

When and Why to Consult a Social Worker After Concussion

Canadian Concussion Center, UHN, Webinar Education Series

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Owner and Director, Eden Dales Social Work

"Where others see problems, social workers see possibilities."



"Social work turns compassion into action and challenges into solutions."



EDEN DALES SOCIAL WORK

SOLUTION FOCUSED. POSITIVE CHANGE.

ABOUT ME: EDEN DALES, B.A., M.S.W., R.S.W.

REGISTERED SOCIAL WORKER, COLLEGE REG #806569

COMMENCED CAREER AT DOWNTOWN NYC HOSPITAL DURING 9/11, FOLLOWED BY NICU SW, SICK KIDS, BRAIN INJURY/CONCUSSION SW

SPECIALIZATION / TRAINING: CONCUSSIONS, BRAIN INJURIES, CONCUSSIONS, GREIF, TRAUMA, ADHD

PROFESSIONAL PASSION: TRAINER, EDUCATOR ON SOCIAL WORK AND TRAUMA INFORMED CARE

PERSONAL PASSION: LIVE CONCERTS, PODCASTS, SLICE OF LIFE STORIES ABOUT RESILIENCE AND ADVERSITY, FAMILY LIFE, LEARNING ABOUT WHY PEOPLE DO WHAT THEY DO

Why Social Workers Are Essential in the Recovery Journey

Role:

- Social workers address the emotional, social, and practical challenges of recovery, offering care that extends beyond the physical injury

Navigating Complexity:

- They help patients and families manage complex systems like healthcare, insurance, workplace accommodations, and education

Building Resilience:

- Social workers empower individuals to regain control, adapt to new realities, and rebuild their lives with a focus on dignity and strength



Social Workers: Your Partners in Problem-Solving

Empathy in Action: SW's are a witness to one's pain, using a trauma informed, non-judgmental lens for understanding the emotional + practical challenges

Solution-Oriented Approach: Social Worker's don't stop at identifying problems—they collaborate with patients + families to create actionable, safe, realistic and personalized plans

A Commitment to Perseverance: Social workers provide ongoing support, using a gentle and certain approach, ensuring no one feels alone in their journey toward recovery



FAMILY SYSTEMS THEORY

Family systems theory is a theory that views the family as a complex system of interconnected and interdependent individuals.

DESCRIPTION

Family systems theory understands human behavior through a complex web of emotional processes in one's family, work, and social systems. It describes how the emotional interdependence among family/society members impacts individuals' character and life choices.

ASSUMPTIONS

- 1 The family is a complex emotional unit
- 2 The family is emotionally interconnected
- 3 Familial, community, and social relationships are reciprocal

HELPFULPROFESSOR.COM

Social Workers treat challenges as if they were their own, bringing relentless determination and compassion to find solutions that truly work for you

SW: Help You Break it Down, and Build it Back

Strengths-Based Approach: Identify inherent strengths for healthy coping

Systems Theory: Recognizing individuals as part of interconnected systems (family, work, healthcare), social workers create strategies that address systemic influences for effective healing

Client-Centered Care: Social workers prioritize the needs, goals, and values of clients, ensuring that every plan is uniquely tailored to the individual

Do No Harm: Following medical model, social workers take deliberate steps to avoid re-traumatization or additional stress during interventions

Cultural Compassion: Acknowledges and respects the diverse cultural backgrounds of clients, ensuring care is delivered with sensitivity and inclusivity

Working in the Context of the Environment: Understand a client's challenges are deeply connected to their environment + address systemic factors to create sustainable solutions



Social Workers and the Systems Perspective

Whole-Person Approach:

- Holistic view of client's lives, recognizing that every aspect of a person's life—physical, emotional, social, and environmental—interconnects
- Focus on influence of all systems on well-being, functionality

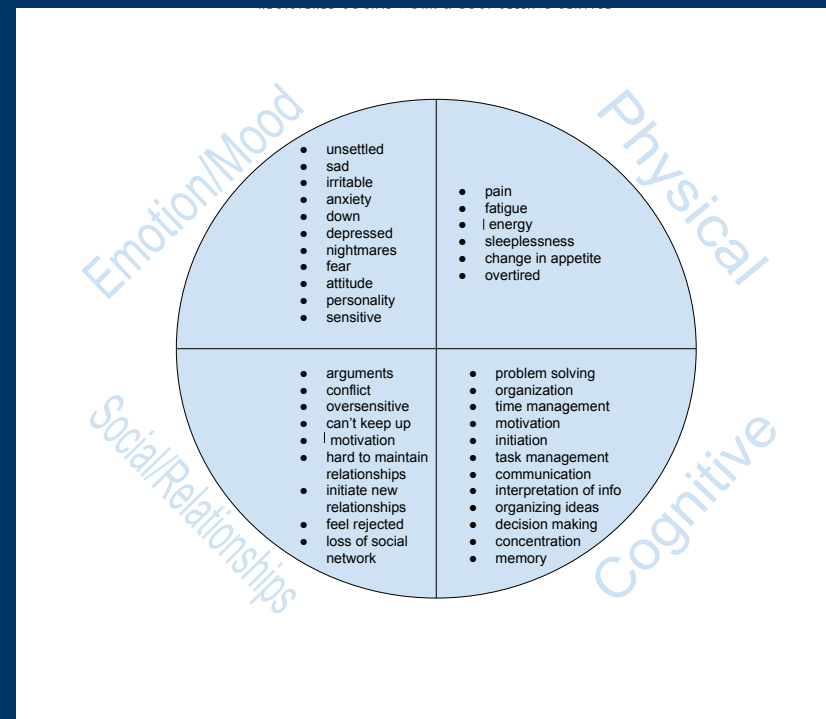
Interconnected Systems:

