

Counseling/Behavioral Services

Many individuals find that a brain injury can change a person forever. A person's abilities, strengths, and personality can all change significantly. After brain injury, most people go through a period of emotional recovery. The person with brain injury and their loved ones may need to process how their lives have been affected by the loss of abilities, personality changes, vocational adjustments, and changes in family structure and support.

Mental Health Professionals: A mental health professional can assist with adjustment issues, help a person accept their new self, and address self-esteem issues. Many times people may need to explore questions of meaning, spirituality, and the new role he or she plays in the community. There are many types of professionals who deal with mental health and the emotional issues related to brain injury. The following is a list of some of the professionals in the counseling/therapeutic field.

Psychologists: A professional psychologist has broad knowledge about human behavior, and understands how to apply that knowledge to help people explore personal issues and affect change. Psychologists provide evaluation, diagnosis and treatment of mental and emotional issues and disorders.

Licensed Independent Clinical Social Workers (LICSWs): LICSWs can provide "clinical" social work. They diagnose and treat mental and emotional disorders in individuals, families, and groups. This process may include the use of psychotherapy. Clinical social workers can address cognitive, affective, or behavioral issues. Licensed independent clinical social workers can practice clinical social work independently, while licensed independent social workers and licensed graduate social workers can only practice clinical social work under supervision.

Family & Marriage Counselors: Counselors specialize in the application of counseling and psychological theory as well as methods to treat and prevent psychosocial dysfunction, disability or impairment. Counselors can address cognitive, affective or behavioral issues, including, but not limited to interpersonal, intrapersonal, ecological and systems effectiveness. They provide assessment, diagnosis and treatment for the benefit of individuals, families and groups.

Religious Leader: Religious leaders have been trained to support persons in distress in their community. They are able to help people solve problems and assist with referrals to a skilled counselor or therapist.

Neuropsychologists and **Neuropsychiatrists** may also be helpful. See the appropriate sections for more information.

Behavioral Intervention

Problem behaviors are those that interfere with rehabilitation or a person's ability to be independent. The most common forms of behavior problems in people who have sustained brain injury involve social skills and the ways in which people interact. Other less frequent, but more dangerous behavior problems include aggression, self-injury, property destruction, verbal abusiveness, tantrums and noncompliance.

Several types of professionals can be helpful in treating behavior problems: Behavior analysts, neurologists, neuropsychologists, pediatricians, and psychiatrists. Behavior analysts have been the most effective in using positive programs to treat changes in behavior problems. Neuropsychologists can also be very helpful in identifying neurological factors that are critical in the design of effective behavioral treatment programs.

Questions for Behavioral interventions:

- What approaches does the program use to address behavioral concerns?
- What roles do individuals and their families play in the decision process when choosing interventional methods?
- What steps does the program take to ensure that behavioral interventions are clearly understood and implemented by staff members?
- How does the staff measure the effectiveness of the behavioral interventions?
- What role does medication play in "behavior management"?
- Are physical restraints used? In what circumstances? What policies or protocols exist for the use of physical restraints? Can I see a copy of these?
- Is a "secure" or locked unit available? When does the program decide to use these measures? Who decides when a person is ready for an open unit after being in a secure unit? How?
- At what point is an individual's behavior deemed unacceptable to the program? How

much notice does the program give the individual and their family?

- What efforts are made by the program to assist in locating a comparable program that can better meet the needs of the person?