

What Makes Brain Injury a Big Deal, Anyway?



Presenter

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Learning Objectives



Provide an overview of brain injury causes and challenges, and how they might present themselves when working with adults.



Discuss specifics related to mental health, substance use and domestic violence, as well as other vulnerable populations, that might make it more challenging for someone to be successful.



Relay strategies and solutions that providers can apply to enable someone to work through related issues.



Learn about screening and related resources.

Meet Mary



- ▶ **Single**
- ▶ **Three children**
- ▶ **Partner**
- ▶ **Works part time**



**You make an
appointment to
meet with Mary
but she doesn't
show up.**



Other Facts



- ▶ Single
- ▶ Three children
- ▶ Partner
- ▶ Works part time

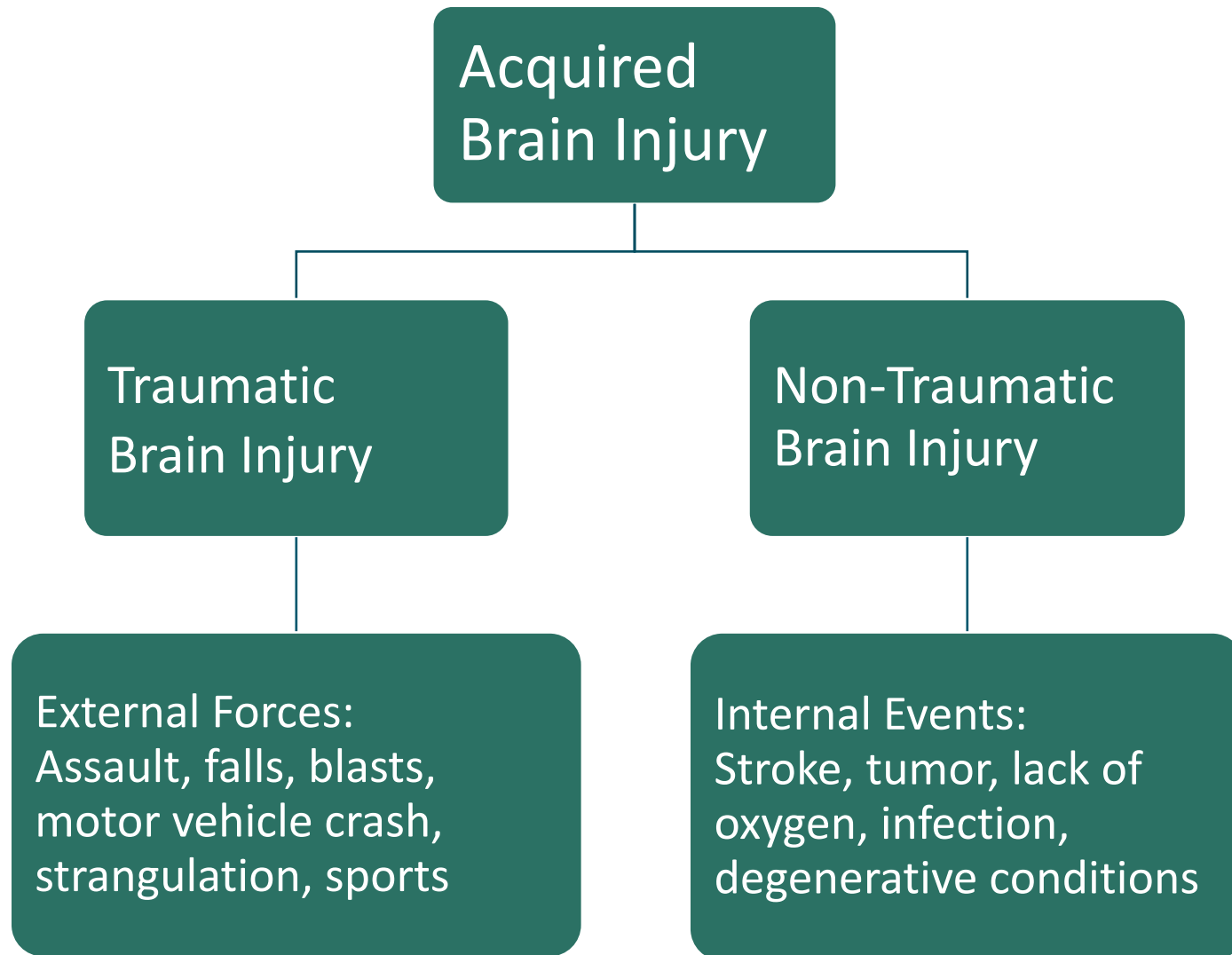
- ▶ Cell service disconnected
- ▶ Family lives in another state
- ▶ Might be pregnant
- ▶ Partner might get laid off
- ▶ Oldest in trouble at school
- ▶ Can't get it together
- ▶ Scared and anxious a lot
- ▶ Have trouble remembering anything
- ▶ Partner's family won't help
- ▶ Don't want to be alone
- ▶ Can't pay the bills by herself
- ▶ Feels like she is going crazy
- ▶ Daughter has dance classes on Tuesdays
- ▶ Who can take care of the baby?
- ▶ Needs teeth fixed
- ▶ Can't figure out how to fix things
- ▶ Everything is so frustrating!
- ▶ What would people think if I took the kids and left?



