

# Welcome Back! TBI Tools and Supports

## Part II Applying screening, and evidence-based tools

Any questions you have before we proceed?

### **Agenda for Part II**

Overview of the National Association of State Head Injury Administrators (NASHIA)

A quick quiz to review the basics

The importance of screening for a history of brain injury

What are modifications and approaches clinicians, and other professionals incorporate into services to enhance the engagement and long-term success for Problem Solving Court participants



# Pre-test Poll





**NATIONAL  
ASSOCIATION OF  
STATE HEAD  
INJURY  
ADMINISTRATORS**

## **NASHIA'S MISSION**

NASHIA is a nonprofit organization created to assist State government in promoting partnerships and building systems to meet the needs of individuals with brain injury and their families.

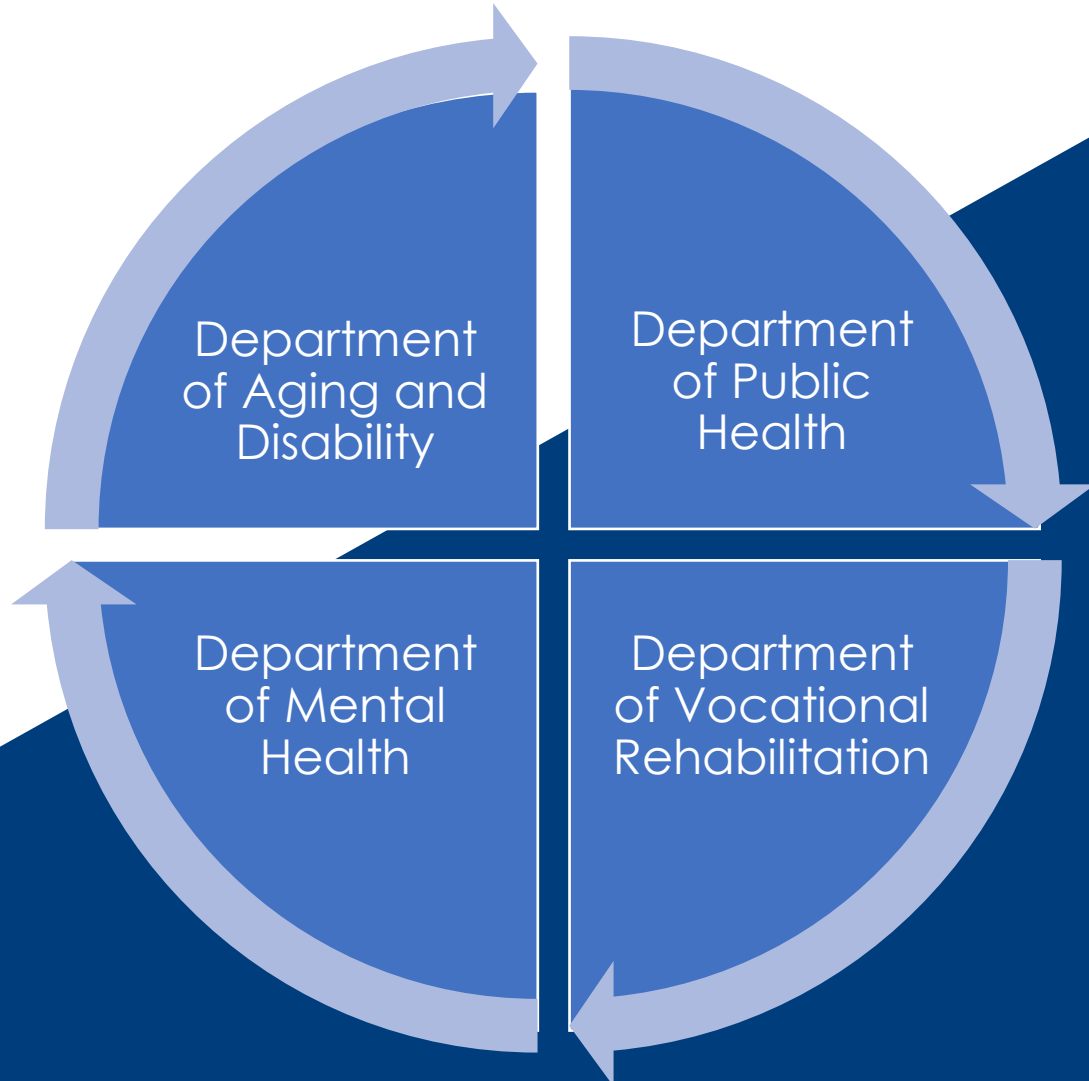
**Resources  
and Leading  
Trends**

**Federal  
Advocacy**

**Training and  
Professional  
Development**

**Technical  
Assistance**

**State  
Connections**



Department  
of Aging and  
Disability

Department  
of Public  
Health

Department  
of Mental  
Health

Department  
of Vocational  
Rehabilitation



Brain Injury Assn of Illinois:  
Making the Connections and  
Creating the Network

