



Brain Injury – Enhancing Self-Directed Choice and Control

A Resource for Centers for Independent Living

March 2023

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Throughout the country, Centers for Independent Living (CILs) are providing employment-focused services at varying levels. Many CILs provide Pre-Employment Transition Services to youth with disabilities. Others facilitate community-based job shadowing, mentorship, and volunteer experiences. Many CILs have created in-house benefits planning specialization. Some CIL staff are contracted by Divisions of Vocational Rehabilitation to provide job development services, or they may fulfill an Employment Network role to assist Social Security Administration beneficiaries receiving Social Security Disability Insurance and/or Supplemental Security Income to become and stay employed. And finally, through information and referral processes, CILs regularly assist people with disabilities to become engaged with the public vocational rehabilitation system or a local workforce center.

Among the consumers interacting with CILs for employment supports are individuals with brain injury. Some of these individuals are aware of their injury and its associated symptoms, and they may be able to effectively self-advocate for their needs. Many others, however, may have experienced a brain injury but are unaware of its existence and therefore may not recognize how brain injury shows up in their day-to-day lives.

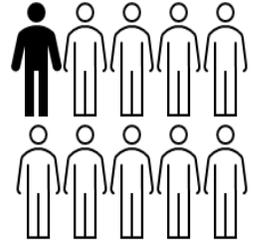
To understand the significance within the CIL consumer population, consider the prevalence of brain injuries within special populations, including those experiencing homelessness, behavioral health conditions, criminal justice involvement, and intimate partner violence.

“These brain injuries often go undetected and unaddressed, though the symptoms may interfere with individuals knowing what they need to succeed. This can result in difficulties selecting from and successfully utilizing a CILs resources, options, and tools.”



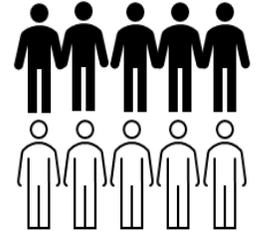
1 in 10

Approximate prevalence of brain injury in the
general public ¹



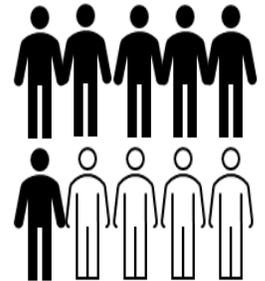
5 in 10

Proportion of people experiencing **homelessness** with
a brain injury



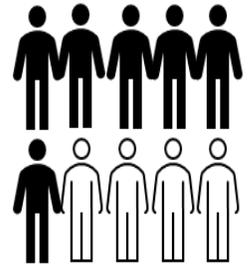
6 in 10

Proportion of people with **behavioral health conditions**
and with a brain injury ²



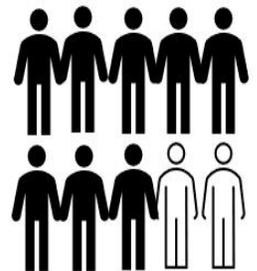
6 in 10

Proportion of people with **criminal justice**
involvement with a brain injury



8 in 10

Proportion of people with a brain injury who
experience **intimate partner violence** ³



¹ The prevalence for brain injury within the general public is 8.5%

² Behavioral health conditions include substance abuse and/or mental health

³ Intimate partner violence based on a study of females



What are some common signs that a consumer may be experiencing effects of brain injury?

No two brain injuries are alike, and symptoms vary significantly from person to person. CIL staff may be asked to indicate how frequently they notice the following:

- A consumer is sensitive to light or noise.
- A consumer expresses issues with headaches or stamina.
- A consumer frequently misses appointments.
- A consumer struggles with memory, attention, concentration, and/or difficulty processing shared information.
- A consumer shares feelings of anxiety or sadness or is observed as frequently irritable.
- A consumer describes frequent issues with adequate sleep.

These are a handful of the types of symptoms a consumer with brain injury may experience. One size does not fit all. Partnering with a brain injury lead state agency or local brain injury association or alliance for brain injury training is highly encouraged.

How can brain injury be addressed?

Tailored Approaches

When a brain injury is suspected, a conversation can be encouraged to uncover a possible lifetime event. This conversation can be approached in a non-clinical and trauma-informed manner with questions such as:

“As we work together, it would help me get to know you better by understanding your life experience up to now. Do you mind if I ask you about injuries in your lifetime? Have you ever injured your head or neck from a fall, car/motorcycle accident, fight/assault, playing sports, or explosion/blast?”

