



# From Provider to Patient: Broadening Perspectives on what “Person-Centered Care” Really Means

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# Overview:

- An Engaged Brain Injury Professional
- Fundamental Attribution Error
- Tips to Maintain Dignity
- EDSO...Engagement – Based Competencies



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- [illegible]



## An Engaged Brain Injury Professional:

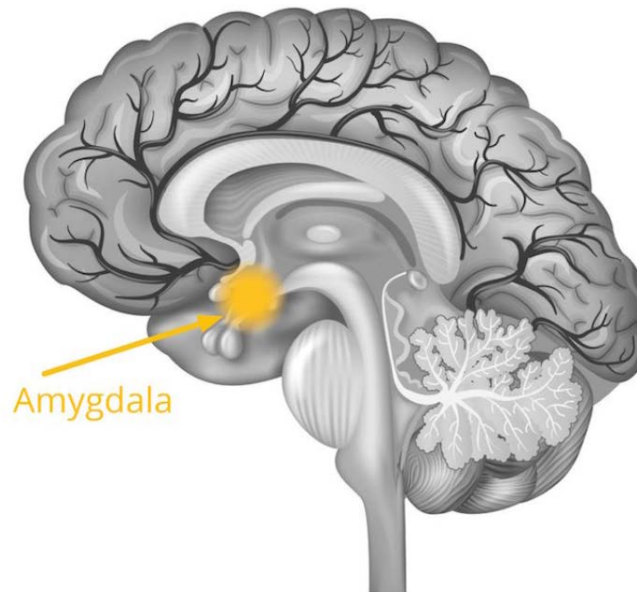
- Understands that whatever struggle you are encountering with a PS (noncompliance, refusal, maladaptive behavior) is occurring for a reason...and that reason is not to make your day difficult.
  - Most often, it is an attempt to communicate something.





## An Engaged Brain Injury Professional:

- Understands that the way you feel, what you think and how you react are very different things.



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- #1 is out of our control...
- #2 should almost always be “what are they trying to tell me” ...or “what do they need?”
- #3 should be a direct reflection of the second.



## An Engaged Brain Injury Professional:

- Recognizes when personal feelings have adversely affected your relationship with a Person Served or family...and that it is **your** responsibility to repair it.
  - Step back and develop a plan...or have the humility to ask for help.



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## An Engaged Brain Injury Professional:

- Embraces the concept of “dignity of risk.”
  - Practical safety...and practical choices



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## An Engaged Brain Injury Professional:

- Puts away their inner parent.
  - Person-centered treatment is not punitive
  - Rehabilitation is never a power struggle



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## An Engaged Brain Injury Professional:

- Understands the difference between cueing / assistance and fostering dependence
  - Goal
  - Plan
  - Do
  - Review



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## An Engaged Brain Injury Professional:

- Understands the fine line between the personal and the professional.
  - It's okay to use professional language...as long as you explain it.
  - You're not their "buddy."
  - Get off of FB!



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# An Engaged Brain Injury Professional:

- **Rehab Team's Perspective:**

- Medical Status
- Tolerance
- Session frequency and intensity
- Regulatory requirements
- Documentation requirements
- Rate of progress
- Efficiency
- Payment systems
- Levels of care

- **Family's Perspective:**

- Pre-injury Person



- Our Responsibility



- Post-Injury Person



## An Engaged Brain Injury Professional:

- Remembers that this is their home (and their rehabilitation)...not ours.
  - Meet them at eye level
  - Include them
  - Be respectful of their time
  - Asking permission (avoid "do you want to?") is an incredibly powerful tool.





# Fundamental Attribution Error (FAE)

- In brain injury related behavioral challenges, FAE may be the biggest barrier to staff's ability to maintain mutually reinforcing relationships with the people we serve.

» A fundamental attribution error occurs when we overestimate how much a survivor's behavior can be explained by internal, controllable characteristics. As we do this, we fail to adequately consider the role of situational factors that may be the cause of the behavior (most importantly, the brain injury itself...and our approach).



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# F AE “red flags”

- The patient is being....
  - Difficult
  - Stubborn
  - Ornery
  - Manipulative
  - Resistive or unwilling
  - Lazy
  - Noncompliant
- The patient is unmotivated.