- Problems in one area (e.g., family conflict, \$ stress, or workplace challenges) create ripple effects that impact other areas (e.g., mental health, physical health, or relationships).
- *Example: A concussion affecting work performance may lead to financial stress and strain on family relationships.*

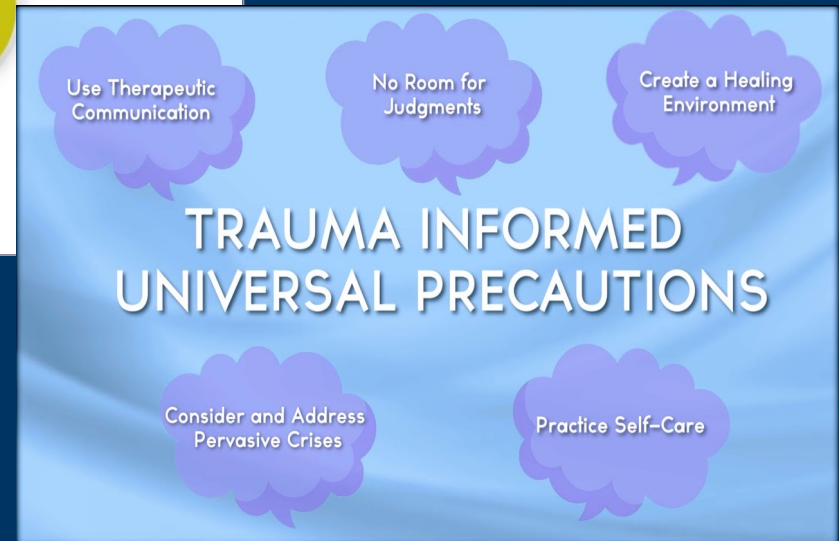
Healing is dependent on reducing stressors

Social Workers' Role:

- Educate clients on the interconnectedness of their challenges.
- Provide strategies to address these challenges in a way that restores balance across all areas of life.



We do Not Function in Isolation: SW's Help Remove Barriers to Healing (we are professional problem solvers!)



How Do I Find A Social Worker?

OASW: FINDASOCIALWORKER.CA

COMMUNITY AGENCY (CCC, OBIA, BIST, LOCAL BIA)

TRAUMA RESOURCE DIRECTORY: traumaresourcedirectory.com

REFERRAL FROM FAM DOC, PSYCH, LAWYER, INSURANCE COMPANY

REFERRAL FROM HEALTH CARE PROVIDER (OT, PT, RMT, RSW, SLP)

EARLY SOCIAL WORK INTERVENTION POST-TRAUMA IS KEY

SW'S EDUCATE ON TRAUMA, IMPACT ON BRAIN, IMPACT ON FAMILY, HOW TO RECOGNIZE TRAUMA TRIGGERS

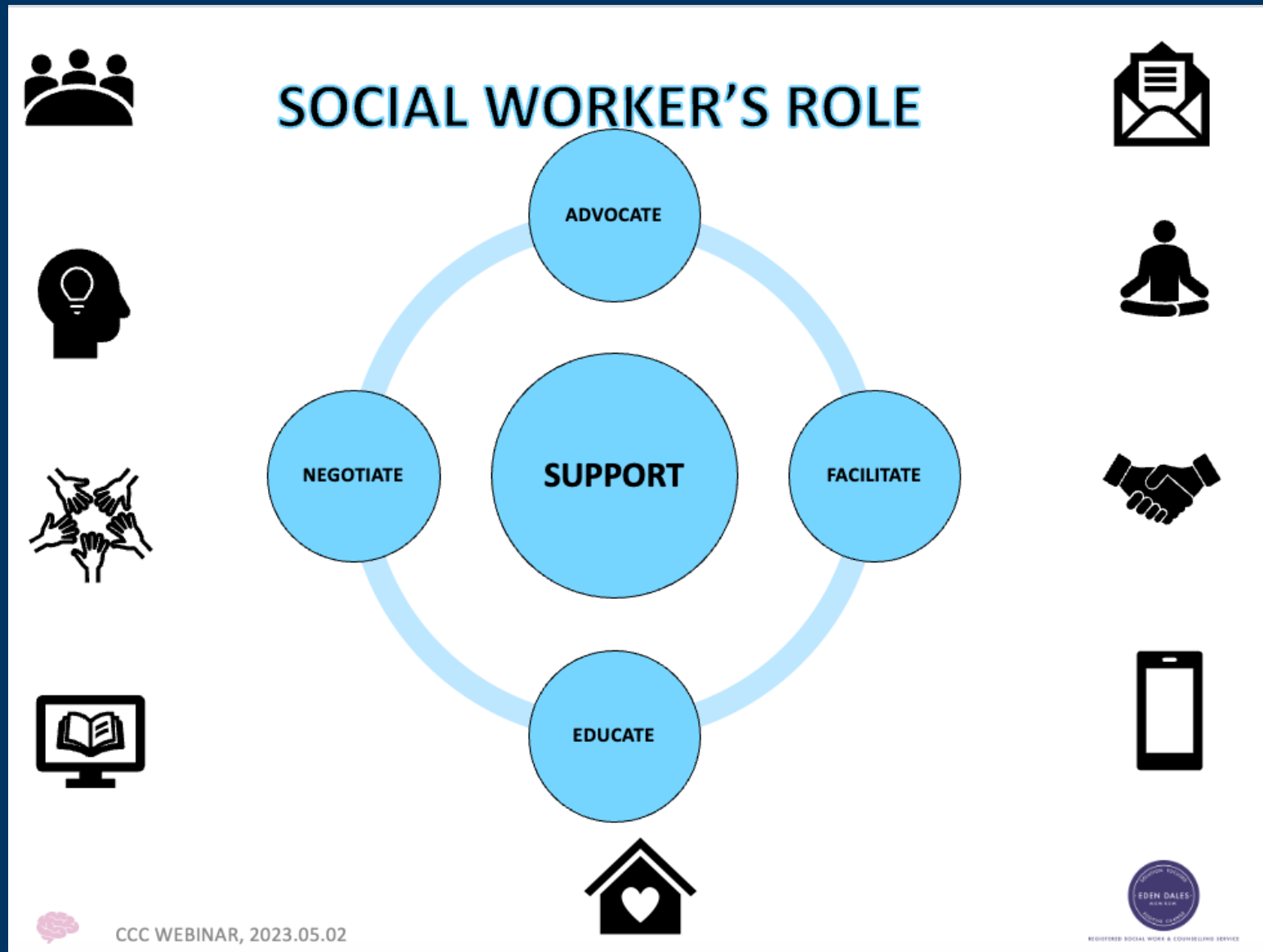
BRING AWARENESS TO HOW TRAUMA CAN IMPACT CLIENT UNEXPECTEDLY, LEARN SKILLS TO COPE

