

Building Brain Injury- Informed Support for Children and Families in Child Welfare

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Learning Objectives



Build foundational brain injury knowledge to support families in the child welfare system



Gain an understanding of universal supports that can be provided to address common barriers to success



Become equipped with a brain injury informed approach to case planning and family engagement



Maximize motivational interviewing skills in a universal fashion to support families

Brain Injury and Children (slide 1 of 2)

- Brain injury is one of the types of injuries most prevalent in children.
- 30% of child injuries reported are TBIs from falls and motor vehicle incidents.
- Abusive head trauma is the leading cause of child abuse deaths in children under 5
- Sustaining a TBI during childhood and adolescence increases the risk of:
 - **Any criminality 6-8 fold**
 - **Conduct disorder 5-7 fold**
 - **Concomitant criminality and conduct disorder 18.7 fold**

Brain Injury and Children (slide 2 of 2)

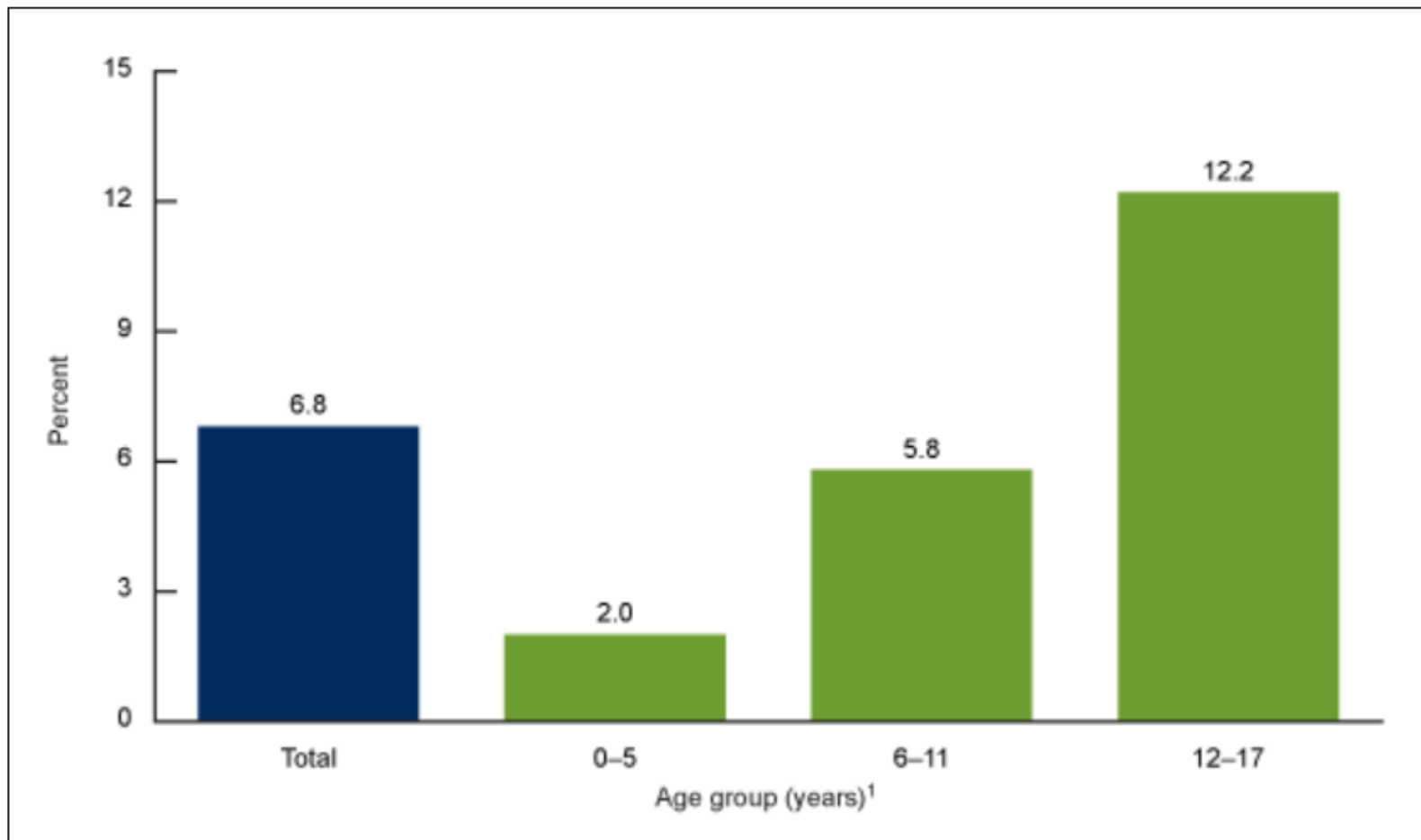
- Associated with poor acquisition of new skills and high risk for behavioral challenges
- Children under 5 years of age who suffer a traumatic brain injury are over 3.6 times more likely to exhibit substance abuse as teenagers, compared with uninjured children.
- After four years of high school, more than 50% of students with brain injury drop out

ALL youth still have a developing frontal lobe

And yet, brain
injury is
underreported...

