

What Do I Do??!
Dealing with
Challenging Clinical Situations
in ABI Rehabilitation

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My Role

- Assess school-age children and adolescents with developmental disabilities and disorders (ASD, DD, ADHD, LD)
- Treat and consult with teens and young adults with acquired brain injuries and their families

Presentation Goals

- Identify challenging issues for discussion
- Provide case examples
- Suggest strategies
- Explore audience examples

Client factors

- Behavioural Factors
- Emotional Factors
- Cognitive Factors
- Cultural/Family Factors

Behavioural Issues

- Externalizing
- Aggression
- Disinhibition
- Hyperactivity
- Noncompliance

Emotional Issues

- Low Motivation
- Anxiety
- Depression
- Hostility
- Somatizing (aches and pains)

Cognitive Factors

- Attention
- Memory
- Comprehension/problem-solving
- Executive Functioning:
 - Planning,organizing,Starting,shifting
 - Stopping,evaluating, Insight

Family and Cultural Factors

- Values
- Family Stress
- Culture shock
- English as an additional language
- Social support and pressure

General Approaches

- Understanding
- Reflection
- Identifying Goals
- Supporting Acceptance
- Roles, Responsibilities
- Creative Communication

Understanding

- Life circumstances
- Emotional state
- View of self
- View of disability

Reflection: Perspective-Taking

- Reflect your understanding of what the client thinks and feels
- Ask the client if they want to know what you see
- Ask the client how (s)he thinks other see him/her
- How does client want others to see him/her?

Goals

- Discussing Goals
- Talking about how goals are personal
- Goals change
- People have different goals for different reasons
- Identifying what motivates the client

Supporting Acceptance

- Acceptance of Strengths and weaknesses
- Follows from Identifying Goals
- Identifying How to Measure Goal Attainment
- Personal limits
- Hopefulness

Roles and Responsibilities

- Defining your role
- Discussing how different clients have different attitudes to and approaches to work
- Responsibilities (homework, trying their best, asking for help)

Creative Communication

Use Metaphors or Narrative to express:

- Problem
- Experience
- Goals
- Sense of self

The Client or Others at Risk

- Hearing about abuse
- Telling you may be a catalyst
- Client likely to be blamed by family
- Treatment may be ended by family

Assisting Client at Risk

- Duty to report
- Linking with CAS, social worker
- Knowing parameters of own role
- Coping with Secondary Trauma
- Relaxation Strategies
- Dealing with stress

The Traumatized Client

- War survivors
- May be new to Canada
- Anxiety, culture shock
- Anxiety working with client
- Chaos



Responding to Anxiety

- Being a role model
- Not being drawn in
- Making practical suggestions
- Indicating how issues may be getting in the way of treatment
- Setting priorities, maybe they're not ready for treatment right now
- Cultural interpretation



The Angry Client

- Pushing your buttons
- Angry at everyone
- Disinhibited
- Verbally Abusive
- Potentially aggressive



Responding to Anger

- Focus on teaching assertiveness
- Differentiate different ways of coping
- Support angry feelings, but not actions
- Often anger is the 'tip of the iceberg'
- Setting limits for work together
- Feedback and positive reinforcement for managing anger



The Out of Control Client

- Client with ADHD presentation
- Needs help focusing
- Highly active, distractible
- May be well-meaning



Providing Structure

- Short periods of work
- Visual schedule with checking off tasks
- Going for a walk, movement
- Encouragement
- Praise and high-fives



The Inappropriate Client

- Asks you on a date
- Inquires about your personal life
- Says inappropriate statements about your appearance
- Talks about wanting to get to know you outside of clinical interaction



Responding to Inappropriateness

- Assess safety
- Direct clarifying roles
- Support assertiveness, help client redirect behaviour
- Often occurs when work is terminating
- See it as role-playing
- Clarify client understands boundaries
- Humor if appropriate



The Depressed Client

- Low energy
- Concentration problems
- Chronically negative feelings
- Negative attitude about assessment or treatment



Responding to Depression

- Discuss possible validity issues with assessment until they get treatment for depression
- They need to talk to someone else
- Encouraging treatment
- Talking them through asking for help

'Manipulation'

- Hot and cold
- Praise
- Unreliable
- Testing the limits
- Passive-aggression
- Head games, confusion

Responding to 'Manipulation'

- Clarify your role
- Help client develop trust
- Talk about anxiety
- Provide control when possible
- Clear responses to client behaviour
- Clear feedback about behaviour

'Demanding' Parents of Clients

- Unrealistic
- Want you to fix their child
- Think that you will be working with their child forever
- Or when you are sharing bad news (including parents in assessment may help)



Responding to 'Demanding' Parents

- Parents may feel helpless
- May be focusing on the child, at the expense of their own functioning
- Ongoing involvement of parents may help
- Giving parents a role in rehab may help



The Client who Lacks Insight

- Unrealistic goals
- Is this denial or is this lack of awareness?



Lacking Insight

- Importance of goal-setting, monitoring feedback
- Being patient as a clinician
- Insight may change over time for a variety of factors
- Feedback from peers often key here

Summary

Thank you!