STRENGTHS BASED: COMPASSIONATE, VALIDATING, SUPPORTIVE-HELPS TO IMPROVE COPING

MINDFULNESS & STRUCTURE –WINNING COMBINATION TO GAIN CONTROL OVER TRAUMA SYMPTOMS

PREPARE FOR CHALLENGES WITH FUTURE CHANGES/TRANSITIONS/LIFE STAGES

How Can Social Workers Help?




CCC WEBINAR, 2023.05.02





REGISTERED SOCIAL WORK & COUNSELLING SERVICE


Red Flags Post Concussion: When To Seek Medical/SW Support


WARNING SIGNS INDICATING NEED FOR MEDICAL INTERVENTION/SW POST-CONCUSSION


 NEW OR EXISTING MENTAL HEALTH PROBS (SELF-HARM, SUICIDALITY, IMPULSIVITY)

 MOOD CHANGES, INCREASED STRESS, PROBLEMS REGULATING EMOTIONS

 RELATIONSHIP CHALLENGES, SOCIAL ISOLATION, CONFLICT

 DECREASED INTEREST IN OTHER PEOPLE/ACTIVITIES

 DIFFICULTY COPING WITH PREVIOUS PROBLEMS, STRESSFUL LIFE EVENTS

 CHALLENGES WITH DECISION MAKING, EXECUTIVE FUNCTIONING, FOCUS, INHIBITION



Mental Health Challenges Post-Concussion: Concerning Changes

Warning Signs



Talking about feeling hopeless or having no reason to go on living



Making a will or giving away personal possessions



Exhibiting reckless behaviors, such as excessive alcohol or drug consumption



Avoiding social interactions with others



Expressing rage or intentions to seek revenge



Appearing anxious or agitated

Do Not Wait for a Crisis After a Concussion to Call a SW: Early Identification of Problems Leads to Best Outcomes

CONCUSSION SYMPTOMS CAN BE COMPLEX, LONG LASTING

UNDERSTANDING IMPACT OF CONCUSSIVE SYMPTOMS ON DAILY LIFE CAN PREVENT PROBLEMS IN FUTURE

LEARNING HOW TO COMMUNICATE TO OTHERS ABOUT YOUR INVISIBLE INJURY CAN PROMOTE CONNECTION

CONCUSSIONS LINKED TO GRIEF/LOSS OF PRE-TRAUMA IDENTITY

MANY PEOPLE ARE UNEDUCATED ABOUT CONCUSSIONS, PROGRAMS, BENEFITS ETC.