DuPage County Veterans Court Training  
January 2023

Philicia L. Deckard, LSW CBIST  
Brain Injury Association of Illinois

# Brain Injury's Impact

- A brain injury occurs every 9 seconds in the United States
- Based on the most recent DuPage County population, it is estimated that there are at least 18,500 children and adults living in the county with a brain injury
- There are more than a quarter million children and adults living in Illinois with disabilities from a brain injury



# Making the BIA Connection....

- Refer the client and family to the BIA of Illinois for education, support group information & community resources
- Refer the individual to the BIA websites to view the educational films at their convenience
- BIA works with individuals who have a wide range of injury severity and at different stage of recovery

# Response to Need

## **Brain Injury Association programs and services include:**

- Information and Resources Call Center
- Education
- Injury Prevention
- Public Awareness
- Advocacy
- Therapeutic Camp / Recreation Program
- Support Services

# Creating the Network...

- Assist in transitioning the individual back into the community
- Provide ongoing support and resources when the individual is no longer receiving rehabilitation services
- Refer the individual back to the rehabilitation provider as appropriate
- Involve the individual in BIA programs
- Partnerships in creating the community link

# Community Participation...

- Involvement in the Peer Outreach program
- Support Groups offer socialization, support and education
- Advocacy – training & participation in individual & legislative opportunities
- Social Skills training
- Attend Camp and Conference
- Volunteer with BIA community events

# BIA Programs (1 of 2)

- **Information and Resources**

- 800.699.6443 (nationwide)    [www.biail.org](http://www.biail.org)
- [info@biail.org](mailto:info@biail.org)
- Text 708.369.8360

- **Education**

- Annual Educational Conference
- Public and Community Awareness
- Educational Resources and Video education
- Injury Prevention Program
- Community Education
- Certified Brain Injury Specialist Training & Exam

# BIA Programs (2 of 2)

- **Advocacy**
  - Public and Individual
- **Camp / Recreation Program**
  - Wilderness Endeavor and Camp FunZone
  - Turkey Bowl
  - White Sox Baseball and Wolves Hockey
- **Support Services**
  - Support Groups
  - Military Family Network
  - Peer Outreach programs
  - The Essentials program

# Reflection

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If you were with us last week, have you looked back at any experiences or interactions with an individual or individuals you have had and wondered if a history of brain injury might be a factor related to their involvement with the criminal justice system?

If so, put them in the chat.



# Put your answer in chat

1. Traumatic Brain Injury can result from
  - a. Fall
  - b. Assault
  - c. Motor Vehicle Crash
  - d. All the above





# Put your answer in chat

The most common type of brain injury experienced by those who have served in the military is severe traumatic brain injury

True

False

Which of these are considered supportive environmental modifications

- a. Regular meeting days/times
- b. Accessible bathrooms
- c. Clear signs with graphics posted within and outside the building
- d. All of the above

If an individual living with a TBI gives you a hard stare, they are really ticked off with you

True

False



# Brief Review of Cognitive Challenges and their Functional Implications (1 of 2)

adapted from *Accommodating the Symptoms of TBI*

People living with TBI commonly experience challenges in the areas of:

- ✓ Attention, concentration and comprehension of what they hear and read
- ✓ Memory, especially of new information
- ✓ **Executive Function**

In the chat answer the following questions:

At what age are our executive functioning related skills considered to be mature?

What lobes of the brain are involved in our ability to effectively utilize these skills?

# Brief Review of Cognitive Challenges and their Functional Implications (1 of 2)

adapted from *Accommodating the Symptoms of TBI*

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Think about how these and other possible consequences of TBI can pose barriers and challenges to successful engagement in community, home and work, we will be discussing specific strategies later in this presentation.