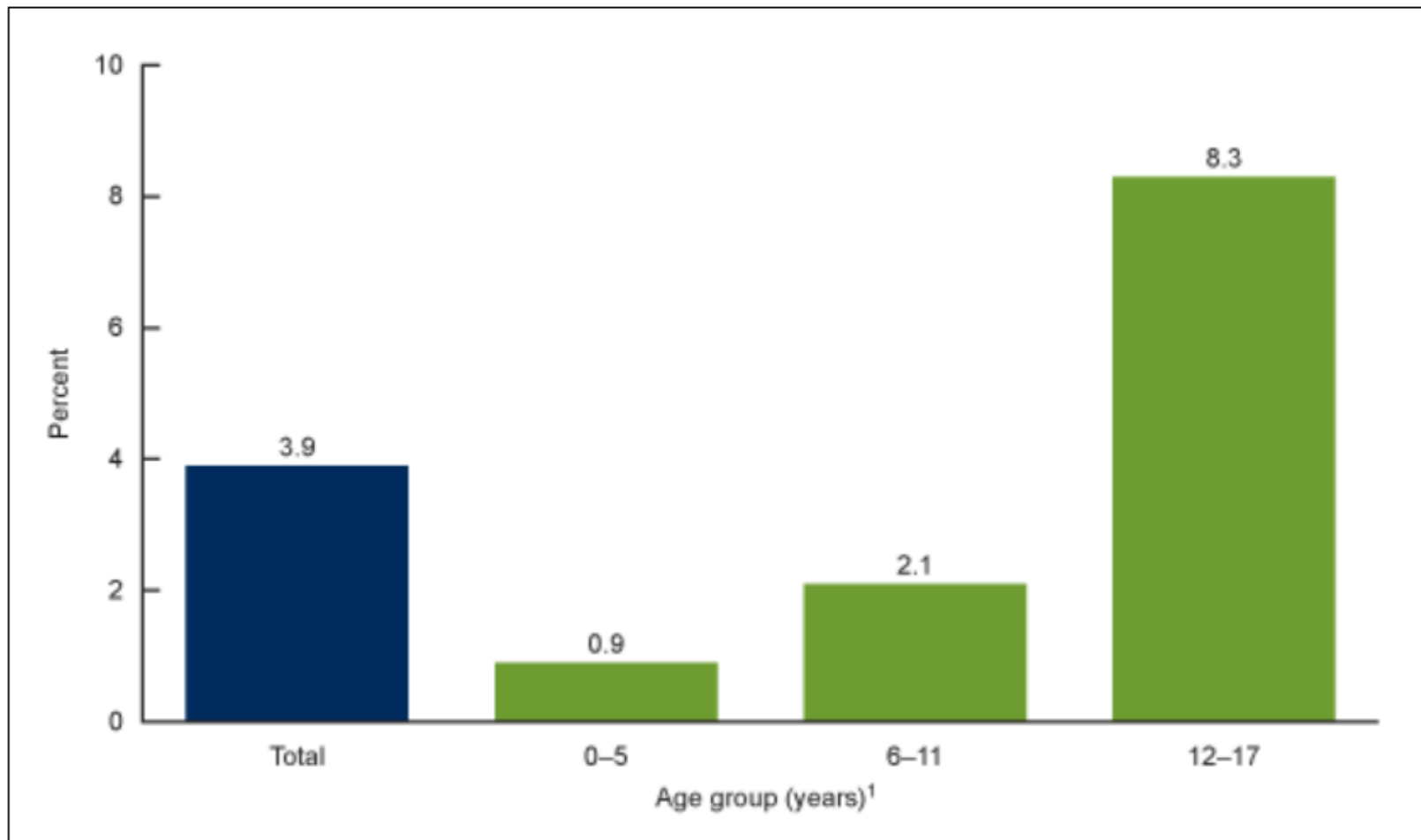


Percentage of children aged 0–17 years who ever had symptoms of concussion or brain injury, by age group: United States, 2020



¹Significant increasing linear trend with age ($p < 0.05$).

Percentage of children aged 0–17 years who received a diagnosis of concussion or brain injury by a health care professional, by age group: United States, 2020



¹Significant increasing linear trend with age ($p < 0.05$).

Health and Well Being

- During childhood, a history of TBI is often associated with several health conditions, including epilepsy, headache/migraine, autonomic disturbances, intellectual disability, vision problems, speech and language problems, and behavior and mental health problems.
- In one longitudinal study, 61.6% of persons with TBI's sustained during childhood had three or more adverse early life events.

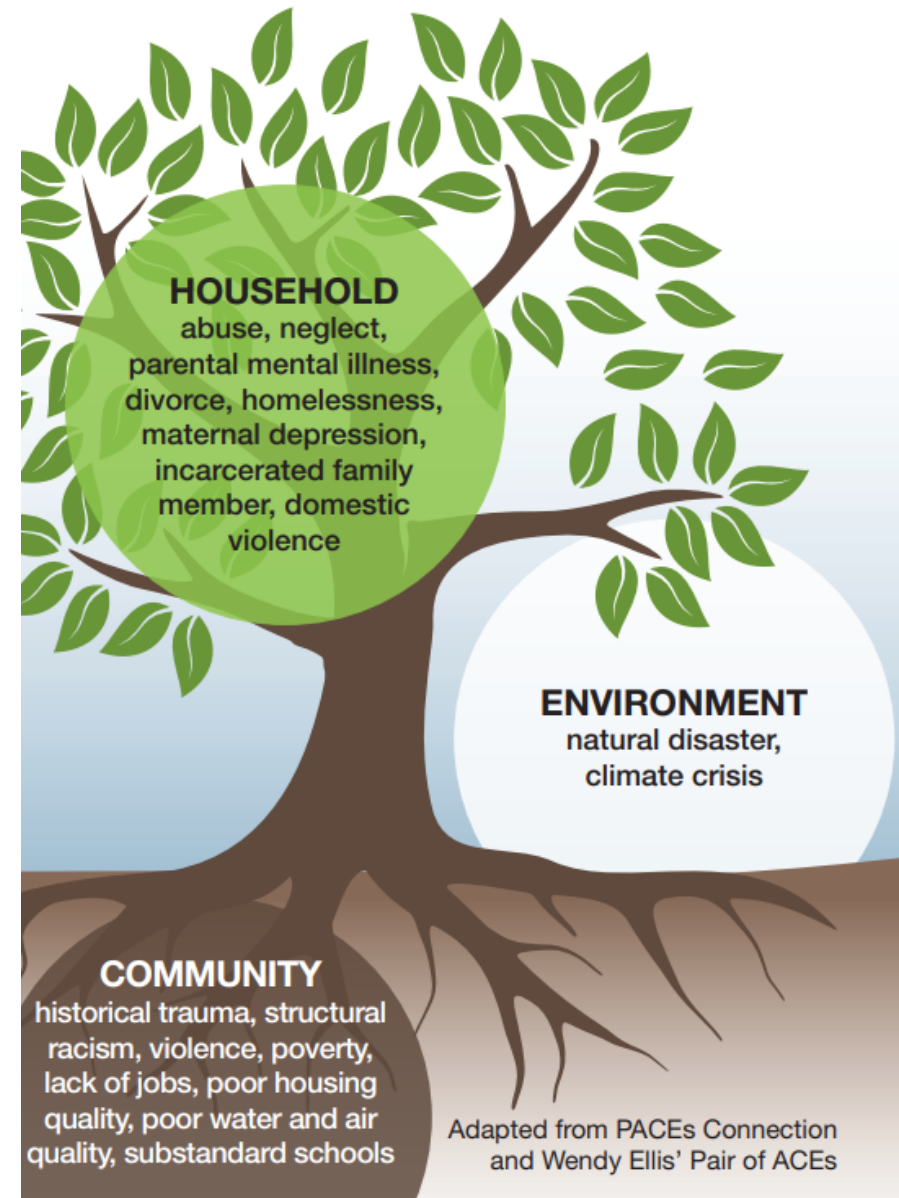


ACES

- During childhood, a history of TBI is often associated with several health conditions, including epilepsy, headache/migraine, autonomic disturbances, intellectual disability, vision problems, speech and language problems, and behavior and mental health problems.
- In one longitudinal study, 61.6% of persons with TBI's sustained during childhood had three or more adverse early life events.

ACES360 Iowa, Leading With Hope Report on Health, Well-Being and Childhood Experiences in Iowa

ADVERSE CHILDHOOD EXPERIENCES

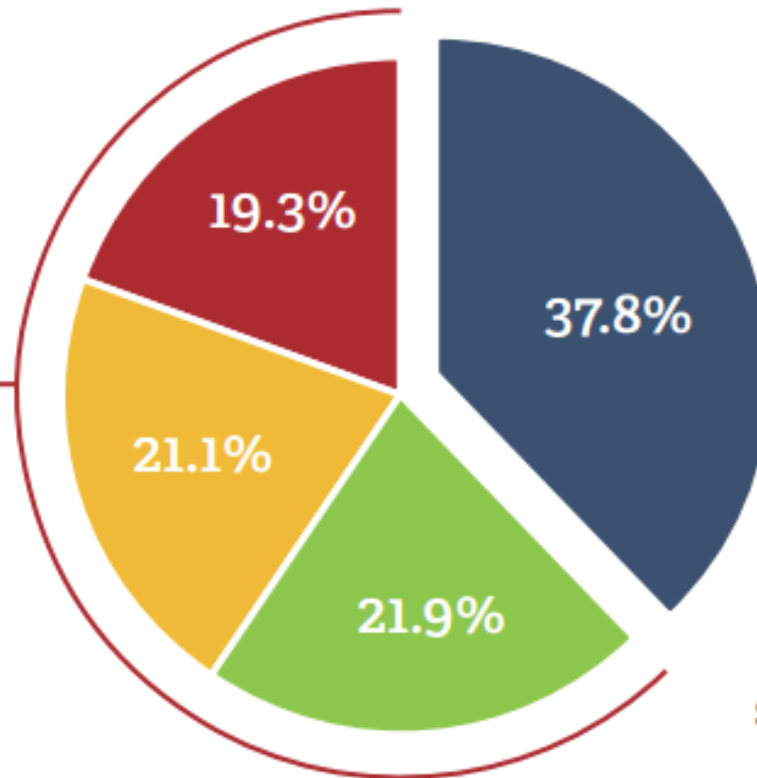


Iowa ACES 360 Report

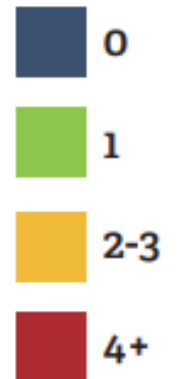
PERCENT OF IOWA ADULT POPULATION REPORTING ACES

62.2%

of Iowa adults reported experiencing **at least one type of child abuse or household stress** before the age of 18*