“Have you ever been knocked out or lost consciousness?”

“Have you experienced a loss of oxygen to the brain – perhaps as a result of a drug overdose, choking, or strangulation?”

If the consumer indicates a past brain injury experience with loss of consciousness or multiple concussions, they may be encouraged to learn more by contacting a local brain injury resource for brain injury information as well as potential services. This directory can be a guide:

<https://www.nashia.org/state-program-directory>.

Getting connected to a brain injury specialist, such as a resource navigator, resource facilitator, brain injury case manager, or a brain injury specialist with the CIL, may help a CIL consumer find the right resources should they choose to better understand their brain injury in a more detailed way. This understanding can pave the way to greater information about personal strategies and accommodation needs, which can bring about strengthened self-advocacy. A brain injury specialist



can also recommend strategies to the CIL staff, if needed, as small adjustments in the working relationship can strengthen independent living goal results.

Universal Design Strategies

What works well for an individual with a brain injury may work well for others seeking CIL services. If a more global approach to recognizing and adjusting for brain injury is desired, strategies may be implemented for all CIL consumers such as:

- Ask consumers if they would find a written summary of points discussed and next steps helpful at the end of each meeting.
- Consider a procedure of reminder calls for everyone scheduled to visit the CIL.
- Consider regular consumer appointments on the same day of the week at the same time of the day.
- Consider comfortable office lighting (such as a lamp instead of overhead lights) and strive to minimize office distractions.
- Encourage consumers to indicate their preferences for communications such as a phone call vs. Zoom, video disabled on Zoom, breaks as needed.
- Encourage all consumers to learn about and consider the benefits of strong sleep hygiene practices.

When signs of a brain injury are present for a consumer having difficulty fully engaging in their pursuit of independent living, more proactive strategies as outlined in the Tailored Approaches section are encouraged.

There are many ways for CIL staff and support group leaders to stay brain injury-informed through education and training. Many resources exist and are listed below. Incorporating supports for consumers who experience brain injury ultimately enhances their ability to be the best experts on their lives and their employment needs.

Check out these brain injury resources:

- [National Association of State Head Injury Administrators](#)
- [Brain Injury Association of America](#)
- [United States Brain Injury Alliance](#)
- [Disability Employment Technical Assistance Center](#)
 - [You Can Work After Brain Injury: Improving Your Employment Success](#)
 - [Become a Champion for Employment: Guiding People with Brain Injuries Towards Work](#)
 - [Considerations for Working with Individuals with Brain Injury](#)
- [Job Accommodation Network](#)
- [Model Systems Knowledge Translation Center](#)



Additional Resources

- Denson, Emma & Weaver, Erin & Wilkinson, Sarah & Azama, Caitlyn. (2019). Cognitive Strategies for Clients, Community Mental Health & Criminal Justice Professionals. Cognitive Strategies for Community Mental Health. MINDSOURCE-Brain Injury Network and Graduate School of Professional Psychology, University of Denver, 2020
- Dewan, M.C., Rattani, A., Gupta, S., Baticulon, R.E., Hung, Y.C., Punchak, M., Agrawal, A., Adeleye, A.O., Shrivastava, M.G., Rubiano, A.M., Rosenfeld, J.V., and Park, K.B. (2018). Estimating the global incidence of traumatic brain injury. *J. Neurosurg*, [https://doi: 10.3171/2017.10.JNS17352](https://doi.org/10.3171/2017.10.JNS17352)
- Gould, K. R., Ponsford, J. L., Johnston, L., & Schönberger, M. (2011). The nature, frequency and course of psychiatric disorders in the first year after traumatic brain injury: A prospective study. *Psychological Medicine*, 41(10), 2099–2109. <https://doi.org/10.1017/S003329171100033X>
- Liu, L. Y., Bush, W. S., Koyutürk, M., & Karakurt, G. (2020). Interplay between traumatic brain injury and intimate partner violence: Data driven analysis utilizing electronic health records. *BMC Women's Health*, 20(1), 269. <https://doi.org/10.1186/s12905-020-01104-4>
- Taylor, L. A., Kreutzer, J. S., Demm, S. R., & Meade, M. A. (2003). Traumatic brain injury and substance abuse: A review and analysis of the literature. *Neuropsychological Rehabilitation*, 13(1–2), 165–188. <https://doi.org/10.1080/09602010244000336>