- ✓ Difficulty initiating, especially new tasks
- ✓ Impulsivity in actions and words aka behavioral dysregulation
- ✓ Planning and organizing self and their surroundings
- ✓ Mental and interpersonal flexibility
- ✓ Difficulty delaying gratification
- ✓ Low or no self-awareness

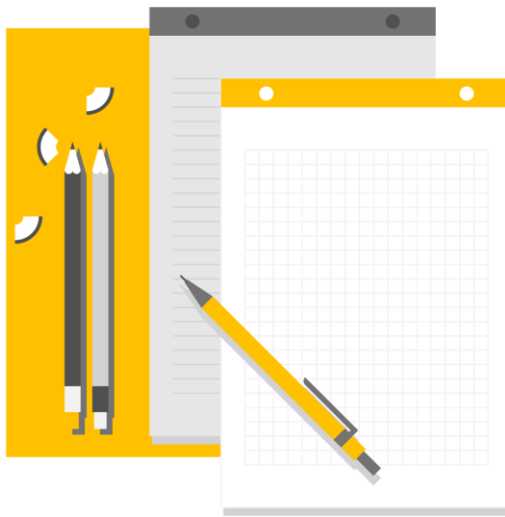
# Review of Physical Challenges

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- Unsteady gait, poor coordination
- Paralysis/hemiparesis
- Slow or slurred speech
- Sensitivity to noise or light
- Visual difficulty including; blurred vision, double vision and visual field cut(s)
- Fatigue
- Sleep disorder
- Seizure disorder
- Chronic headaches

# Importance of Screening

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Tools are best if cost effective and easy to administer

2 approaches

- 1. self-report
- 2. neuropsychological screen

# Self Report Tools

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1. The Ohio State University Traumatic Brain Identification Method (OSU TBI-ID)
2. The Colorado Symptom Questionnaire (CSO)

# Importance of Screening

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- Most of the lifetime history screening tools do not provide you information about current brain injury related challenges
- Understanding both the history of injury as well as current challenges allows for effective adjustments/accommodations to be implemented
- Identifying the current challenges will help increase the person's ability to advocate for themselves

# Utilizing the Ohio State University TBI Identification Screening Tool

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Meet John-

Listen to his story and then we will walk through the screening tool together.



# Interpreting Findings

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A person may be more likely to have ongoing problems if they have any of the following:

**WORST**- Individual reports one moderate to severe TBI. Moderate and severe TBI indicated by report of loss of consciousness (LOC) greater than 30 minutes

**FIRST**-Individual reports TBI with LOC before age 15

**MULTIPLE**-Individual reports a period where 3 or more blows to the head caused altered consciousness -OR-

**2** or more TBIs with LOC within a three-month period

For a step by step walk through with video demonstration of how to conduct the screening, go to the OSU website and watch an online training module

[https://www.brainline.org/multimedia/presentations/OSU/includes/storyline/story\\_html5.html](https://www.brainline.org/multimedia/presentations/OSU/includes/storyline/story_html5.html)



**NASHIA**

# You are looking for a cut point in the individual's life trajectory

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- If a suspected insult to the brain happened in childhood, are there any reports from parents, caregivers, teachers, pediatricians around developmental impacts around not achieving expected benchmarks
- If the suspected insult to the brain happened in adolescence/young adulthood, are there any reports around initiation into drug or alcohol use, did the individual's academic performance **worsen**, were they experiencing depression, anxiety, diagnosed with conduct disorder, attention deficit hyperactivity disorder? Juvenile justice involvement?

## Ohio State University TBI Identification Method — Interview Form

### Step 1

Ask questions 1-5 below. Record the cause of each reported injury and any details provided spontaneously in the chart at the bottom of this page. You do not need to ask further about loss of consciousness or other injury details during this step.

I am going to ask you about injuries to your head or neck that you may have had anytime in your life.

1. In your lifetime, have you ever been hospitalized or treated in an emergency room following an injury to your head or neck? Think about any childhood injuries you remember or were told about.

No  Yes—Record cause in chart

2. In your lifetime, have you ever injured your head or neck in a car accident or from crashing some other moving vehicle like a bicycle, motorcycle or ATV?

No  Yes—Record cause in chart

3. In your lifetime, have you ever injured your head or neck in a fall or from being hit by something (for example, falling from a bike or horse, rollerblading, falling on ice, being hit by a rock)? Have you ever injured your head or neck playing sports or on the playground?

No  Yes—Record cause in chart

4. In your lifetime, have you ever injured your head or neck in a fight, from being hit by someone, or from being shaken violently? Have you ever been shot in the head?

No  Yes—Record cause in chart

5. In your lifetime, have you ever been nearby when an explosion or a blast occurred? If you served in the military, think about any combat- or training-related incidents.

No  Yes—Record cause in chart

**Interviewer instruction:**

If the answers to any of the above questions are "yes," go to Step 2. If the answers to all of the above questions are "no," then proceed to Step 3.

### Step 2

Interviewer instruction: If the answer is "yes" to any of the questions in Step 1 ask the following additional questions about each reported injury and add details to the chart below.

Were you knocked out or did you lose consciousness (LOC)?

If yes, how long?

If no, were you dazed or did you have a gap in your memory from the injury?