# FAE Example 1:



- **Situation:**

Survivor has a pre-injury history of obesity and has been consistently gaining weight throughout his stay. Despite staff education, he continues to request extra desserts / snacks and becomes agitated when his requests are not honored.

- **Staff misattribution:**

Staff believe that the survivor is “being manipulative” and that his overeating “is a bad habit” or related to “poor self-control” ...which he obviously had pre-injury due to his obesity issues.





# FAE Example 1:



- **Situation:**

Survivor has a pre-injury history of obesity and has been consistently gaining weight throughout his stay. Despite staff education, he continues to request extra desserts / snacks and becomes agitated when his requests are not honored.

- **Missed situational factors:**

Survivor's brain injury has caused memory challenges. As such, he forgets that he has already eaten. In addition, he sustained damage to his hypothalamus, causing him to always feel hungry.

Pre-injury thyroid issues were the primary cause for his obesity.



# FAE Example 2:

- **Situation:**

Survivor's spouse / family have been asked multiple times to come in for training. They have been contacted by multiple staff, always indicating that they will come in...but have thus far been no-shows for the training sessions.

- **Staff misattribution:**

Staff feel the family is not invested in the PS...that they are avoiding their responsibilities and do not want the survivor to discharge to the home setting.



# F AE Example 2:

- **Situation:**

Survivor's spouse / family have been asked multiple times to come in for training. They have been contacted by multiple staff, always indicating that they will come in...but have thus far been no-shows for the training sessions.

- **Missed situational factors:**

The family is having financial difficulty and are having to pick up overtime in order to afford gas to drive to OWL.

Spouse is worried about losing job. She is having to spend extra time at work in order to avoid this.

One of the PS' children has had difficulty coping with the injury and needs to work with a counselor. Grades are declining.



# F AE Example 3:

- **Situation:**

Survivor demonstrates the physical ability to self-propel to sessions, but does not do so. In addition, she states that she wants to return to college, so staff have given the PS appropriate assignments to help prepare her for school, fill her time in the evenings/weekends. She rarely if ever completes assignments and her school books remain untouched on the shelf in her room.

- **Staff misattribution:**

During the PS conference, staff refer to the PS as having difficulty with motivation and launch into a list of reasons why the PS needs to do more self-propelling and complete more assignments during the upcoming month to prove she is really ready for the responsibilities associated with college.



# F AE Example 3:

- **Situation:**

Survivor demonstrates the physical ability to self-propel to sessions, but does not do so. In addition, she states that she wants to return to college, so staff have given the PS appropriate assignments to help prepare her for school, fill her time in the evenings/weekends. She rarely if ever completes assignments and her school books remain untouched on the shelf in her room.

- **Missed situational factors:**

Survivor's brain injury has left her with challenges in cognitive organization, initiation and apathy. The PS possesses the desire (motivation) to do what is asked, but has difficulty organizing her thoughts and initiating the tasks.



# Use “I need” instead of “do you want to?”

- If you ask “do you want to \_\_\_\_” and the Person Served’s response is “no,” you’ve forced yourself into a difficult situation.
  - Do you cash in chips and push your original plan?
  - Do you exercise flexibility and move to another task?
- Instead:
  - “I need you to\_\_\_\_\_”
  - “The doctor needs you to\_\_\_\_\_”
  - “Your husband / wife / son / family needs you to\_\_\_\_\_”



# Speak in the Affirmative. Avoid the Negative.

- Whatever you do, don't think about ladybugs.
  - Don't
  - Can't
  - No
- Flip your thinking...instead of focusing on what you don't want them to do...focus on what you want them to do.



