A Tool in Building Effective Helping Relationships

The Art of Using Neuropsychological Testing Results

From a small Midwestern town, very social
Injured at 26 in a snowmobile accident
Living in 4 person group home
Described as “causing harm to self” by swallowing items when frustrated or upset
No Neuropsych Evaluation available

Staff Approach:
Ensure medical attention
Environmental control
Counseling

Staff work with Julie on:
• Frustration management
• Understanding why swallowing items was harmful
• Assisting with developing frustration coping skills

Effective Helping

Relationship: It’s ESSENTIAL
An exchange between individuals that is intended to result in greater independence, autonomy, or inclusion for one of the individuals in the exchange

Proactive Treatment Interaction

We need to give them information, tools and demonstrate approaches so they feel confident and competent.

Staff have very difficult jobs esp. when they are working with a person with challenges in self regulation.

Staff Support

Upsets can be intensified or deescalated based on staff approach.

Staff need to be aware of how to adjust their interational approach to best support the individual.

Many of us are otherwise “hard wired”, based on our own experiences, to respond in ways that may unintentionally provoke behaviors.

Staff Approach
Not understanding these things can have us interacting in a way that does not work for the person thus impacting our relationship with that individual.

Strengths and Challenges

We have to understand and know how to adjust our interactions in regards to these strengths and challenges.

Interacting with the Persons Strengths and Challenges

These interactions create positive connections.

Relationship allows us to coach and help individuals learn.

Building an Effective Helping Relationship
Obtaining Cognitive Detail

Neuropsychology Evaluation Report
Clinical Therapists Reports
Staff Observations

Neuropsychology
The Study of the relationship between the structure and function of the brain

Is This a NP?
Many times there is confusion between Psychiatric reports, Psychological Assessments and true NeuroPsychological Evaluations or Assessments

- NeuroPsych
- Brain + Behavior
- Functional Testing and Interview
- Others
- Identify alignment along a set of descriptive mental health criteria

A true NP is done by a Board Certified NeuroPsychologist, PhD
Bear in mind the imperfect reliability of psychological testing. Tests sometime err, falsely indicating conditions that are not present, or failing to indicate certain conditions that do, in fact, exist. Nonetheless, this report should be weighed against other information that may be available.

**Why Do We Need a Neuropsychological Evaluation?**

- Paves the way for deeper understanding of:
  - Skills
  - Personal strengths
  - Personality
  - History of injury
  - Cognitive, emotional and behavioral deficits following brain injury

- Points us in the direction to understand the individual and to provide high quality service, individualized strategies and empathic care

**Without This Information We are Working Blind**

BI being the “Silent Epidemic” there is no outward indication of the strengths and challenges an individual displays.
What are We Looking For?

1. Approach to testing to get a glimpse at
   persistence, frustration tolerance, self-esteem issues, social skills, fatigue

2. Strategies that were employed during testing, recommendations re: potential
   strategies

3. Comments related to best environment of setting up situations for success

4. Recommendations for rehabilitation

5. Statements re: safety, risk, negotiating the community, personal decisions, guardianship

Neuropsych Domains

Global Intellectual Functioning
- IQ
- Verbal and non-verbal
- Premorbid intellectual functioning

Academic Achievement
- Reading
- Spelling
- Mathematics

Executive Functioning
- Attention
- Language
- Executive Functioning

Visuospacial Skills

Learning and Memory

Sensory and Motor

Mood and Personality

Continued
What Else Might We Find

- Information about the injury that sheds light on the person's behavior that you have observed (ex. Injured at 12yo -> no coping skills)
- Experience since injury to help with understanding adjustment to disability
- Family history that is relevant to current relationship or lack thereof and pre-injury persona
- Achievement history for better appreciation of losses and grieving same

Highlights

- Current Learning Style
- Extent of Functional Challenges
- Injury to brain
- Recommendations for strategies, interactional approaches
- Prognosis
- Ex. Improvement, Aging
- Future Testing
- Other Services to Benefit the Person
  - Ex. Counseling, OT/PT

I Read it...Now What?