How old were you?

### Step 3

Interviewer instruction: Ask the following questions to help identify a history that may include multiple mild TBIs and complete the chart below.

Have you ever had a period of time in which you experienced multiple, repeated impacts to your head (e.g. history of abuse, contact sports, military duty)?

If yes, what was the typical or usual effect—were you knocked out (Loss of Consciousness - LOC)?

If no, were you dazed or did you have a gap in your memory from the injury?

What was the most severe effect from one of the times you had an impact to the head?

How old were you when these repeated injuries began? Ended?

Step 1 Cause	Step 2 Loss of consciousness (LOC)/knocked out				Dazed/Mem Gap		Age
	No LOC	< 30 min	30 min-24 hrs	> 24 hrs	Yes	No	
Assault			✓				23
Fall on ice/Hockey		✓					15
Fights							

If more injuries with LOC: How many? \_\_\_\_\_ Longest knocked out? \_\_\_\_\_ How many ≥ 30 mins.? \_\_\_\_\_ Youngest age? \_\_\_\_\_

Step 3 Cause of repeated injury	Typical Effect		Most Severe Effect			Age		
	Dazed/ memory gap, no LOC	LOC	Dazed/ memory gap, no LOC	LOC < 30 min	LOC 30 min - 24 hrs.	LOC > 24 hrs.	Began	Ended
Hockey	✓			✓			6	17
Multiple jumps							19	23

# Exploring for Brain Injury Related Challenges and Barriers

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The Colorado Symptom Questionnaire (CSQ) is a self administered, online self assessment of the challenges related to living with TBI.

Individuals can complete the questions via the paper version independently or with another person, family, friend, peer or professional, then those questions can be entered into the Colorado MINDSOURCE Brain Injury Network portal

<https://mindsourcencolorado.org/adult-symptom-questionnaire/>

From there, scores will be calculated and an email sent with strategies and interventions for the identified areas of concern.

# SYMPTOMS QUESTIONNAIRE

Name:

Date:

**In recent weeks, how much have you been bothered by the following problems?**

Please mark only one circle per item.

## SECTION 1

	<b>I do not experience this problem at all</b>	<b>I experience this problem but it <b>does not</b> bother me</b>	<b>I am mildly bothered by this problem</b>	<b>I am moderately bothered by this problem</b>	<b>I am extremely bothered by this problem</b>
Losing or misplacing important items (e.g., keys, wallet, papers)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Forgetting what people tell me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Forgetting what I've read	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Losing track of time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Forgetting what I did yesterday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Forgetting things I've just learned	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Forgetting meetings/appointments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Forgetting to turn off appliances (e.g., iron, stove)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

# Example of a Tip Sheet from Colorado MINDSOURCE



## Memory Problems

Memory is your brain's storage of what you have learned and experienced. It allows you to remember and deal with situations as they happen. Memory impairment is when you have difficulties with parts of that memory system. For example, a memory impairment makes it hard to learn new information or to remember old information when you need it. Some people with memory impairment find themselves losing important items, forgetting what people tell them or what they have read, losing track of time, forgetting what they did or learned recently, and forgetting appointments or meetings. If you notice any of these problems, using and practicing the following suggestions can be helpful:

1. Keep important items (e.g., keys, wallet, papers) in one designated location to establish a routine.
2. When you are given important things to remember, try documenting them in multiple forms. For example, when making an appointment, write it down in a notebook and also on your calendar.
3. If you find yourself forgetting things you have read, try creating mental pictures of the material you read as you go. The more imagination you use while you read, the likelier you are to remember what you are reading.
4. If you struggle to keep track of time, try setting reminders for yourself. You can do this by setting alarms on electronic devices to keep yourself on track.
5. Be patient with yourself. Consider keeping a journal. At the end of each day, write down what you accomplished and what you would like to accomplish the next day. Set an alarm to remind yourself to record information in your journal.

# Accommodations to Reduce the Cognitive Load

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The goal is simplify and condense processes for conserving cognitive and physical reserves. Discuss with the individual how much they can routinize to conserve energy both physical & cognitive-build upon what they have already put in place

- Habitualize, habitualize, habitualize, such as:
  - Putting car/house keys in the same place
  - Do the laundry the same day every week
  - Do the grocery shopping/order grocery delivery on the same day

# Common Brain Injury Related Challenges ( 1 of 4)

Adapted from *Accommodating the Symptoms of TBI*

## Attention and Understanding – what to look for

- Appears bored, disinterested  
“checked out”
- Only picking up on some of what is being said, for example if a professional within the court or community setting provides 3 commands/instructions, the individual may do the first or last, or do none of them