# TBI PBE Study...The Importance of Engagement

Discharge Rasch-Adjusted FIM Motor  
Regression: Significant Covariates (treatments)

FIM Points per Covariate	Cog ≤6	Cog 7-10	Cog 11-15	Cog 16-20	Cog ≥21
Average OT,PT,ST level of effort	28.33	18.58	23.14	17.57	-
OT casting min/week	-0.78	-0.55	-	-	-
OT cognitive impairment min/week	-	-	-	-	1.72
OT community IADLs min/week	-	0.81	-	0.52	-
OT home IADLs min/week	2.53	-	0.95	-	-
OT physical impairments min/week	-3.64	-3.17	-1.70	-1.16	-
OT assessment min/week	-1.29	-	-	-	-
OT bed/chair W/C transfer, feeding, dressing (basic) min/week	-	-1.38	-	-	-0.98
OT personal care/transfers (advanced) min/week	1.96	-	-	-	-

*Arch Phys Med Rehabil.* 2015 Aug;96(8 Suppl):S178-96.e15. doi: 10.1016/j.apmr.2014.09.042.

**Traumatic Brain Injury-Practice Based Evidence Study: Design and Patients, Centers, Treatments, and Outcomes.**

Horn SD<sup>1</sup>, Corrigan JD<sup>2</sup>, Bogner J<sup>2</sup>, Hammond FM<sup>3</sup>, Seel RT<sup>4</sup>, Smout RJ<sup>5</sup>, Barrett RS<sup>5</sup>, Dijkers MP<sup>6</sup>, Whiteneck GG<sup>7</sup>.

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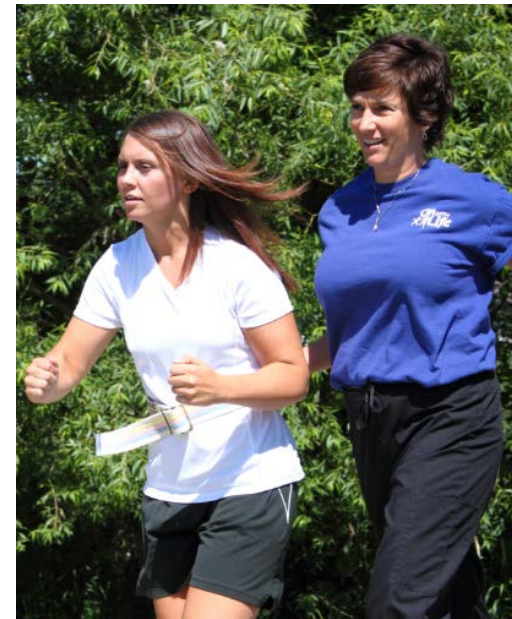
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# Effort...How do you measure that?

- Engagement-based competency development for staff / caregivers?



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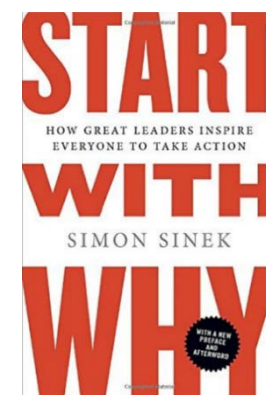
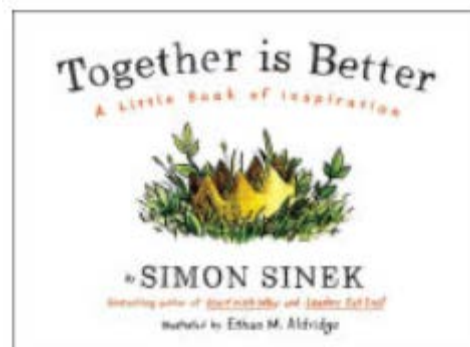
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# The “Life is Good” Neurotransmitters

- Simon Sinek – cultural anthropologist, professional speaker, author, and leadership trainer

- [Start With Why](#)
- [Leaders Eat Last](#)
- [Together is Better](#)



- EDSO
  - [Endorphins](#) – activated when we exercise
  - [Dopamine](#) – activated when we set goals and achieve them
  - [Serotonin](#) – activated when we feel pride / accomplishment / elevated status...it's associated with self confidence.
  - [Oxytocin](#) - activated when we experience friendship, kindness, trust, physical touch