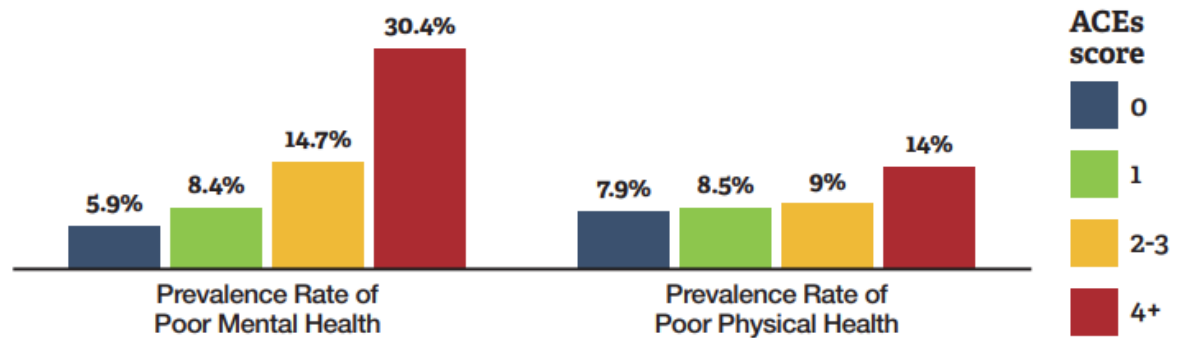
ACES score



Source: Iowa BRFSS, 2021-2022

Iowa ACES 360 Report

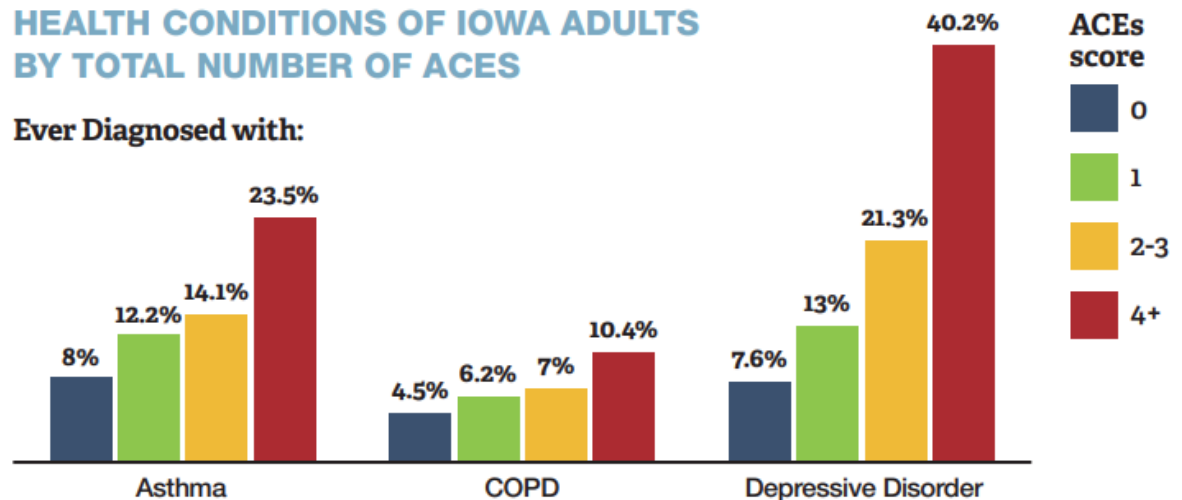
PREVALENCE RATE OF IOWA ADULTS REPORTING POOR PHYSICAL OR MENTAL HEALTH BY TOTAL NUMBER OF ACES



Source: Iowa BRFSS, 2021-2022

HEALTH CONDITIONS OF IOWA ADULTS BY TOTAL NUMBER OF ACES

Ever Diagnosed with:



Source: Iowa BRFSS, 2021-2022

ACES and Brain Injury

Having one brain injury increases your risk for subsequent brain injuries.

More than one ACES increases risk for negative long-term outcomes. Given an exposure to one category, there is 80% likelihood of exposure to another.

A person who has compromised functioning in the frontal areas of the brain:

- adapts less well in new or stressful situations
- has greater problems following through on recommendations from professionals
- has more difficulty making lifestyle changes, particularly when rewards are in the future

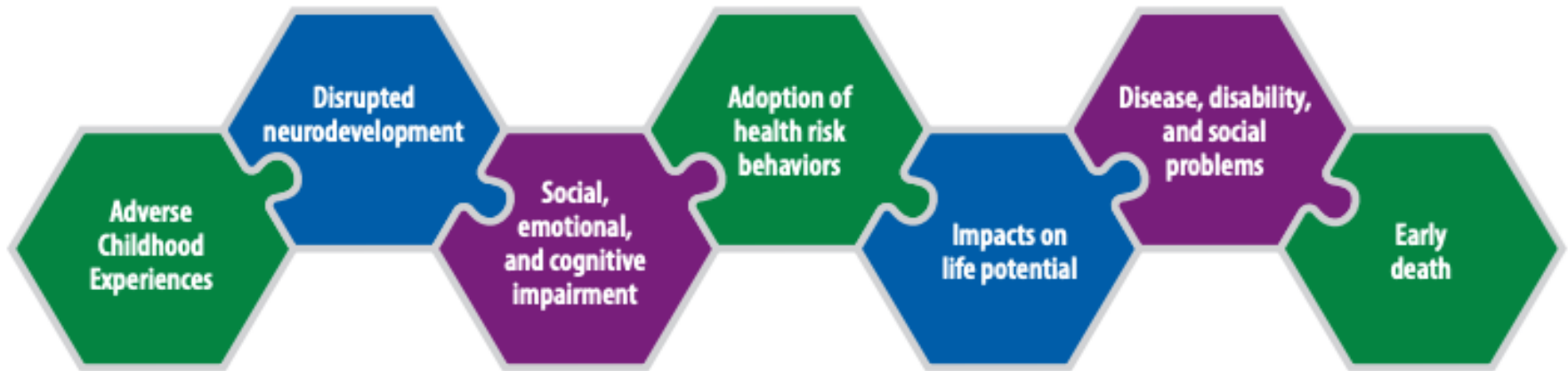
Brain Injury as a Chronic Condition

- About 190 Americans died from TBI-related injuries each day in 2021
- There were more than 214,000 TBI-related hospitalizations in 2020

These estimates do not include the many TBIs that are only treated in the emergency department, primary care, urgent care, or those that go untreated.