- ▶ What if Mary had a BI?
- ▶ What if Mary's partner is abusive?
- ▶ What if Mary lost her job, house, car, sitter....

So Why Don't People with Brain Injury Seek Care?

What is a Brain Injury?



Possible Changes After BI



Physical

- Headaches
- Changes in sleep patterns
- Fatigue
- Seizures
- Mobility/Balance
- Speech
- Hearing/Vision
- Taste/Smell



Behavioral/Emotional

- Depression
- Anxiety
- Impulsivity/Risk Taking
- Social Inappropriateness
- Isolation/Inability to get along with others
- Irritability, Frustration
- Increased Self-Focus
- Before/After Contrasts

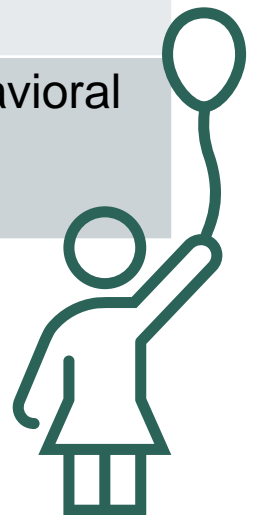


Cognitive

- Knowledge
- Attention
- Short-Term Memory
- Judgment
- Reasoning/problem solving
- Decision making
- Comprehension
- Production/Processing of language

How Do Emotional Changes Translate?

Injury-related problem	How it may affect a person functionally
Depression	Flat affect, lack of initiation, sadness, irritability.
Unawareness	Unable to take social cues from others.
Confabulation	“Making up stories.”
Perservation	Gets “stuck” on a topic of conversation or physical action.
Anxiety	Can exacerbate other cognitive/behavioral problems.



How Do Cognitive Changes Translate?

Injury-related problem	How it may affect a person functionally
Memory	Trouble following directions, providing requested information, making appointments.
Processing (receptive)	Understanding what is being said and reading.
Processing (expressive)	Trouble putting thoughts into words – tip of the tongue syndrome.
Problem solving (related to frontal lobe and temporal tip injury)	Impulsive, easily frustrated, sexually disinhibited, verbally/physically combative, interpersonally inflexible, poorly organized.



Effects of Substance Use on BI Recovery

- ▶ Substance use can hinder the healing process during early recovery
- ▶ Individual may have less motivation and/or social support to follow through with recovery efforts
- ▶ Substance use increases the risk of another TBI
- ▶ Increases effects of symptoms of TBI: problems with coping, memory, coordination, mood regulation, problem solving, social skills, fatigue and sensitivity to stimulation
- ▶ Adds stress to family and support system



Risk Factors for Greater Disability After Brain Injury

- ▶ History of Previous Injury, plus recent injury
- ▶ Assault and Abuse or Repeated Exposure
- ▶ Childhood Injury, Development Interactions
- ▶ Older Age at Injury - slower or less complete recovery
- ▶ Pre-Injury Mental Health/Addiction Problems
- ▶ Post-Traumatic Stress Disorder
- ▶ Combined with nonTBI
- ▶ Social Supports and Access to Healthcare

Brain Injury and Behavioral Health: Vulnerable Populations

Homelessness

Domestic/Intimate
Partner Violence

Criminal Legal System

Adverse Childhood
Experiences

Poverty

Veterans

These groups are further impacted by being less likely to seek medical care for a BI or diagnosis, lack of access to health care and rehabilitation and treatment. *Synovec 2021*

Some Brain Injury and Mental Health Basics

- 75% of the people seeking services for concurrent MH and SUD are living with the effects of brain injury.
- If you work in MH setting: $\frac{1}{4}$ to $\frac{1}{2}$ of all the people you serve report a history of BI with loss of consciousness.
- In MH settings: 1 out of five people for SUD treatment also living with BI
- Between 23-51% of adolescents and adults with TBI intoxicated at time of injury
- 25% hospitalized for TBI have history of SUD

BI is associated with adverse health outcomes.