# Mary...a case example

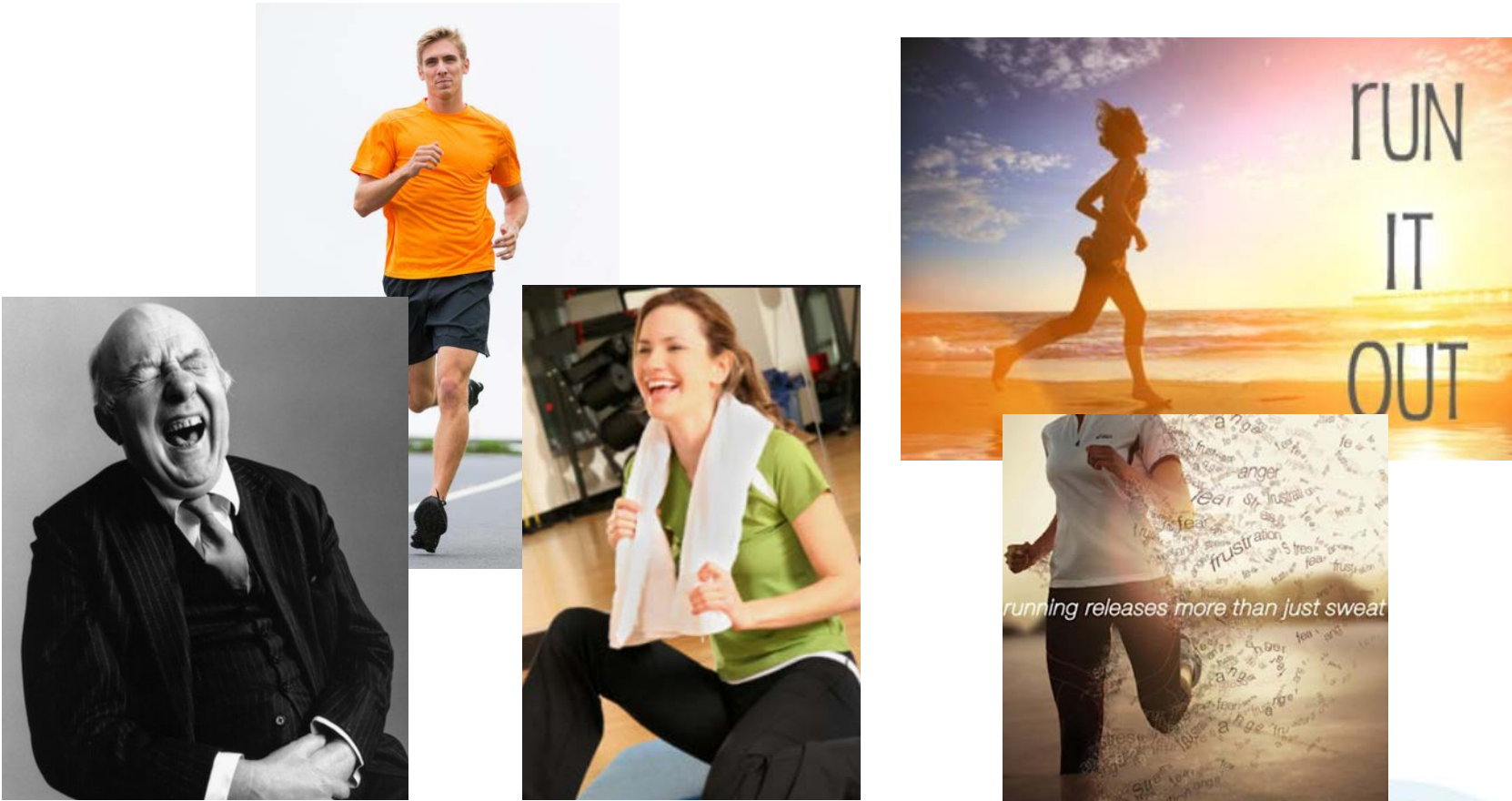
- 55 y/o
- 1 year post- ABI
  - Ongoing executive functioning and memory deficits
- Lost job after BI
- Husband with Alcoholism
- Significant weight gain post BI
- Primarily spends time watching TV