SW'S IDENTIFY PRACTICAL NEEDS TO IMPROVE Q.O.L, & AX RISK FACTORS AND OFFER SOLUTIONS

Social Workers: Seeing & Valuing the Person Beyond the Problem

COGNITIVE REFRAMING: SEPARATING INDIVIDUALS FROM THEIR PROBLEMS/CONCUSSIONS

PRE-CONCUSSION CHALLENGES AMPLIFIED POST-CONCUSSION

COMPOUNDING INJURIES LEAD TO COMPOUNDING PAIN

REPEATING NEGATIVE THOUGHTS LEADS TO MORE

COGNITIVE REFRAME, INCREASE POSITIVE INTERACTIONS

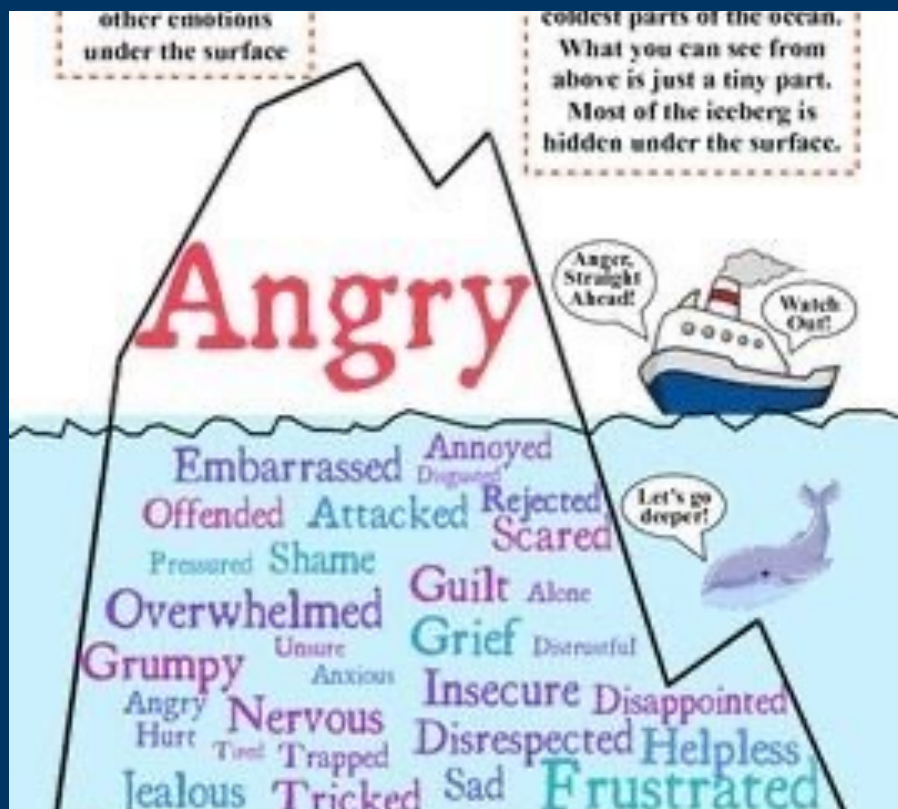


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- Educators (challenge assumptions with science)
- Maintain Hope for healing and positive change
- Slow Down to Speed Up (reduce overwhelm with a step by step approach)
- engage family when tension is isolating



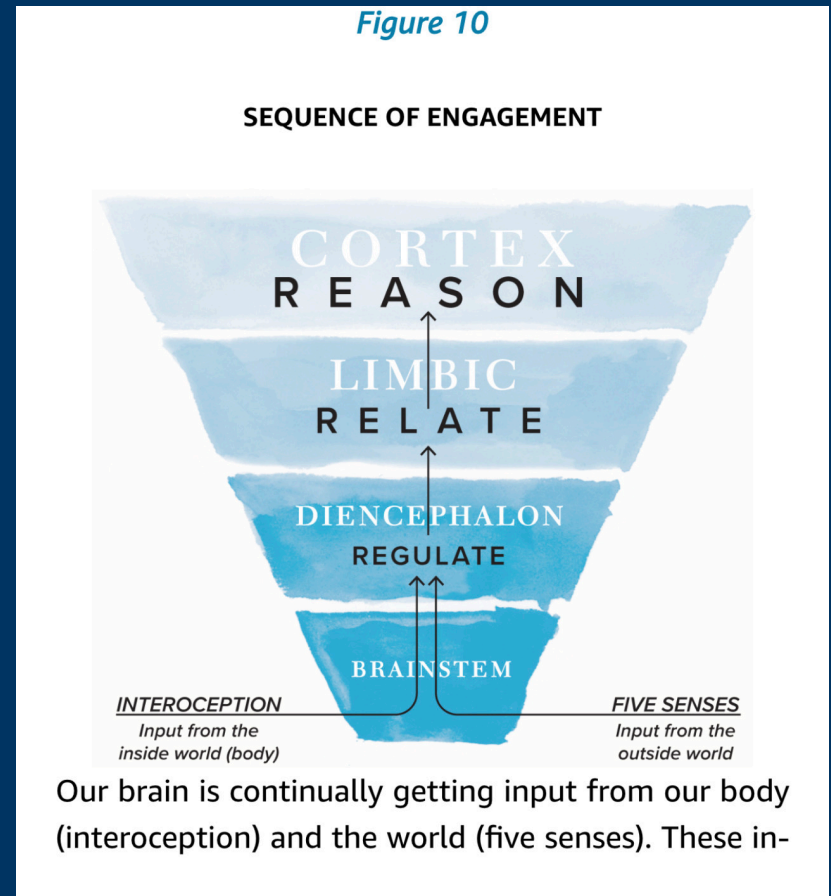
Social Workers: Seeing & Valuing the Person Beyond the Problem



 <p>FOLLOW A SCHEDULE</p>	 <p>PRIORITIZE REST AND DIET</p>	 <p>EXERCISE REGULARLY</p>
 <p>MAKE SOCIAL CONNECTIONS</p>	 <p>PRACTICE PERSEVERANCE</p>	 <p>EMBRACE THE POWER OF POSITIVITY</p>
 <p>CARVE OUT DOWNTIME</p>	 <p>SEEK OUT HELP</p>	 <p>PRACTICE ACCEPTANCE</p>

STATE DEPENDENT FUNCTIONING: WHAT BRAIN STATE ARE YOU IN?