- Every year, an estimated 2.8 million Americans sustain a traumatic brain injury, and more than 5 million people are living with a permanent brain injury-related disability – that's one in 60 Americans
- In January 2025, the Centers for Medicare and Medicaid Services (CMS) began to recognize TBI as a chronic health condition; eligible for chronic special needs plans (C-SNPs).

CDC ACES Prevention Resource for Action



Why Screening for Brain Injury Matters (slide 1 of 2)



- Youth with brain injury display behaviors often mistaken for mental health and or behavioral or personality problems/disorders. These behaviors present as impairments in memory, problem solving, planning, decision-making, mental flexibility, judgement, communication skills, processing speed, attention, impulse control and social skills. NPJS Position Statement on Brain Injury
- A person's lifetime history of brain injury is useful for judging current cognitive and emotional states, particularly behavior associated with the executive functioning of the frontal parts of the brain. More injuries (i.e., a worse history of lifetime TBI) increase the likelihood that an individual will struggle with current life stressors, whatever they are.

Adults With Disabilities Face Barriers to Behavioral Health Services

1. Transportation and accessibility
2. Lack of tailored evidence-based screening tools and treatment options
3. Provider education, bias, and stigma
4. Research gaps

<https://www.pewtrusts.org/en/research-and-analysis/articles/2025/02/27/adults-with-disabilities-face-barriers-to-behavioral-health-services>

Three Cheers For You!

1. Transportation and accessibility

- Address through brain injury informed planning

2. Lack of tailored evidence-based screening tools and treatment options

- Use of Ohio State University Traumatic Brain Injury Identification Method
- Use of Symptom Questionnaire for Brain Injury

3. Provider education, bias, and stigma

- Research shows providers may interpret lack of engagement as intentional, rather than a sign that accommodations or strategies are needed to meet the individual's needs.

4. Research gaps

- Pilot project!!!



Frameworks: Protective Factors

Family Protective Factors

CENTER FOR THE STUDY
OF SOCIAL POLICY'S

strengthening families[™]
A PROTECTIVE FACTORS FRAMEWORK

Parental resilience

Social connections

Knowledge of
parenting and child
development

Concrete support in
times of need

Social and
emotional
competence of
children



**Center for the
Study of Social Policy**
Ideas into Action

Protective Factors (slide 1 of 3)

Caregiver Resilience: Managing stress and functioning well when faced with challenges, adversity and trauma

Brain Injury Lens:

Individuals employing a coping style focused on actively addressing stressors and using humor and enjoyable activities to promote well-being have better psychosocial outcomes.

Higher resilience has been associated with decreased rates of depression and anxiety and increased life satisfaction following TBI.

Resilience has also been associated with increased community participation, perhaps via direct effects on reducing depression.

Protective Factors (slide 2 of 3)

Knowledge of Parenting and Child Development: Understanding child development and parenting strategies that support physical, cognitive, language, social and emotional development

Social and Emotional Competence of Children: Family and child interactions that help children develop the ability to communicate clearly, recognize and regulate their emotions and establish and maintain relationships

Brain Injury Lens:

Understanding how brain injury can impact parenting

Understanding how pediatric brain injury can impact development

Protective Factors (slide 3 of 3)

Social Connections: Positive relationships that provide emotional, informational, instrumental and spiritual support

Concrete Support in Times of Need: Access to concrete support and services that address a family's needs and help minimize stress caused by challenges

Brain Injury Lens:

Many brain injury support groups exist

Screening informs concrete supports/strategies/accommodations

Learning the Lingo: Brain Injury Resource Facilitation

Components:

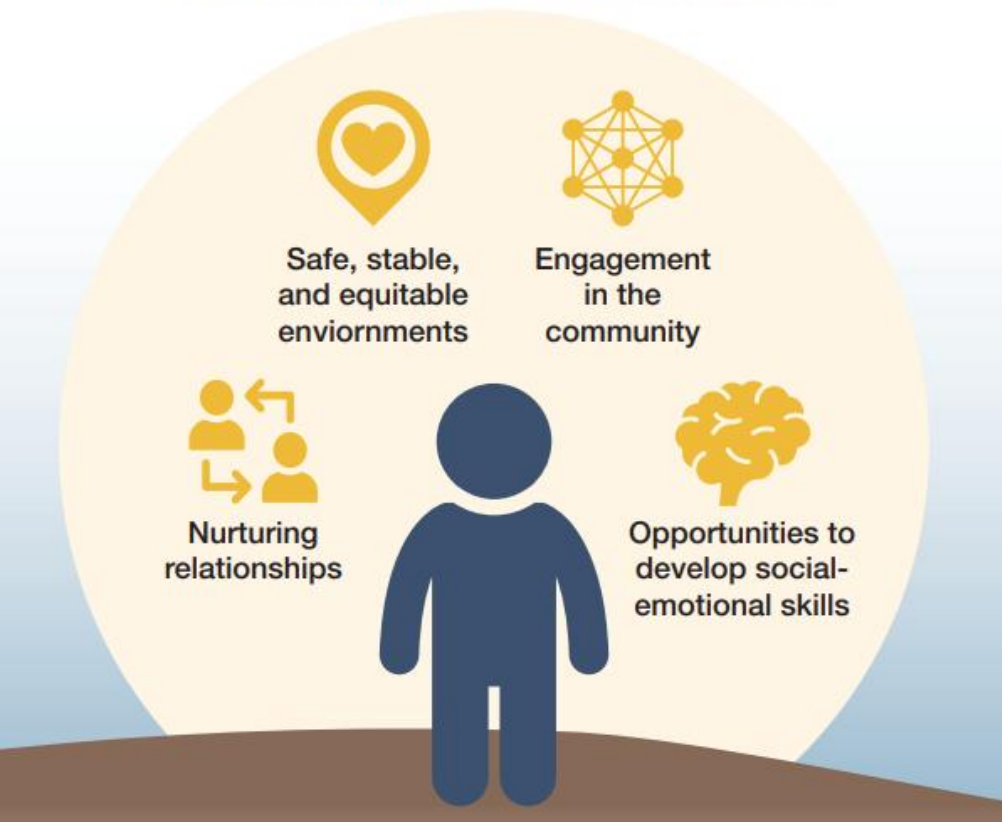
1. Assessment of needs
2. Provision of brain injury education and promote awareness of resources
3. Proactive navigation to community-based supports, resources, and services
4. Connection to appropriate resources

Brain injury resource facilitation has proven to be an effective means to reducing recidivism support for justice-involved individuals



Positive Childhood Experiences

POSITIVE CHILDHOOD EXPERIENCES



Youth who felt a closeness to people at school or the ability to talk to family and friends showed statistically lower prevalence rates of prolonged sadness or hopelessness.

Iowa YRBS, 2021

Strategies for Support and Engagement

Accommodating common areas of challenge after brain injury

Memory

- Repeat information and summarize
- Provide written summary – cue them to record important information (dates, action items)
- Review new information frequently
- Teach use of a reminder system like planner, bulletin board, to-do list
- Stick to routine as much as possible
- Keep information tangible and relevant

Delayed Processing

- Provide additional time to review information
- Speak slowly – ask individual to rephrase back to you what they heard
- Offer assistance with getting a task started
- Utilize checklists and a written schedule of routines
- Provide written cues for organizing (“first do this, then do this”)
- Provide praise and encouragement

Attention

- Check to make sure there is good eye contact
- Be okay with redirecting
- Work on only one task at a time – check in regularly
- Keep instructions brief, simple, & to the point
- Reduce distractions, meet in quiet environment

Impulsivity

- Using grounding exercises may be helpful. For example, ask the person to describe the chair they are sitting in (or some other small object from the room) in great detail for 60 seconds. Have them tell you about the texture, shape, temperature, and physical features of the chair or object.
- Provide paper for the person to write down comments and questions.
- Breathing techniques can help to relax or de-escalate; breathe in through the nose, hold breath for 6 seconds, and then breathe out through the mouth.
- Support the person in writing step by step instructions in order of priority and review the list together.