- People with a history of TBI 2-4 times risk of attempting/having death by suicide, **particularly** if co-occurring psychiatric disorder.
 - **Substance use is a substantial contributor to risk.**
 - **Rates are higher when first TBI happens during adolescence.**
- History of TBI associated with increased risk of psychiatric disorders-depression, anxiety, PTSD.
- TBI associated with increased risk of seizures.
- 50% of people with TBI experience pain (most often headache).
- History of TBI associated with substance use that began earlier in life, persisted longer, and is more severe.
- History of TBI linked to neurodegenerative disease, early cognitive decline.
- Employment, working conditions, impacted.
- Disability: having a previous TBI doubles or triples the risk of experiencing another TBI

Research suggests a high incidence of cognitive impairment related to a variety of causes, including TBI, in people seeking services for substance use disorders.

- 30 and 80% attending inpatient programs scored below the cutoff for impairment on cognitive screening measures.

Anoxic injuries and Non-fatal Overdose:

- 23% of all IV drug users will experience a nonfatal overdose
- Those who sustain BI are at risk for future overdoses. Many overdoses are unwitnessed and do not result in medical attention.
- Cognitive effects of an overdose will vary, depending on how long the oxygen supply was interrupted.
- Substance-Related Brain Injury. The toxic impact of drugs will also vary, depending on the substance and pattern of use. Some substance related changes in brain function will return to normal with abstinence. Some are lasting.
- **Opioids:** Individuals with BI 52% greater risk for opioid use compared with individuals without BI

Emotional/Behavioral Impact of Executive Function Affects Treatment

1. BI can cause gap between intentions and abilities.
2. Efficient cognitive processing relies on healthy brain connections. Signs associated with impaired functioning include:
 - Poor follow-through with goals and intended behavior.
 - Failure to learn through experience.
 - Difficulty setting realistic goals.
 - Trouble recognizing how their behavior affects outcomes.
3. Difficulty reading others' social cues may occur after TBI.
4. Difficulties with emotional regulation are result of impairments of frontal lobe damage

Source: Traumatic Brain Injury and Substance Use Disorders: Making the Connections

What About Domestic/Intimate Partner Violence?

How do survivors present?

Inconsistent appointments



Trouble meeting alone



Untrusting and guarded



Defensive



“Non-compliant” or “difficult”

Source: www.odvn.org/brain For more information contact: rachelr@odvn.org

Victims often
blame themselves
for how their
children have
been impacted



Survivor Barriers



Source: www.odvn.org/brain For more information contact: rachelr@odvn.org

Decreased ability to....



- Manage and regulate feelings
- Self-soothe
- Trust others
- Thoughtfully plan
- Have the energy to get things done
- Connect with others
- Tell stories

Source: www.odvn.org/brain For more information contact: rachelr@odvn.org

Increased



- Tension, anxiety, panic, emotional volatility
- Need for control and aggressive behavior
- Avoidance, constriction and disassociation
- Use of drugs, alcohol or other addictions to manage feelings

Source: www.odvn.org/brain For more information contact: rachelr@odvn.org

Do these issues look
similar to brain injury?



Why Connect the Dots- Brain Injury & Other Challenges?

- ▶ Brain Injury – common, but often undiagnosed co-occurring, chronic condition
- ▶ Brain Injury – invisible disability - easy to miss and to misunderstand
- ▶ Brain Injury – **more often than not** - co-occurring mental health and/or substance use disorders
- ▶ Brain Injury – **more often than not** – intimate partner violence related.
- ▶ Most successful approach to care will address needs related to all conditions rather than one or a few.
- ▶ ***Knowing about and treating the whole individual increases success***