## Tips

- Make and maintain eye contact, even if the individual isn’t
- Keep communication short and to the point
- Check in for understanding, “any questions, can you in your own words repeat what you just heard me say”



**NASHIA**



# Common Brain Injury Related Challenges ( 2 of 4)

Adapted from *Accommodating the Symptoms of TBI*

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## Memory –what to look for

- Individual may have difficulty providing information about themselves and their history, may not carry over from appointment/session to the next appointment session

## Tips

- Summarize important information in writing, cue the individual to do the same in whatever format works for them
- Teach the individual to “remember to remember”, write names down, link activities to promote recall



# Common Brain Injury Related Challenges (3 of 4)

Adapted from *Accommodating the Symptoms of TBI*

## Impulsivity-With/without aggression

- Say and do things that are not in their best interest
- Verbally dominate conversations, impacting both family, peer and professional/therapeutic relationships
- Trouble following directions

## Tips

- Redirect
- Keep voice even
- Ask questions that should be easy to answer, “what is your name, my name is\_\_\_\_\_”.
- Signal (e.g., timeout) and say, “it is important for us to communicate with each other, take a breath and let’s make this a 2-way conversation”



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# Common Brain Injury Related Challenges (4 of 4)

Adapted from *Accommodating the Symptoms of TBI*

## Concrete Thinking, AKA Reduced Mental Flexibility

- Can't seem to “think on their feet”
- Difficulty adjusting to the unexpected
- Argumentative, not able to see different perspectives, come off as “opinionated, stubborn, self-involved”

## Tips

- Repeat the purpose of your interaction with the individual
- Give them a heads up before moving on to the next step/request
- Redirect, “I understand this is hard, this won't take too long, we are almost done here”



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# Environmental and Internal Strategies that can be adapted to:

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- Court setting and procedures
- Mentor/Mentee relationship
- Counseling/Therapy relationship
- Substance Use and Mental Health Treatment Settings

As well as provide content for a “warm handoff” or referral to another treatment setting or provider (see resource among handouts)

# Environmental Accommodations to Reduce Cognitive Load & Maximize Focus

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**Environmental strategy:** Changing or modifying the environment to support and/or compensate for an injury imposed deficit.

Labeling kitchen cabinets and drawers

Pairing taking medication with an already common routine such as giving the dog/cat/any other nonhuman animal their morning/evening treat or meal

Calendar, notebooks, devices, check out: <https://www.brainline.org/article/life-changing-apps-people-brain-injury>

Reading a book while listening to an audio version of the same book, enabling subtitles for tv and movie watching

Setting a timer with the intention of persisting with a task, chore or assignment until the timer goes off (excellent strategy for folks who make impulsive/careless errors, say when completing course assignments)

Subvocalizing the text when reading, or following a recipe while preparing a meal



# Internal Strategies

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The strategy is “in your head.”

- “I have to work the memory muscle by counting everything, like how many times I pedal when I am on a bike” (George Clooney, living with a complicated concussion)
- When in conversation, take a pause to give others the opportunity to contribute

# Example of an environmental Strategy that Transitions to an Internal Strategy!

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**The post-injury challenge**-difficulty regulating what you say, talking over people, monologuing rather than engaging in a two-way conversation

Why? are they rude/self-involved/arrogant , *OR* because of their brain injury they are having one or more of these common challenges:

- Difficulty fully processing, reflecting on and responding to what others are saying?
- Experiencing memory challenges, afraid they will forget what they want to say, especially when it is important to them, so rather than wait for a natural break in the conversation, they barrel on through

**Possible solutions**-starting with an environmental/external strategy, write down a response to a topic, it can describe a favorite holiday, job, as long as it is a subject the person is knowledgeable. Write no more than a paragraph or two. Read it out loud, putting hash marks (in **red** ideally) where you would pause, take a breath. Now practice reading the text, stop for 1-3 seconds at each hash mark, several times, practice in front of someone. This exercise, once practiced, can over time, generalize to other situations, with the counting and waiting for a response from another person or persons becomes habitualized



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**Because Substance Use Disorders are common co-occurring conditions and are associated with poorer outcomes in people living with TBI- we are sharing modifications to improve cognitive accessibility within the SUD treatment setting**





# Tools you can use-TBI & Substance Use (1 of 2)

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Dr. Carolyn Lemsky in collaboration with NASHIA, the Mid-America Addiction and Mountain Plains Addiction Technology Transfer Centers offer both a **Toolkit** for professionals who are working with individuals living with both brain injury and a substance use disorder as well as a **Workbook** designed to be used by individuals with these co-occurring conditions. Evidence based tools, and best practices for modifying treatment to support and accommodating cognitive challenges are woven throughout these resources such as:

Providing concrete language for specific and common situations,

“Tom fiddles with his cell phone” thus providing a distraction/interruption to individual and group treatment sessions

Counselor response at the beginning of the session

“Tom, you can put your things there, in the corner.”