Physical and Sensorimotor

- Keep noise and lights to a minimum
- Keep meetings short to minimize onset of headaches and fatigue
- Schedule rest periods and breaks from planned activities
- Consider time of day (mornings are often better)
- Ask individual where in the room they'd prefer to sit or what other accommodations they might need
- Provide support and check in during high sensory activities

Language

- Do not rely on body language to convey a message
- Avoid abstract humor, sarcasm, metaphors, etc.
- Allow wait time for individual to process what has been said
- Provide instructions/directions slowly and one at a time
- Ask if it would be helpful to repeat or rephrase your message
- Teach individual to rehearse silently before replying

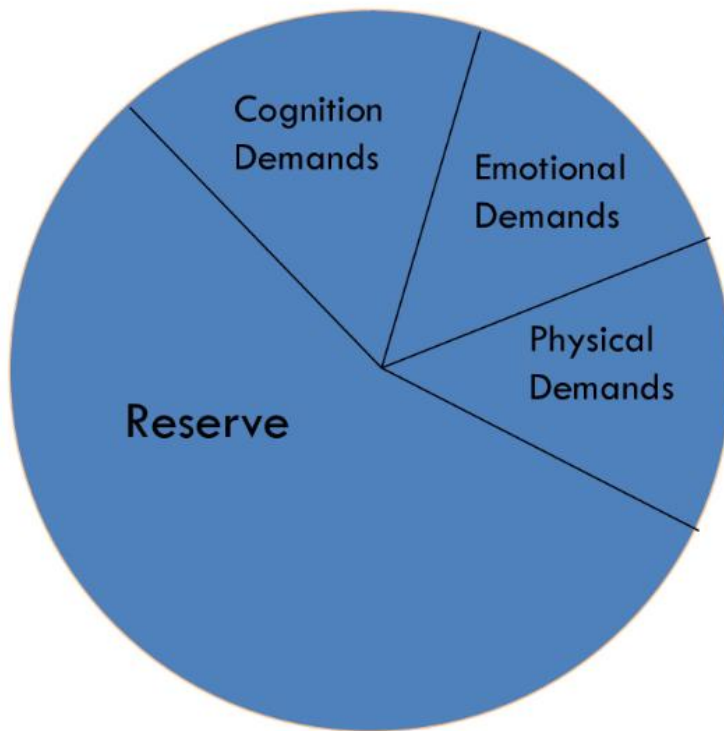
Organization

- Use of a notebook, planner, or digital calendar/reminder app/to-do list on their phone or watch.
- Review and summarize appointment dates and times with the participant at the end of each meeting.
- Support a consistent routine as much as possibly by scheduling recurring appointments on the same day/at the same time.
- Help individuals break down tasks down into smaller, simple and realistic steps, and encourage them to cross off each step as it is completed.

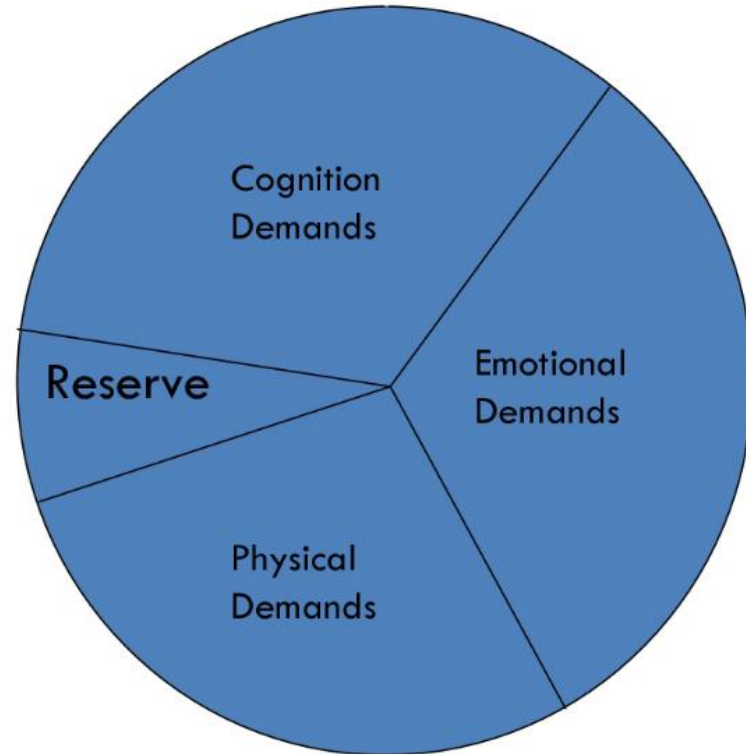
Emotional Regulation

- Promote self awareness by stopping and addressing/exploring behavior
- Don't interpret lack of emotion as a sign of lack of interest
- Suggest breaks if the individual becomes irritable or agitated
- Mindfulness exercises to aid child/youth in identifying and calming emotional state: progressive relaxation, body scans, deep breathing exercises
- Praise for coping with difficult situations
- Suggest making a list of people who make the individual feel safe and supported to reach out to when needed.

Managing Cognitive Load After Brain Injury



Healthy Brain



Post TBI

Less Reserve = More Demand

"Mary Lou Acimovic, Limited Capacity Model"

Managing Cognitive Load: Universal Approaches

- Encourage use of rest and low activity periods (e.g., strategic naps when possible)
- Use of a highlighter when reading text (when appropriate)
- Encourage liberal use of labels, customize to the environment (e.g., notes, labels, etc.)
- Repeat, review, repeat, paraphrase, summarize, and synthesize multiple points
- Encourage the use of a journal and/or calendar
- Digital Recorder (home/community)

BIAIA Has Tip Sheets One Click Away!

<https://biaia.org/accommodations-tip-sheets-for-professionals/>



Anger is a common emotional response after brain injury including: irritability, agitation, lowered tolerance.

LOOK FOR:



- Increased heart rate, sweating, muscle tightness, raised voice
- There is usually an 'on-off' quality to the anger – an explosive angry outburst one minute, but calm again shortly after
- Difficulties managing/acknowledging their anger
- Blames others for provoking their anger



Brain Injury
Alliance
I O W A



ACCOMMODATIONS FOR PROFESSIONALS

- Become aware of behaviors and physical states associated with anger
- Utilize basic anger management skills *such as deep breathing, counting backwards from 10, or mindfulness techniques to aid in relaxation*
- Introduce free smartphone apps such as Calm, Breathe2Relax, or Breathe to provide relaxation exercises
- Encourage physical activity (*e.g., exercise/yoga*)
- Recognize triggers for anger

While feeling anger is unavoidable, it is still possible to manage.