# Endorphins... pain blocker



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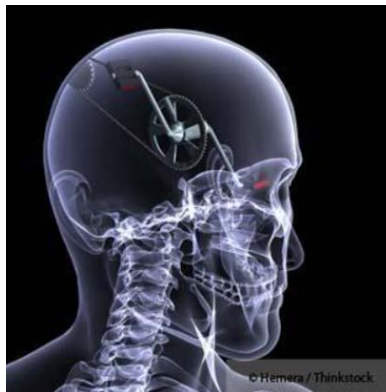
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# Exercise and the Brain

- Results in increased levels of a crucial protein called brain-derived neurotrophic factor (BDNF), which is essential for creating and maintaining neurons (particularly in the hippocampus).
- Modulation of appetite
- Enhancement of the immune response
- Does exercise prevent cognitive decline?



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# Endorphin-Based Competencies?

- How often / concretely is physical exercise addressed during sessions?
- Are you using creativity in accessing modalities for physical exercise (recumbent bike? activity trackers? wellness centers? color runs?)
- Are you giving feedback regarding current and ideal physical activity levels?
- Do you and the survivor laugh when you're together?



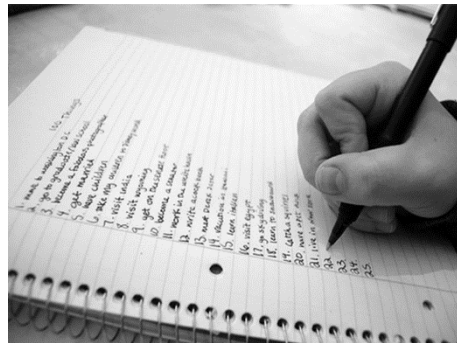
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# Dopamine... goal reacher



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# Dopamine-Based Competencies?

- Are we creating **VISIBLE** goals with the survivor?
- Are we providing constant feedback regarding progress toward those goals?
- Are we constantly relating the task at hand back to the survivor's goals?
- Are we ensuring that the survivor leaves the task feeling as though they have succeeded?
- Are we incorporating music into our interventions when appropriate?



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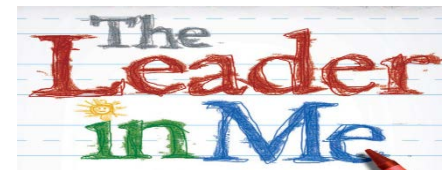
# Serotonin...self confidence



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# Serotonin-Based Competencies?



- Are we helping the survivor and family understand the importance of celebrating the small steps in the healing process?
- Are we giving public recognition to the survivor?
- Does the interactional style build the survivor up through both word and deed?
- Are we helping the survivor understand that they have something to offer those around them...that their circumstance gives them a perspective that is valuable to others?

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# Oxytocin...love and relationships



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# Oxytocin-Based Competencies?

- Does our therapeutic approach instill within the survivor a belief that, without a doubt, we will help them get better?
- Are we providing the survivor with opportunities to be a “giver of help” rather than merely a “receiver of help?”
- Are we helping survivors and families develop relationships with others who understand what they are going through?
- Are we taking time to provide small acts of kindness for the people we serve and their families...are we leading by example?



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# Cortisol...the stress hormone

- Adrenal Insufficiency post-BI
- **ACTH (adrenocorticotropin)** Tells the adrenal glands to make cortisol
- The first stage of "fight or flight."
  - Makes us paranoid
  - Inhibits immune system
  - Inhibits oxytocin
- Makes us self-interested







# What happens when we become self-interested?

- We waste time feeling sorry for ourselves
- We give away our power
- We shy away from change
- We waste energy on things we can't control
- We worry about pleasing (or displeasing) others
- We dwell on the past
- We make the same mistakes over and over
- We resent others' successes
- We give up after failure
- We feel the world owes us something
- We expect immediate results





# Life is good...

- How do you beat a Dopamine addiction?
- How do we minimize cortisol?





# Mary's Solutions



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# Last...a few thoughts on fostering engagement

- Doug Dietz...a “technical person.”
  - Fantastic Career
  - Tremendous Success
- Doug’s moment of crisis:
  - Children’s Hospital
  - 80% of kiddos who underwent MRI required sedation



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# A different mindset



- It's not enough to be a "technical person"



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# Questions?

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