# Tools you can use-TBI & Substance Use (2 of 2)

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- **SAMHSA ADVISORY , *Treating Patients with Traumatic Brain Injury***

[https://static1.squarespace.com/static/5eb2bae2bb8af12ca7ab9f12/t/61e1df397188891aad860ab0/1642192708155/SAMHSA-TBI-Advisory-FINAL+508\\_081921.pdf](https://static1.squarespace.com/static/5eb2bae2bb8af12ca7ab9f12/t/61e1df397188891aad860ab0/1642192708155/SAMHSA-TBI-Advisory-FINAL+508_081921.pdf)

The Advisory offers an overview of the link between TBI and Substance Use Disorders as well as tips and resources for clinicians. For example,

“Not only does TBI cause behavioral health problems, associated deficits can affect the effectiveness of behavioral health treatments”

- **What Providers Need to Know: Behavioral Health and Brain Injury**, is a double sided tip sheet with tips and strategies

<https://www.nashia.org/resources-list/olia67paxy7sg1u4fr3tzqpezuvdto-knjxh-5j6np-9mgzr>



**NASHIA**

## What is Brain Injury?

**Acquired brain injury (ABI):** injury to the brain that is not hereditary, congenital, degenerative, or induced by birth trauma. ABI includes both of these injury types:

### Traumatic Brain Injury:

alteration in brain function, or other evidence of brain pathology, caused by external force, such as falls, assaults, motor vehicle crashes, sports injury

*SAMSHA Publication  
NO. PEP21-05-03-001, 2021*

### Non-Traumatic Brain Injury:

damage to the brain by internal factors, such as lack of oxygen, stroke, or brain tumor

*Brain Injury Association of America,  
www.biausa.org*

## What are Common Symptoms?



### Motor and Sensory Effects:

- Dizziness, lightheadedness, or vertigo
- Fatigue or lethargy
- Changes in walking and coordination
- Headaches and other pain symptoms



### Emotional/Behavioral Dysregulation:

- Increased likelihood of concurrent mental health issues (anxiety)
- Increased likelihood of behavioral problems (anger, irritability, socially inappropriate behavior)



### Cognitive Impairment:

- Slowed thinking (inability to process information efficiently)
- Memory challenges (inability to remember things in the past)
- Issues in attention/concentration (knowing what to do in the present)
- Difficulties multitasking
- Impairments of language and communication



*Traumatic Brain Injury and Substance Use Disorders, Lemsky C., 2021, attcnetwork.org  
<https://attcnetwork.org/sites/default/files/2021-11/TBI%20%20SUD%20Toolkit%20FINAL%2011.05.2021.pdf>*

Approximately one in five American adults have sustained a TBI severe enough to result in some loss of consciousness.



The vast majority of injuries are mild, with more than 90% released from emergency departments. Most will recover from a mild brain injury. However, there is evidence to suggest that individuals with co-occurring behavioral health conditions often have poorer outcomes following injury than those who do not.

*Traumatic Brain Injury and Substance Use Disorders, Lemsky C., 2021, attcnetwork.org*

Not only does brain injury cause behavioral health problems, but associated deficits can also affect the effectiveness of

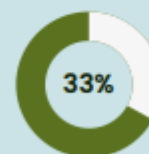
## What About the Intersection with Substance Use and Behavior?

Having one or more brain injuries with loss of consciousness is associated with greater risk for behavioral health problems, including problematic substance use beginning in adolescents and more psychiatric symptoms and a significantly elevated risk of suicide.

*Traumatic Brain Injury and Substance Use Disorders, 2021, attcnetwork.org*

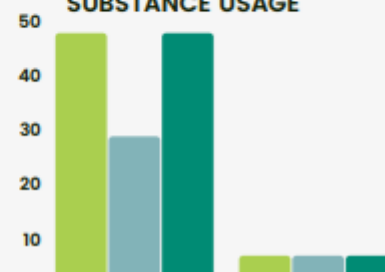
**2 to 4**

People with brain injury of any severity have 2 to 4 times the risk of attempting or having a death by



One-third of individuals with brain injury experience mental health problems 6 months-1 year post-injury

### SUBSTANCE USAGE



## What About Screening for Brain Injury?

Unless an individual has been hospitalized with a severe brain injury, they may not be aware they have a brain injury and that it could be affecting their functioning. A person who has compromised functioning in the frontal areas of the brain (common after TBI):