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Health and
Human Services

Case Planning Through a Brain Injury Informed Lens

Subtitle for section

Child Well Being

- Mental health
 - Screening for brain injury (especially if referring for QRTP, PRTF)
 - Could the behaviors be symptoms of brain injury
 - Could relationship issues be related to history of brain injury
 - Could school performance be related to history of brain injury

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

Child Well Being: Motivation/Cooperation

Skill vs Will (Can't vs Won't)



If think they have the skill but choose to not use it, likely to think punishment



If they think they don't have the skill, less likely to think punishment, more likely to think of teaching the skill

Parental Capabilities

- What protective factors do you see?
 - **Caregiver Resilience**-people with BI handle stress less well than others
 - **Knowledge of Parenting and Child Development**-would education mitigate risk level
 - **Concrete Support in Times of Need**-would support group attendance mitigate risk level
- Consider the increased likelihood of substance use and mental health concerns that go hand in hand with brain injury.
- Ask providers to screen for brain injury if they aren't already.
- What strategies can you use to support successful referrals.

Family Safety

- Is there a history of brain injury-how recent? People are often at risk to experience a second injury after the first.
- Use of baby monitor (sleep monitoring)
- Allow for extra time for responses to difficult or emotional questions
- If you suspect history of brain injury make sure to inform professional partners who may interview the child or caregiver

Family Interactions

- When observing interactions, keep in mind:
 - Fatigue/cognitive load
 - Emotional dysregulation and emotional flooding may happen
 - Flat affect may not be an indicator of lack of interest
- When scheduling visitation, keep in mind:
 - Fatigue/cognitive load (timing)
 - Sensory concerns (light, noise, environment)
 - Avoid adding additional meetings onto visits



Home Environment

- Are there fall hazards (for child or caretaker)
- Consider referring caretakers for fall prevention classes if a good fit
- Does the home need any modifications
- Employment is often a challenge after brain injury-consider referring for vocational rehabilitation services
- Is anyone in the home eligible for brain injury waiver services

Universal Case Planning Supports (slide 1 of 3)

- Break tasks down into small steps
- Provide frequent check ins
- Praise abilities and successes
- Incorporate consistency in routine as much as possible
- Provide written summaries of case plan review meetings
- Provide note catcher documents for tracking thoughts
- BI screening promotes person centered service delivery

Universal Case Planning Supports (slide 2 of 3)

- Verbal Communication
 - Use clear language, avoid metaphors, acronyms, abbreviations
 - Be concrete and specific
 - Repeat information as needed
 - Use visual aids and written reminders in plain language
- Written Communication
 - Use bullet points; not a narrative form for instructions
 - Check for understanding/reading comprehension
 - Be sensitive to screen fatigue

Universal Case Planning Supports (slide 3 of 3)

- Referrals for services
 - Offer to make calls together
 - If the person has to navigate finding the right class or reading a lot of material online offer to print copies of information (e.g. class schedules, participant handbook, releases of information)
 - Provide or assist person in creating an important contact sheet with name of professional, role, contact info (e.g., GAL, County Attorney, Court Clerk, Treatment Provider, etc.)
 - Consider what types of support might be beneficial related to health (OT, SLP, PT)

Oh MI! What great skills you have!

Subtitle for section

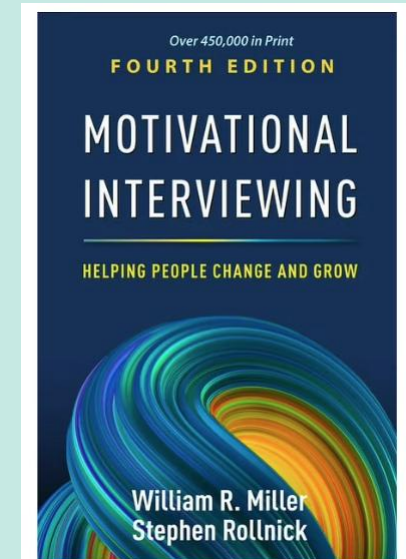
Motivational Interviewing and Brain Injury

“MI is a collaborative, goal-oriented style of communication with particular attention to the language of change. It is designed to strengthen personal motivation for and commitment to a specific goal by eliciting and exploring the person’s own reasons for change within an atmosphere of acceptance and compassion.” (Miller & Rollnick, 2013, p. 29)



The Spirit of Motivational Interviewing: PACE

- **Partnership**
Collaborative process.
People are the experts of their own lives.
- **Acceptance**
Nonjudgmental stance; seek to understand.
Express empathy.
- **Compassion**
Support the person's needs and prioritize well being.
Validate efforts.
- **Evocation**
Spotlighting the person's priorities, values and personal wisdom to explore reasons for change.



The Spirit of MI Through a Brain Injury Lens

- **Partnership:** The post injury trajectory is unique and not linear. The individual is the only one who can convey their thoughts and feelings; they are the expert in their own journey.
- **Acceptance:** The individual may be struggling with learning to accept differing skill levels. Being nonjudgmental is critical to building a partnership. Reinforcing that ambivalence is normal is key to engagement, including feelings of uncertainty about life after their injury.
- **Compassion:** Prioritizing the person's well being is particularly important. You may be helping them come to new realizations about what their well being needs are. Believe people when they say they can't; they may have the will but not the skill. Empathy in and of itself is an evidence based therapeutic approach.
- **Evocation:** What if the person has the will but not the skill? Change may be related to the acceptance of supports and implementation of strategies to navigate life after injury.



MI Core Skills Through a Brain Injury Lens: OARS

Open Ended Questions: Good for announcing a topic. May help to define the person's level of awareness of the impact of their injury.

Affirmations: Opportunities to provide person centered specific positive feedback. Use to foster a sense of accomplishment and support skill building and practice.

Reflections: Promote self awareness. Use to help the person possibly clarify their thoughts and intent.

Summaries: Excellent for setting context and supporting people with memory challenges.

MI Skills: Confidence Ruler

- This skill offers an approach to collaboratively gauge an individual's confidence in their ability to complete the goal at hand. It begins with a simple question of asking the person to rate their confidence on a scale of 0 to 10 (0 being no confidence and 10 being complete confidence).
- Your response will center on exploring the reasons for the number the client provides.

CW: On a scale of 0 to 10, with 0 being not confident and 10 being completely confident, how confident are you that you will be able to complete the two job applications online?

Caregiver: I'd give myself a 7 on that.

CW: Why a 7 and not a 4?

Caregiver: The applications seem pretty easy and I've done a ton of applications before. I don't think it will be too hard.

CW: What would it take to move your confidence level from a 7 to a 9?

Listen for change talk and think about strategies you can use to support!

MI Skills: Importance Ruler

- The importance ruler begins with a simple question of asking the client to rate how important it is to them to make a particular change on a scale of 0 to 10 (0 being not important and all and 10 being extremely important).
- Your response will center on exploring the reasons for the number the client provides.

CW: On a scale of zero to ten, with zero being not important at all and ten being the most important, how important is maintaining sobriety to you?

Caregiver: I'd say it's a 6.

CW: Why a 6 and not 3?

Caregiver: Well, I mean, I need to be sober to keep my job and get through probation and I don't want to let anyone down by messing this up. But, staying clean is hard, especially when I am stressed. (Response will likely come in the form of change talk).

Ask/Offer/Ask

- After asking to share advice, the options (not directives) are shared and then the individual is asked for their thoughts (Ask/Offer/Ask).
- Seeking the client's reaction supports checking for understanding as well as promoting action.

Examples:

I have some thoughts on how to make that work, would you be interested in hearing them?

I can think of some things that worked well for others, could I share those with you?

- If you think the client will say no, then don't ask permission just for the sake of appearances. If circumstances are such that you feel strongly about sharing a particular piece of advice, or if the client asks directly for advice, offer it in a way that supports the individual making a choice on whether or not they accept your suggestion.

Examples:

"I don't know if this feels like a good fit for you, but you could consider...."

"Maybe you've already thought of this, you could try....."