Regulate, Relate, Reason....



STATE DEPENDENT FUNCTIONING: WHAT BRAIN STATE ARE YOU IN?

Cognitive Distortions: At the Root of Most Evil

Unhelpful thinking styles

Predictions

I make negative predictions about what might happen in the future even though I have no way of knowing this.



Judgements

I make judgements about things even though there is no evidence or facts to back this up.



Catastrophising

I always think of the worst case scenario or think that something really bad is going to happen.



Perfectionist

I put a lot of pressure on myself to do well and set unrealistically high expectations for myself. I think everything has to be exactly right.



Negative glasses

When I have my negative glasses on, I only see the bad things that happen and I don't notice any of the good things.



Feelings

If I notice negative feelings in myself or my body and automatically think that it means something bad is happening or will happen.



Mental filter

I tend to take more notice of the negative things in a situation and down play the positive things.



Memories

Some things trigger my negative memories which makes me think something bad will happen again now.



Black & white thoughts

I usually think things are either really good or really bad and there is no in between.



Mind reading

I assume I know what other people are thinking and this is usually negative things about me.



Compare & despair

I notice positive things about other people but then compare myself negatively to them and think others are better than me.



Self-critical

I am very critical of myself and my abilities.



THOUGHTS are **NOT** FACTS PRACTICE

mindful
mindful.org

When you put some space between you and your reaction, it changes your relationship to your thoughts—you can watch them come and go instead of treating them as matter of fact.

If you're stuck on a negative thought, ask yourself:

1

Is it true?

Often the answer is, "Well, yes." This is the brain initially reacting—the autopilot you live with and believe is you.

2

Is it absolutely true?

Is this thought 100% accurate? Can you see the thought in a different way?

3

How does this thought make me feel?

Notice any storylines you're holding onto, and name your feelings: *sad, angry, jealous, hurt.*

4

What would things be like if I didn't hold this belief?

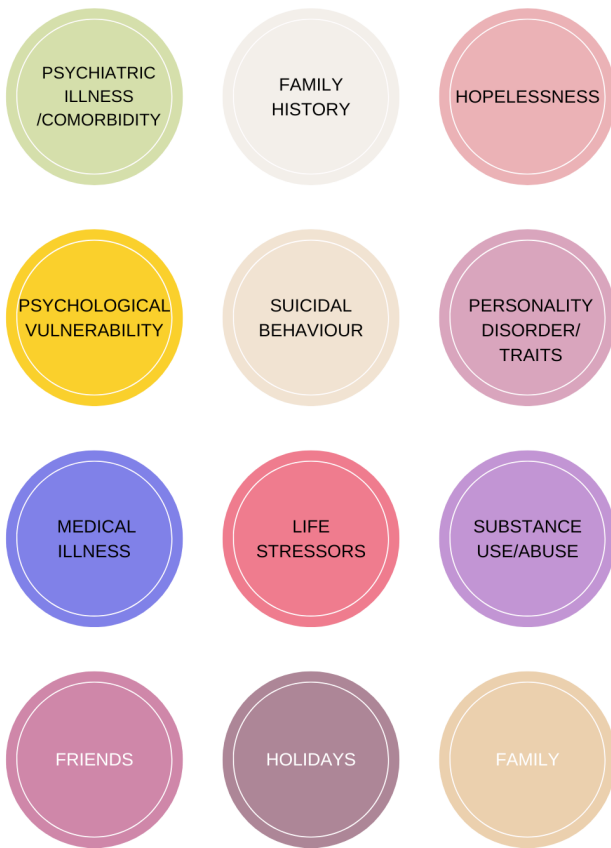
Imagine possible benefits to your relationships, energy levels, and motivation.

Excerpt from *Uncovering Happiness* by Elisha Goldstein, adapted from *Love What Is* by Byron Katie.

When Suicide is a Concern: SW's Can **HELP**

"Suicide is a complex phenomenon, determined by multiple factors intersecting at one point in the life of the individual" Jacobs, 2007

SUICIDE RISK FACTORS (CAMH)



- Risk assessment
- Safety plan
- Mediate, initiate family communication
- If support limited, connect to resources
- “decision tree” problems (for ex: referral to psychiatry)
- Solution focused model to address financial stress/debt
- Educate: coping skills, communication skills, self-soothing skills, emotional regulation skills
- Model healthy coping
- Make referrals

CAMH: SUICIDE SAFETY PLAN TEMPLATE: CAMH

Appendix E: Safety Plan Template for Clients at Risk of Suicide

Adapted from (Samra & Bilsker 2007) as referenced in the CAMH Handbook, Appendix III, pg 86-87.