Identify the following:

- How does the person learn?
- Environmental modifications
- Strategies or types of strategies listed
- Issues related to function (i.e. fatigue, meds, activity)
- Strengths listed (inclusive: social, achievement, physical, psychological, functional, cognitive)
- Exemptions (things to avoid)
- Risk issues
- Recommended next therapeutic steps (ex. Physician for medication review)
Using the NP to Plot Direction

Creative, customized strategies to employ

Community integration / recreation

Goals: Personal, vocational, volunteering, educational

Programming (Skill development)

Ongoing therapies

Staff approach

This is Where the Art Comes in
Listed Identified Strengths

1. Julie follows a schedule with minimal prompts
2. Julie can read at a 9th grade level
3. Julie can identify colors
4. Julie enjoys cleaning and working in the kitchen
5. Julie’s organization skills are strong

Summarize Background and Experience

Julie is a 49 year old female who suffered a severe Traumatic Brain Injury at the age of 26 when she was hit by a truck while riding her snowmobile in northern MN. At age 32 she was found beaten and unconscious in her apartment having suffered another brain injury. Julie has significant and severe challenges due to her two brain injuries and it is confirmed that she has been the victim of domestic abuse in her past. Julie is an energetic and likable individual who enjoys socializing with people around her but is often confused. She likes to play with her dog, go shopping, and watch movies with her roommates.

Interactional Style

Slow processing speed: Her ability to mentally process simple or routine information is impaired.

When speaking to Julie use:
○ Sentences that are shorter
○ Basic language
○ Reduce rate a speech or how fast you speak to her
○ Present tasks one step at a time
○ Allow Julie time to respond to questions you ask
○ Use clear speech, direct, facing her
○ Do not present large amounts of information at one time
○ Politely ask Julie to repeat back things
○ Be patient when speaking with her, give her time
Staff had limited understanding of how Julie’s BI deficits functionally impacted her.
Staff did not understand how their approach could be adjusted to assist her.
No NeuroPsych available.

Julie

**Strengths**
Reading skills strong

**Challenges**
Memory impaired
Reasoning skills severely impaired
Attention concentration
Executive functioning

Julie’s NeuroPsych

When Is a NP Requested?

- During ST recovery to assess for long-term deficit.
- During rehabilitation to set parameters for inpatient treatment.
- During development to ascertain impact of injury on developing brain and function.
- At some point post injury to determine functional skills, cognitive abilities, strengths, and limitations:
  - 2 years after injury/ insult
  - To obtain DIA
  - Elevation of injury or illness
  - If child is having trouble or can’t
  - If functional skills, cognitive abilities, or health have changed.
How to Request a NP

First identify resource

Determine questions you want answers to:
- Functional and cognitive abilities
- Impact on future planning
- Vocational options
- Therapeutic goals
- Eligibility for resources

Follow insurance or waiver process
- I.e. Need physician referral or prior approval
- Have justification ready

What to Expect

Request for information by the NeuroPsychologist
Ex: Medical records, school records, previous test results, other providers' reports (Psychiatric, Psychological, Rehab), medications, vocational testing

Fatigue, Uptick in Irritability, Agitation (Anxiety), etc.
Testing is DIFFICULT

Plan on several hours often over the course of a couple to a few days
Depends on the individual’s stamina, comfort, reactions

What if I “Don’t Get it”?

“Professional to professional” consultation
- Request clarification, more information, expansion on recommendations

Contact SI Services for consultation

“Thank you for this thorough report, I do have some questions. Could you clarify for me what you mean by this statement?”

“Given our residential setting where ( ), ( ) and ( ) live with 3 other people, what would you recommend for modifying the environment?”
Building an Effective Helping Relationship

Understanding unique brain injury strengths and challenges

These interactions create positive connections

Positive interactions reinforce our relationship

Relationship allows us to coach and help individuals learn

It's About Understanding and Relationship

Thank You,