"I wonder if trying again would be beneficial, of course it's up to you to decide..."

Rolling With Resistance

- When all else fails use your OARS
- Reinforce autonomy; the choice is yours
- Amplified reflection (use caution with this skill)
- Double sided reflection: on one hand....and on the other....
- Empathy is your superpower!!!

A Little Practice



Case Scenarios

Sarah


Sarah is a 32-year-old single mother of two children: 6-year-old Emily and 4-year-old Ben. Sarah was involved in a serious car accident six months ago, resulting in a TBI. Since the accident, she has been experiencing several challenges:

- Sarah frequently forgets appointments, including the children's doctor visits and school events. She often forgets send the kids to school with their coats when it is cold. The school says she seems “checked out” when they talk to her lately. Like there is a disconnect of some sort.
- Sarah's mood changes rapidly and unpredictably. She can become easily frustrated and irritable, sometimes yelling at the children for little things.
- Sarah has made some poor financial decisions, spending money on non-essential items, which has led to difficulties in paying for necessities for the children.
- On two occasions, the children were found wandering outside unsupervised. Once, Emily was found a few blocks away from home. Sarah was mortified when this happened. She was watching tv and didn't realize Emily had left the house.

Discussion


- What symptoms of brain injury do you think are having an impact on Sarah's abilities?
- What strategies might you use when you engage with her?
- What sort of support do you think she might need?
- Are there indicators of some existing strengths?

Memory



ACCOMMODATIONS FOR PROFESSIONALS

- Suggest keeping important information and materials in a single location (*such as a folder or a calendar*)
- Provide important information in both verbal and written form or suggest the individual write things down
- Provide the individual with multiple reminders of important dates and tasks
- Encourage the use of alarms and reminders.
- Encourage the individual to complete tasks that challenge their memory (*e.g., memorizing new names*)
- Review information frequently and ask individuals to repeat back what they learned in their own words
- Schedule recurring appointments on the same day and time each week



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Language Processing



ACCOMMODATIONS FOR PROFESSIONALS

- Encourage verbal summary or paraphrase important information back to you
- Suggest recording key points on paper or by voice recording
- Give directions, or ask questions slowly, repeat if necessary, and allow additional time for response
- Add as much visual content as possible to communicate. (*e.g., instead of giving a hand-out with large blocks of text, use pictures, graphs or maps to convey as much of the relevant information as possible*)
- Abstract concepts and sarcasm can be difficult to understand, so aim to be concrete. *For example, try to stay away from figurative speech (e.g., "music to my ears")*
- With seemingly negative social behavior (*e.g., inappropriate tone of voice, lack of eye contact, standing too close.*) Be patient, point out those problems, model prosocial cues, and have the individual practice
- Provide clear expectations and concise feedback
- Using alternative formats can help individuals express their thoughts and ideas more easily (*e.g., encourage use of art or music*)



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MI Practice

When you meet with Sarah she says:

You have no idea what it's like being a single mom.

Reflection:_____

I'm trying so hard but nothing ever goes my way. Here you are trying to make things even harder.

Reflection:_____

Lisa


Lisa is 25 years old and has a 6-month-old little girl, Isabel. Lisa's boyfriend is serving a year in jail on an intimate violence charge where she was the victim. She disclosed that one time he strangled her until she lost consciousness and lost control of her bladder. This was in addition to multiple physical assaults that took place over the course of their year long relationship. Lisa is receiving some support through victim's services, and they contacted your office with the following concerns. They would like to know if you can offer her some supports.

- Lisa appears exhausted all the time. She had an appointment with them, and they found her asleep in her truck in the parking lot. Isabel was in the car with her.
- When she comes in for appointments, she is always a frenzied mess. Digging through the diaper bag to try and find items, frequently losing her keys, misplacing referral information, and mixing up information. For example, she called WIC to try and schedule an appointment with a job coach.


Discussion


- What symptoms of brain injury do you think are having an impact on Lisa's abilities?
- What strategies might you use when you engage with her?
- What sort of support do you think she might need?
- Are there indicators of some existing strengths?

Fatigue



ACCOMMODATIONS FOR PROFESSIONALS


- Help identify the first signs of fatigue/triggers
- Make contingency plans for appointments
- Organize routines around preferred times of day
- Avoid fluorescent and/or dim lighting
- Discuss medications' side effects with the prescriber
- Assess for accommodations for daily activities (*Occupational Therapist*)
- **Encourage:** 
 - use of assistive technology/mechanical aids
 - avoidance of or limitation of alcohol use
 - scheduled rest periods
 - uncluttered home and work environments



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Organization



ACCOMMODATIONS FOR PROFESSIONALS

- Suggest using a notebook, planner, or the use of a digital calendar or reminder apps on their phone or watch to manage their schedule
- Review appointment dates and times with the individual at the end of each meeting
- Schedule recurring appointments on the same day/at the same time
- To help individuals transition between meetings or tasks, use a timer or give verbal warnings (e.g., "you have 5 more minutes to get coffee before group starts")
- Help break tasks down into smaller, simple, and realistic steps, and encourage them to cross off each step as it is completed



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MI Practice

When you meet with Lisa she says:

I think I need some help. I'm really overwhelmed. Can I trust you?

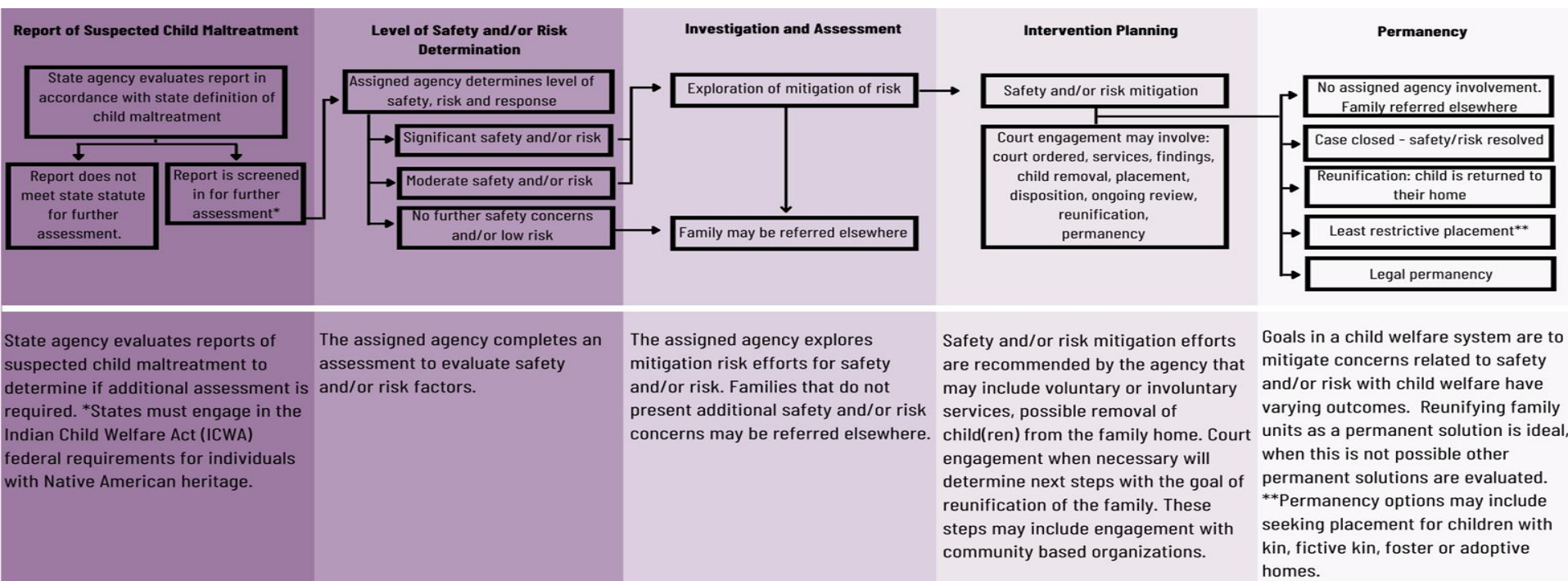
Reflection: _____

I want to be the best mother I can for Isabel, please believe me.