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

Ohio Valley Center for Brain Injury and Rehabilitation:  
<https://wexnermedical.osu.edu/neurological-institute/departments-and-centers/research-centers/ohio-valley-center-for-brain-injury-prevention-and-rehabilitation/osu-tbi-id>

Several brief, easy to use, reliable, valid, and standardized methods are available for screening for brain injury. This information will ensure the clinician is aware of potential consequences that can affect treatment:



The Ohio State University TBI Identification Method (OSU TBI-ID) is the most widely used screening tool, typically requiring 5–7 minutes. It can be administered by any staff with interviewing skills after brief training that is available free, online: [OSU TBI ID](#)



For children and youth, Colorado State University's Life Outcomes after Brain Injury Research Center developed the Brain Check Survey to screen for brain injury in children aged 5–21. This tool is a brief screen which is intended to be completed by a parent or guardian on behalf of the youth. This tool is available free online: [Brain Check Survey](#)

## What Now?

There are simple adjustments that can be made to help support an individual with a history of brain injury.

### Framework of Support:

- You are not treating the brain injury; you are treating the behavioral health concern in the context of brain injury.
- Your aim is to demystify brain injury for non-brain injury professionals.
- The goal is to empower individuals with brain injury and families to advocate for appropriate supports.



### Strategies for Support Should be:

- Easy to implement and appropriate to the environment
- Person centered; the person needs to be integral in recognizing the need for a strategy, developing the strategy, and monitoring progress

## Example Strategies



### Initiation

Looks like: appears unmotivated, needs constant cueing  
Tips: Provide small tangible steps, help the person get started, use checklist and calendars



### Delayed Processing Speed

Looks like: appears confused, slow to respond, doesn't follow instructions  
Tips: Additional time to review, be concise, check for understanding



### Short Term Memory Loss

Looks like: can't remember details, disorganized, appear manipulative  
Tips: Provide written reminders, stick to routine, summarize discussion

# Enhancing the Accessibility of 12-Step Meetings and other Community Groups (1 of 3)

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- Share recovery literature, brochures and if literacy level appropriate, the Big Book
- Attend an open meeting with a staff person or friend/supporter
- If the person wants to share, organize thoughts ahead of time, write up some notes on their phone/index cards
- Collaborate with the individual to create an “introduction to my future sponsor” that reviews common cognitive and emotional sequelae of TBI and makes compensatory strategies suggestions that work for the person
- Recommend movies/TV shows that depict people attending 12 step meetings

*Adapted from: A Letter to Potential AA & NA Sponsor (McHenry & members of the Task Force on Chemical Dependency, NHIF 1988), see handouts*



# Enhancing the Accessibility of 12-Step Meetings and other Community Groups (2 of 3)

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- Referral to specialized services/support group/12 step program
- Staff needs to be aware of the history and potential triggers and accommodate accordingly
  - Don't insist on sharing/participation right off the bat in groups
  - Allow for self determined breaks, stretches, sitting away from the group until comfortable
  - Pair new participant with an experienced participant

# Messages to Share

Source: Peterson NHIF 1988

## 12 Steps Adapted for people with brain injury

- Admit that if you drink and/or use drugs your life will be out of control. Admit that the use of substances after having a TBI will make your life unmanageable
- You start to believe that someone can help you put your life in order. This someone could be God and AA/AN group, counselor, sponsors, etc.
- You decide to get help from others or God. You open yourself up
- You will make a complete list of the negative behaviors in your past and current behavior problems. You will also make a list of your positive behaviors
- Meet with someone you trust and discuss what you wrote above
- Become ready to sincerely try to change your negative behaviors

## 12 Steps of Alcoholics Anonymous (AA)

- Ask God for the strength to be a responsible person with responsible behaviors
- Make a list of people your negative behaviors have affected. Be ready to apologize or make things right with them
- Contact these people. Apologize or make things right
- Continue to check yourself and your behaviors daily. Correct negative behaviors and improve them. If you hurt another person, apologize and make corrections
- Stop and think how you are behaving several times a day. Are my behaviors positive? Am I being responsible? If not, ask for help. Reward yourself when you are able to behave in a positive and responsible fashion
- If you try to work these Steps, you will start to feel much better about yourself. Now it's your turn to help others do the same. Helping others will make you feel even better. Continue to work these Steps on a daily basis



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# Accommodations and Strategies in Treatment Settings (2 of 2)

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- Link individuals to certified peer specialists
- Offer graphic organizers to structure group discussions
- Offer review sessions of larger group meetings
- Use “Change Plan” and Readiness Ruler worksheets
- Prepare for slip ups-”Emergency Plan”& “Personal Emergency Plan: Lapse”
- Develop a person-centered plan with the individual, the treatment team and their natural supporters