Big Problem With Simple Solutions



Tangible Solutions



Train on
brain injury



Screen for
brain injury



Screen for
related
impairment

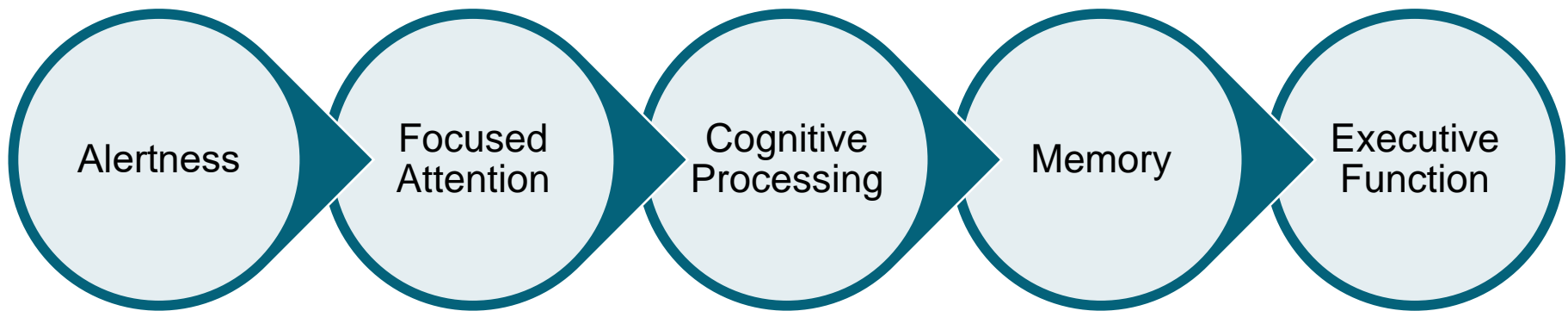


Adjust
supports to
address
impairment



Refer to
community
supports

Cognitive and Behavioral Impact of Brain Injury



At the end of the Day...

Clients are likely to need some support to...



Understand
the impact of
brain injury and
substance use



Remember
what to do and
when



Make
decisions and
set clear goals



Make plans
and problem-
solve



Get started
starting



Keep track
of goals and
evaluate
progress

Examples

WHAT YOU OBSERVE	POTENTIAL BARRIERS	CUE	PLANNING	DIRECT	BEHAVIORAL
Missing Appointments.	Memory: Forget appointment time. Initiation: Miss cues that it is time to go. Neglects goal.	Alarm in phone. Wall calendar.	Use Goal Management Training. Does the client have transportation, have a fare, and know the route?	Escort to appointment. Phone-call reminder.	Incentive for attendance and task completion. Eliminate potential distractions occurring before or during the appointment.
	Gets distracted by trigger.	Gets distracted by trigger. Goal sheet to remind the client of goals.	Take a different route to avoid triggers.		Plan for activity that will compete with trigger situation (e.g., attend a meeting or time with a supportive friend).
Not Completing Assignments.	Forgets or gets distracted.	Cue between sessions.	Make a plan for a particular time and date to complete the assignment.	Complete assignment in session, or coach between sessions.	Offer an incentive for task completion. Pair tasks with something that occurs routinely. Start with very simple tasks, and gradually phase in more complex tasks.
Triggered to Use.	Having available money.	Reminder in wallet about budget.	Plan to leave cash and cards at home except for shopping for necessities.	Guardian or trustee for finances.	Offer incentive for completion of task.
Missing Medication Doses.	Forgetting dose or not taking medications at the correct time.	Daily dose packaging. Alarms in phone.	Packing list for day's activity. Simplifying dose regimens when there are multiple medications. Planning doses around routine activities (after evening news, before breakfast).	Directly dispensed and observed doses.	

Why Is Screening Important?

1. Uncovers lifetime history of brain injury
2. Helps determine program eligibility
3. Helps provider understand how to work with individuals with BI
4. Helps individual understand background of injuries and impact to current function



The “So What”: Screen for Adjustments/Accommodating



We are NOT treating the brain injury, we ARE treating the behavioral health concern in the context of brain injury.



Demystifies brain injury for non-brain injury professionals.



Empowers individuals with brain injury and families to advocate for appropriate supports.

NASHIA OBISSS





THE OBISSS USES:

VALIDATED AND RELIABLE
TOOLS

THE OHIO STATE UNIVERSITY
TBI-IDENTIFICATION METHOD
(OSU TBI-ID)

SYMPTOMS QUESTIONNAIRE FOR
BRAIN INJURY (SQBI),
ADULT AND YOUTH VERSIONS

Questions?

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Health and
Human Services



**NATIONAL ASSOCIATION
OF STATE HEAD INJURY
ADMINISTRATORS**