1. What activities can I complete to calm/comfort myself?

2. These are reminders to myself of my reasons for living:

3. What can I do to reduce the risk of acting on suicidal thoughts?

4. What warning signs or triggers make me feel less in control of suicidal behaviour?

5. What have I done in the past that has helped? What coping skills can I use now?

6. What can others do to help?

7. Call a friend or family member: (name and phone number)

8. Call a backup person if person above is not available: (name and phone number)

9. Call a care provider (GP, psychologist, psychiatrist, or therapist): (name and phone number)

10. Call my local crisis line: Island Helpline 1-800-218-2885

11. This is a safe place where I can go:

I can go to the emergency room at the nearest hospital. If I feel that I can't get to the hospital safely, I will call 911 and request transportation to the hospital. They will send someone to transport me safely.

[CAMH Suicide Prevention Link](#)

Affordability and Other Alternatives

WHAT IF YOU CAN NOT AFFORD A SOCIAL WORKER?

CHECK FOR SLIDING SCALES/ TAX CREDITS

BOOK 1-2 SESSIONS FOR INFO/RESOURCES

SW CAN IDENTIFY RISK FACTORS FOR COMPLEX RECOVERY

A LITTLE INFO GOES A LONG WAY...

ONE SESSION CAN BE ENOUGH

COMMUNICATION REDUCES SHAME AND ISOLATION

IN ONE SESSION, A SW CAN IDENTIFY SPECIFIC Q'S FOR DOC, RED FLAGS

IN ONE SESSION, A SW CAN WRITE MANY LETTERS

IN ONE SESSION, YOU CAN FEEL HEARD

-If safety EVER a concern, consider using emergency dept. as **triage** if can not access psychiatric care

-Use distress lines

-If client too stressed to learn tools to cope, let family learn

-Remember, no feeling is permanent... "Now, it is like this"

-TONS of resources in these slides

PERSISTENT CONCUSSION SERIES

NOV 11 | NOV 18 | NOV 25 | DEC 2
6:30 - 8 PM
WWW.BIST.CA/CONCUSSION

LERNERS P I A L A W
MCELREATH ORLANDO
DARTLEY YOUNG
THOMSON ROSS
FRANKLIN WHITE LAWYERS



A FEW OF MY FAVOURITE THINGS....SELF COMPASSION AND COMPASSION FOR OTHERS



Before engaging in any self destructive behavior... ask yourself.

Are you:

Hungry

When did I last eat?

Is my hunger emotional or does my body need food?

If your body is asking for food, find something nutritious to snack on.

Angry

What's are you dealing with right now that is stressful? Is the stress what's making you angry?

Find out way you're angry and find ways to diffuse that anger.

Lonely

When is the last time you socialized?

Was it a positive or negative experience?

Reach out to your support system. Let them to help you.

Tired

Have I been getting enough rest and giving my body the breaks it needs?

How can you energize yourself? Take some time to yourself and relax.

-Moments of Distress are NOT teachable moments, or opportunities for lessons/repair

-Learn the art of self-regulating. It saves relationships and lives

-"Is this a good time?" May be the most respectful thing you can ask someone

-take care of your own wounds. Trauma can be healed, be brave and get support

-Learn the unhelpful thinking styles and find alternatives

SW'S: EXPERTS ON HEALTHY BOUNDARIES



IDENTIFYING TRIGGERS FOR STRESS

GETTING TO KNOW YOUR
CONCUSSION/STRESS

SELF CARE & STRESS MANAGEMENT
DEPEND ON HEALTHY BOUNDARIES

LEARNING HOW TO SELF-ADVOCATE
TO GET NEEDS MET

SOFTENING TOWARDS SELF & OTHERS

TOOLS TO MANAGE STRESS & GET
ALONG WITH OTHERS

Emotional Regulation

- The ability to effectively manage and respond to emotional experiences
- When our emotions control us we feel, act, and only then think
- This provides benefits such as feeling better immediately, enhancing well-being and make personal relationships better



NEUTRAL (FACT/EVENT)



NEUTRAL UP:

- LOOK FOR STRENGTHS/POSITIVES
- RADICAL ACCEPTANCE
- WHAT'S YOUR HOPE/GOAL/PLAN?
- WHAT CAN YOU DO ABOUT IT?

NEUTRAL DOWN:

- WHAT YOU DON'T LIKE
- WHAT YOU WISH IT WAS OR WAS NOT
- WHAT YOU DON'T WANT TO HAPPEN
- LOOKING FOR NEGATIVES/FEELING STUCK/DEAD END THINKING
- NO WHERE TO GO FROM HERE!

Skilled Social Workers Support the Whole Family & System

The Family Systems Perspective

- **Individuals – are best understood through assessing the interactions within an entire family**
- **Symptoms – are viewed as an expression of a dysfunction within a family**
- **Problematic behaviors –**
 - ◆ **Serve a purpose for the family**
 - ◆ **Are a function of the family's inability to operate productively**
 - ◆ **Are symptomatic patterns handed down across generations**
- **A family – is an interactional unit and a change in one member effects all members**

Theory and Practice of Counseling and Psychotherapy - Chapter 14 (1)

1

We Cannot Learn or Problem Solve When We Are Stressed!

During the Stress Response...

