdiagnosed, which led to treatment that was either ineffective or potentially even made their behavior worse, and
3. No accommodations for the impairments were made in the process of job development or job coaching.

Fortunately, there are now a variety of possible interventions and accommodations for people with frontal executive function impairments that include task guidance systems, cogni-



Frontal Lobe Anatomy and Executive Functions			
	Functions	Impairments	Impact on Work
Dorsolateral Convexity	Initiation, organizing, planning, strategy selection, self-monitoring, and strategy modification	Difficulty developing goals and executing goals, impaired sequencing and problem-solving (cannot find a strategy to solve the problem), poor awareness, results ≠ intention	Difficulty generating or staying consistent with vocational goals, not following through with stated goals, poor awareness of errors on the job, can't adjust to change in how to perform tasks, slow to learn new steps or procedures, frustration and disappointment with the discrepancy between goal (performance on the job) and actual performance, difficulties learning from mistakes on the job
Orbitofrontal Cortex	Regulation of mood and behavior according to socially appropriate standards or environmental context	Impulsivity, disinhibition, motor and verbal hyperactivity, indifferent attitude, jocular, irritability and inability to stay with a strategy to solve a problem (inconsistent in behavior and problem-solving)	Distractible on the job (intrusive thoughts of feelings and external distractions), impulsive actions or statements to co-workers, veers off task, inconsistent performance on the same task, appears indifferent to job errors or constructive feedback, makes inappropriate jokes, appears to over-react emotionally

tive rehabilitation, patient and team education on job management strategies, and even some medications can be helpful, among others. In the Resource Facilitation NeuroVocational Evaluation, we specifically include measures of prefrontal executive functions to be sure that we correctly identify these impairments should they exist, and differentiate them as appropriate from psychiatric disorders. With the appropriate diagnosis, we can then make very specific recommendations depending on the following:

1. The type of impairment, including cognitive, behavioral, or both,
2. The type of job they are seeking or have, and
3. The type of resources they have available to them.

Identifying, managing and accommodating for these impairments has obviously led to a significant increase in vocational outcome in Indiana through the collaboration between Indiana VRS and the Resource Facilitation team at RHI.

CELEBRATION

Meet your Newest Resource Facilitators



Tony Laffoon, MA joined the Resource Facilitation Team in December 2015 as a Resource Facilitator for central Indiana. Tony grew up on a farm near Lafayette and attended nearby Purdue University, where he graduated with a Bachelor’s degree in Behavioral Neuroscience. While a student there, he worked as a Mental Healthcare Technician in a transitional home for residents with psychiatric illnesses. He then enrolled in graduate school at Xavier University in Cincinnati and completed a Master’s Degree in Clinical Psychology in addition to extra courses in consulting, program evaluation, psychopharmacology, and psychotherapy. As a graduate student, Tony served as a research assistant, a testing technician, and a counselor. He authored a handful of small studies, saw therapy clients in an individual setting, and additionally ran groups for substance abuse intervention, employment skills training, assisting at-risk youth, and aiding in community re-entry for prior felony offenders. From there, he transitioned back to his hometown and into the role of a Vocational Rehabilitation Counselor. Tony served as the TBI Specialist in the Lafayette office for two years before joining the RHI team.

Karen Marsh joined the Resource Facilitation Team this year as a Resource Facilitator for northern Indiana. Karen moved back from New South Wales where she worked three years as the Veteran’s Home Care Regional Coordinator for two of 12 regions Australia wide, and managed to return to America seven years later, unscathed from any deadly snake or spider bites. She was commended by leadership at Adssi HomeLiving Australia for “doing an outstanding job in building the Veteran’s Home Care department from scratch, and leading her team to achieve all of the Department of Veteran’s Affairs contractual obligations while at the same time providing a quality customer experience.” Karen worked for nine years in various managerial and non-managerial social work roles within several skilled nursing facilities, assisted living facilities, and homes for the aged.



Thoma ‘Chrissy’ Simpson, BA joined the Resource Facilitation team this year as a resource facilitator for the west-central part of Indiana. She received her B.A. in Health Promotions from Purdue University. Previously, she worked in the home care field in management along with service to assist the elderly and disabled client’s for over 10 years. She received the Corporate Employee of the Month on two separate occasions for her service. Her focus was to assist clients to be as independent as possible with daily living needs while staying in their homes. The team worked together to ensure the clients were being treated with dignity and respect by team members, family, and other contacts in daily life.

Amy Miller, MS joined the Resource Facilitation Team this year as a Resource Facilitator and Neuropsychology Technician for southern Indiana. Amy holds a Master’s Degree in Clinical Mental Health Counseling and Bachelor’s Degrees in both Studio Art and Psychology. Although new to the world of brain injury, she has more than ten years of experience providing therapeutic services to multiple populations including HIV positive clients and those struggling with substance related issues. Her most recent position involved working with IV drug users to implement harm reduction strategies, consult with newly implemented syringe exchange programs throughout the state, and train treatment professionals in the techniques of Motivational Interviewing, Transtheoretical Model of Change, and cultural competency. She is passionate about providing a supportive and compassionate environment for clients, is dedicated to client-centered care and advocacy, and is a strong proponent of mindfulness-based wellness techniques.



CELEBRATION

Dr. Trexler: Healthcare Hero



On March 4th of this year, the Indianapolis Business Journal (IBJ) recognized Dr. Lance Trexler as one of this year’s Healthcare Heroes. The award recognizes Dr. Trexler’s success in making the concept of Resource Facilitation a proven service that is doubling the national average in returning people with acquired brain injury to work. The IBJ recognized that going from a small trial in 2008 to a successful statewide service in 2015 is rare. The partnership and support of Indiana Vocational Rehabilitation was critical in this success, and RHI wishes to extend its thanks and appreciation in supporting our vision for Resource Facilitation. Together, we are leading the nation in returning people with brain injuries to work. You can see the full IBJ article at <http://www.ibj.com/articles/57441-health-care-heroes-lance-trexler>.

EXPANSION

Serving Southern Indiana

RHI Resource Facilitation (RF) is pleased to announce that we are now offering NeuroVocational Evaluation (NVE) testing in Evansville. Last year, after RF became a statewide program, VR Counselors in the south asked if we could offer consumers the opportunity to have their testing closer to home. It took a while as we had to find the right person to make this happen. We are pleased to have Amy Miller on board as she is capable of providing RF services as a Resource Facilitator, and conducting two NVEs every month. In future, she will also offer BICS (Brain Injury Coping Skills) in southern Indiana. Turn to page 2 to learn more about BICS. We are pleased to offer this enhanced service to people with brain injuries and those who support them.