The psychosocial problems of decreased social contact, depression, and loneliness that occur for many with traumatic brain injury (TBI) create a major challenge for enhancing efforts at community re-entry. Despite dramatic physical progress within the first six months after injury, these psychosocial problems remain a persistent long-term problem for the majority of individuals with severe TBI. Researchers have consistently suggested that the psychosocial problems associated with TBI may actually be the major challenge facing rehabilitation. The majority of individuals who sustain TBI are young males between the ages of 19 and 25, who are in the early stages of establishing their independence in areas including friendships, leisure activities, intimate relationships, residence, and employment. The problem of social isolation and decreased leisure activities create a renewed dependence of the survivor on his/her family to meet these needs. In this article we review a large number of papers which examine the psychosocial and emotional sequelae for TBI patients. The results of those studies demonstrate four primary themes. The first theme depicts that individuals who experience severe TBI are at high risk for a significant decrease in their friendships and social support. The second theme relates to the lack of opportunity for establishing new social contacts and friends. The third theme relates to the decrease in leisure activities for individuals with severe TBI. Finally, anxiety and depression are found at high levels for prolonged periods of time following severe TBI. Several clinical recommendations are drawn from this literature review. They are:

1. Clinicians such as psychiatric social workers, psychologists, or psychiatrists may need to be called upon more quickly for intervention. The treating physiatrist cannot be expected to provide the insight and frequency of psychological services that may be necessary for many of these patients.

2. Since the literature seems to suggest that the presence of one psychosocial deficit, e.g., anxiety, will often be followed by other similar types of problems, e.g. depression, the treatment team needs to be sensitive to how rapidly these problems can cascade into a very dangerous situation.

3. Perhaps the most compelling recommendation we can make is for community rehabilitation specialists to focus significantly more energies and resources upon the psychological health of clients with TBI. Staff need to be trained to detect these signals that clients with TBI are often sending. It is apparent that psychosocial factors contribute to a rising obstacle level to community adjustment.