- We cannot make rational decisions
- We cannot analyze a situation
- We cannot learn new concepts/ideas
- We react automatically (influenced by life experience)
- Emotional responses may not match situation: over or under-reaction
- Our memories are fragmented without full context

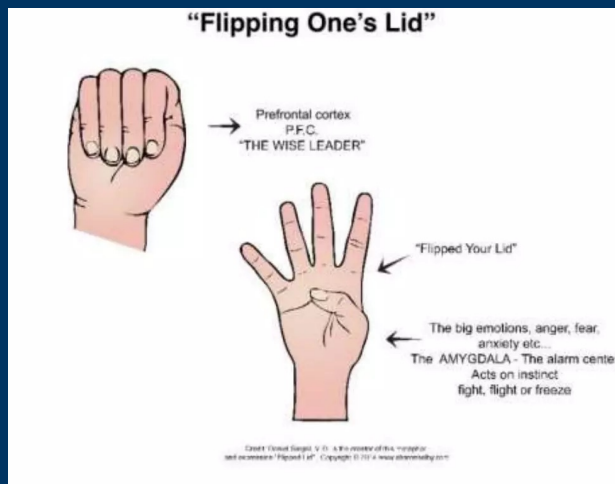
REGULATE, THEN RELATE, THEN REASON

MOMENTS OF DISTRESS ARE NOT TEACHING MOMENTS.

Grounding/Regulating Skills to Calm and Feel Safe



- Avoid sudden movements
- Quiet Space
- Amplify Strengths
- Slow Down, Calm Down, Sit Down
- “You are not alone”
- Box Breathing
- 5 Red, 4 Orange, 3 Yellow, 3 Green, 1 blue....



How Can Social Workers Help?

PROFESSIONAL RESOURCERS

APPLY FOR GOVERNMENT BENEFITS, TAX CREDITS

ADVOCATE TO SCHOOL, WORK, WRITE LETTERS FOR ACCOMODATIONS

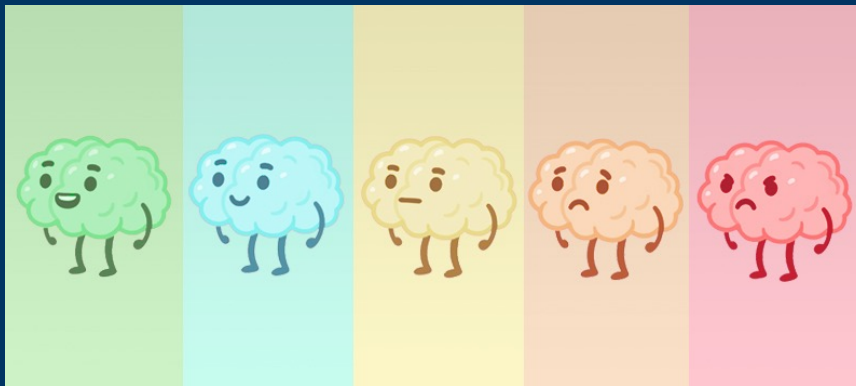
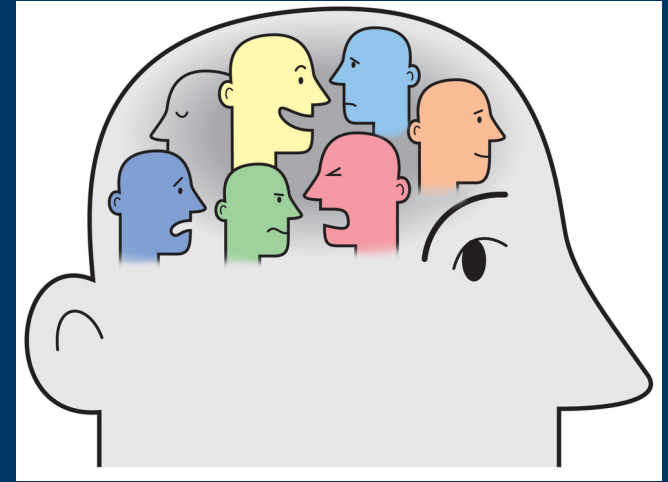
OFFER SOLUTIONS AND HELP PROBLEM SOLVE

TEACH YOU CALMING STRATEGIES TO COPE

PREPARE REPORTS FOR LITIGATION

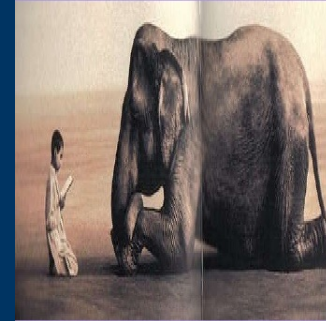
WITNESS TO JOURNEY OF RECOVERY

EDUCATE YOUR FAMILY AND SUPPORT NETOWRK ON TRAUMA



Steps for Empathic Listening

1. Listen carefully to the speaker's messages, both verbal and nonverbal
2. Display an open, caring posture
3. Consider the speaker's emotional state
4. Calmly reflect back what you perceive the speaker's feelings and meaning to be



Emerging Research on Gender Differences in Concussion Recovery

A MULTI-DISCIPLINARY APPROACH FOLLOWING CONCUSSION IN WOMEN: Key differences in treatment protocol unique to women from a functional/emotional perspective

“If concussion is the invisible injury,
then females are the invisible population within that injury.”

– REF Katherine Snedaker, LCSW, Norwalk, Conn. founder of non-profit PINK Concussions, 2013



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PROBLEM

“Several recent studies have confirmed what women and their physicians anecdotally have known for years: **Women experience greater cognitive decline, poorer reaction times, more headaches, extended periods of depression, longer hospital stays and delayed return-to-work compared to men following head injury.**”

– Jeffrey J. Bazarian, M.D., M.P.H.