Affirmation: _____

Referring to the Brain Injury Alliance of Iowa

Subtitle for section



Entry points to engage brain injury screening, brain injury related training/ case consultation/ technical assistance or referrals to Resource Facilitation Services.

Child Welfare System Engagement Model



Natural supports

- Birth families
- Educational services and supports
- Foster families
- Permanency resources

Community based organizations specializing in:

- Behavioral/ mental health
- Foster/ Adoptive parent organizations
- Human service agencies
- Intimate partner violence
- Parent skill development
- Primary health physician or other health care
- Substance use treatment

Judicial related services:

- Attorneys
- Court Appointed Special Advocate (CASA)
- Family/Specialty court programs
- Guardian Ad Litem (GAL)
- Law enforcement

*Gray Section Represents Parts of the Process that Occurs within the Child Welfare System, Prior to Identified Adults Engaging in the Pilot Program.

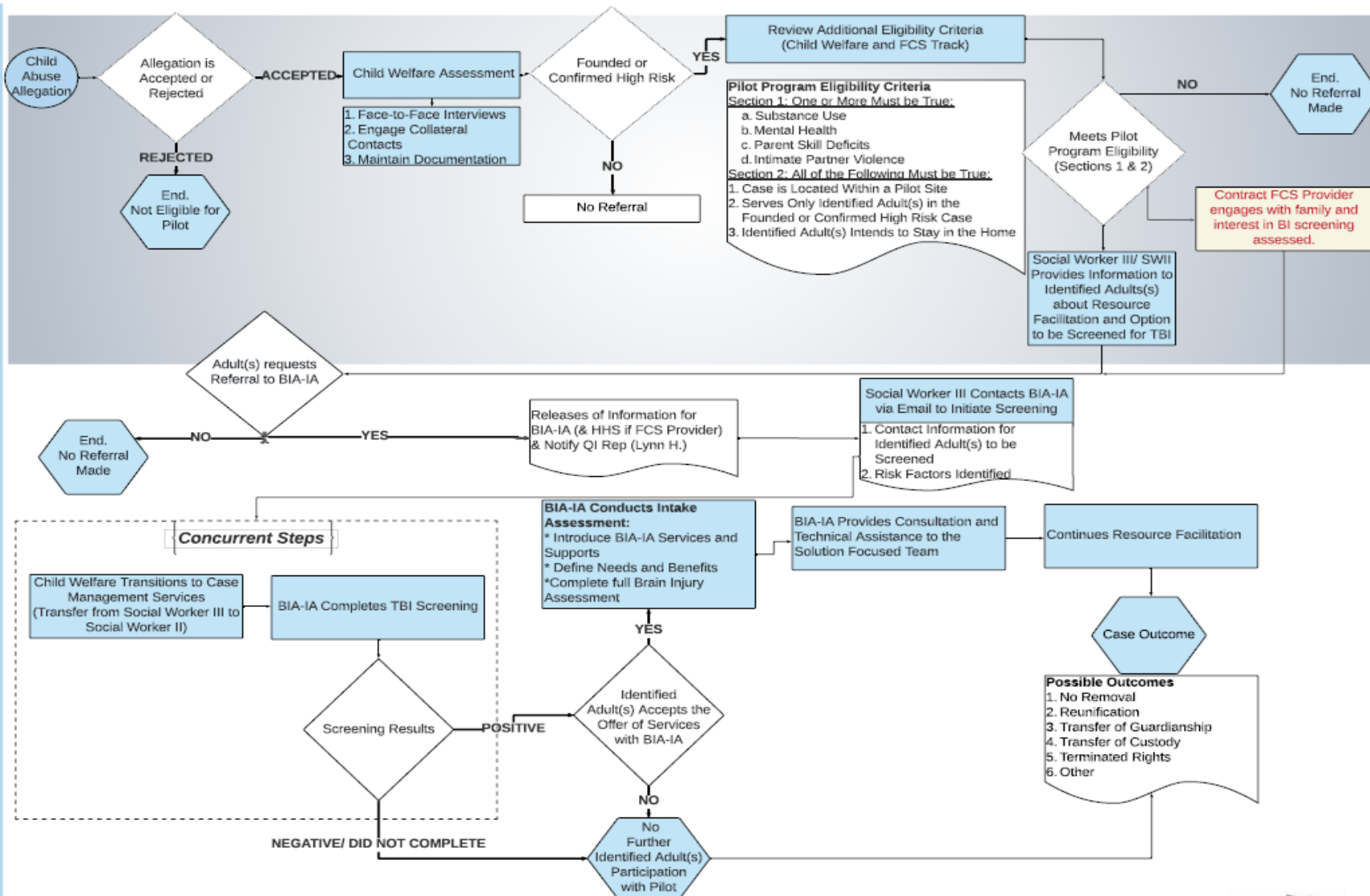
Iowa NeuroResource Facilitation Child Welfare Collaborative Pilot Project: Process Map

January 2024

*Yellow Boxes Represent Cases that FCS Provider receives; previously identified adults eligible or engaging in the Pilot Program.

Public Child Welfare System

Brain Injury Alliance



A Bouquet of Resources!

[Accommodating the Symptoms of TBI](#)

[SAMHSA TBI and Substance Use Disorders](#)

[Client Workbook: Substance Use and BI 2nd Ed.](#)

[SAMHSA ATTC Network BH and BI Tip Card](#)

[SAMHSA Advisory: Treating Patients with TBI](#)

[ACL TBI-TARC Behavioral Health Guide](#)

[TBI MS Knowledge Translation](#)

Center: <http://www.msktc.org/tbi/factsheets>

 o [Emotional Problems and TBI](#)

 o [Depression and TBI](#)

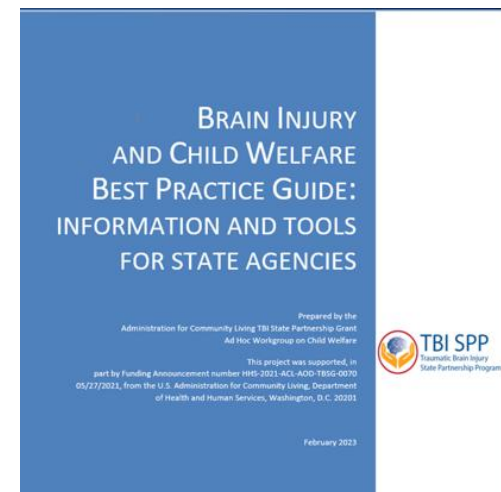
[Rocky Mountain MIRECC for Veteran Suicide Prevention](#)

<https://www.nashia.org/acl-child-welfare>

**All of the above can be found at nashia.org*

<https://cbirt.org/research/current-projects/staff-tbi-skill-builder>

[Brain Injury Alliance of Iowa](#) <https://biaia.org/>



THANK YOU!!!

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Join the NASHIA email list!