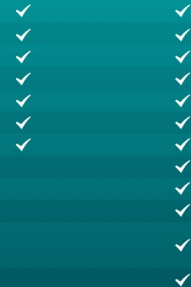


DISTINCTIONS

As a woman, additional considerations need to be acknowledged and taken into account in both diagnosis and treatment.

IMPACT OF A CONCUSSION

- Depression/Anxiety/Irritability
- Fatigue/Sleep Disorder
- Post Traumatic Headache
- Balance
- Dizziness/Vertigo
- Cognition Impairment
- Tinnitus/Noise Intolerance
- Pregnancy
- Hormonal changes (involving pituitary gland)
- Menstrual cycle changes
- Executive functioning problems impacting life roles including pregnancy/motherhood
- Emotional expressiveness



INTERVENTION

Education

- Displaying a diagram of the brain after concussion and how the injury to the brain was sustained
- Resources/referrals to specialists
- What to expect re symptoms
- What to expect re length of recovery

Awareness

- Sleep hygiene
- Importance of proper nutrition
- Provision of a safe exercise program
- Effective coping techniques for emotional changes
- Cognitive rehab (including remedial and compensatory strategies)

It is important to remember when treating the concussed client, the key differences between males and females to ensure that the treatment approach is client-centred.

Support

- Validating a woman's experience and supporting her reported post-concussive symptoms
- Refrain from challenging her experience or trying to "FIX" it
- Empathy, listening, remaining open, being patient and joining with the patient in her experience



Emerging Research on Gender Differences in Concussion Recovery

Differences in the Female Brain

Smaller brain **size and structural differences** for females

Hormonal Changes

More sensitive to stimuli Post-Concussion

Risk of Depression is 2x Higher in Females

Females suffer more **chronic pain and for longer**

Impact of Concussion on Female **Reproductive Cycle**

Earlier Onset of **Anxiety in Females**

Females Suffer **3x More Headaches Than Men**

Females shown to have poorer working memory post-concussion

Females have different neck **structure and movement**

Excluded from **drug trials** so Treatment Unknown

Take **longer to recover** from concussion and ABI

Females engage in more self-doubt

Higher at risk for **domestic violence** which causes concussion and ABI

Harsher post-concussive symptoms which last longer in females

Females Worry more about symptoms

Adolescents and young women experience abnormal menstrual cycles post-concussion



“Women showed they suffer more symptoms from their concussions than men”



Girls and the Injured Brain:
New Information, New Interventions

THANK YOU!

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Maybe you think someone
doesn't have a lot on their
plate compared to you.

But maybe their plate is
smaller than yours and
doesn't have a lot of room to
begin with.

Or maybe their plate is
paper, and their flimsy paper
plate can't hold as much as
your sturdy ceramic plate
can.

Amanda Lynn Burkhart

INSPIRATIONALGOODS.COM

RESOURCES AND REFERENCES: MENTAL HEALTH

- [Camh: Mental Health & Addiction Index](#)
- <https://www.psychologytoday.com/blog/fulfillment-any-age/201203/11-ways-active-listening-can-help-your-relationships>
- [Brene Brown On Empathy: https://www.youtube.com/watch?v=1evwgu369jw](https://www.youtube.com/watch?v=1evwgu369jw)
- www.anxietycanada.ca
- [Black Dog Depression Video](#)
- [Book: Mind Over Mood: Change How You Feel By Changing The Way You Think By Dennis Greenberger, Christine A. Padesky](#)
- [Self Confidence Workbook](#)
- [Book: 8 Keys To Safe Trauma Recovery: Take-charge Strategies To Empower Your Healing \(8 Keys To Mental Health\), By Babette Rothschild](#)

RESOURCES AND REFERENCES: MENTAL HEALTH

- [Emotional Intelligence Reader's Guide By Daniel Goleman](#)
- [The Anger Iceberg](#)
- [Mindfulness-based stress reduction: a non-pharmacological approach for chronic illnesses](#)
- [Coping with challenging clients](#)
- [Collaborative communication during escalated situations Strategies for health care providers](#)
- [OBIA: BRAIN BASICS](#)
- [Sex-specific differences in the severity of symptoms and recovery rate following sports-related concussion in young athletes](#)
- [Menstrual phase as predictor of outcome after mild traumatic brain injury in women](#)
- [Association of Sex and Age With Mild Traumatic Brain Injury–Related Symptoms: A TRACK-TBI Study](#)
- [Academic Dysfunction After a Concussion Among US High School and College Students](#)

RESOURCES AND REFERENCES: MENTAL HEALTH

- [Concussion Symptoms in Toddlers & Babies](#)
- [American Medical Society for Sports Medicine position statement: concussion in sport](#)
- [Sex Differences in Reported Concussion Injury Rates and Time Loss From Participation: An Update of the National Collegiate Athletic Association Injury Surveillance Program From 2004-2005 Through 2008-2009](#)
- [Protracted recovery from a concussion: a focus on gender and treatment interventions in an adolescent population](#)
- [Study: Girls More Prone To Concussions](#)
- [Natural Progression of Symptom Change and Recovery From Concussion in a Pediatric Population](#)
- [Pink Concussions](#)
- [Risk Modifiers for Concussion and Prolonged Recovery](#)