Sources: [https://smartrecovery.org/wp-content/uploads/2017/03/Change\\_Plan\\_Worksheet-1.pdf](https://smartrecovery.org/wp-content/uploads/2017/03/Change_Plan_Worksheet-1.pdf), [http://adultmedication.com/downloads/Readiness-to-Change\\_TOOL.pdf](http://adultmedication.com/downloads/Readiness-to-Change_TOOL.pdf)



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# Feedback from Individuals in Recovery from TBI & SUD (1 of 2)

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- Early treatment for those living with a substance use disorder
- Pay attention to those whose use of substances is not disclosed/unknown to brain injury professionals (who do not consistently screen for or ask about a history of substance misuse)
- Challenge of redefining new self and life doubled with both TBI and substance misuse
- Hard to know where to find support, with the TBI community or the recovery community

## Feedback from Individuals in Recovery from TBI & SUD (2 of 2)

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**“find the right 12-step program, change  
“persons, places and things” that trigger use,  
spirituality, *pets.*”**



# Accommodation Considerations for the Clinical Setting-Seija Curtain

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- Time of day for cognitive alertness
- Hats or sunglasses to prevent light sensitivity and headaches (or turning off overhead lights and closing blinds)
- Aide's availability to support ADL needs
- Repositioning in the wheelchair to prevent skin breakdown
- Time to complete morning activities of Daily Living (ADL) routine
- Accessibility needs (doors too heavy to safely open with hemiparesis or bathrooms with grab bars on the wrong side for hemiparesis)

# Individual psychotherapy and counseling for individuals living with brain injury can offer valuable support and reinforcement of strategies and accommodations

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- With the individual establish a regular appointment time and day
- Address any possible barriers and formulate plans to address e.g transportation, internet connection and a private place to talk remotely/by phone
- Incorporate person centered approaches such as Motivational Interviewing and Stages of Change With the individual, determine the preferred way to track topics and issues discussed, e.g., via journal, phone app etc.
- Incorporate strategies and accommodations recommended for individuals living with brain injury as best benefits the individual, e.g. individual fatigues easily, build in 1-2 minute stretch breaks into sessions, summarize main points at intervals throughout session and jot them down or have the individual record them on their phone, at the end record and/or review session “takeaways” and “next steps” (these can be home work between session as well as notes of topics to discuss in the next session)

# Additional best practices for clinical engagement

adapted from Seija Curtain

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- Cognitive Behavioral Therapy (CBT)-encourages people to develop strengths and once their confidence is more secure, to attempt increasingly more challenging tasks. This approach encourages skill building, related to CBT is ABC or Antecedents, Behavior, Consequences
- Dialectical Behavioral Therapy (DBT), this approach helps individuals with self-regulatory behavior
- Mentalization-the ability to imagine another's experience, thus eliciting a empathic response
- Acceptance and Commitment Therapy (ACT) uses "acceptance and mindfulness strategies"
- Cognitive-based mindfulness combines cognitive therapy with meditation and mindfulness. It utilizes skills such as breathing and relaxation and visualizing the ideal outcome and the next action steps

In general, what all these techniques and approaches have in common is they approach the therapeutic relationship using concrete, actionable tools and work towards building confidence and self efficacy

Please see the References slide to learn more about these practices and their applications for individuals living with TBI and/or paralysis

# View & Debrief (1 of 2)

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In your opinion, what are the brain injury related challenges the individual is living with, how are they impacting his ability to engage in therapy?

# View & Debrief (2 of 2)

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How did Dr. Corrigan support and accommodate the individual's brain injury related challenges in the second video?



# Alcohol Use Screening Tools

Source: *Bombardier and Davis 2001*

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- CAGE Questionnaire
- Brief Michigan Alcoholism Screening Test (BMAST)
- AUDIT

*These instruments are recommended for use by brain injury professionals who specialize in treating individuals who also misuse substances as they are brief and concrete, these qualities are suggested when selecting a screening tool for opioid use disorder*



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# Screening Tools-Other Substances

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- 12-item form of the Screener & Opioid Assessment for Patients with Pain Revised-recommended by TBI Model System Researchers for use during inpatient rehabilitation stays to help determine risk factors
- (TAPS) Tobacco, Alcohol, Prescription medication, and other Substance use Tool
- Ask about cannabis use

# Resources-Examples of 12 Step Meetings on Screen Include:

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- “I Got One More High Left In Me.....” <https://youtu.be/qAakzl6s7QI> Bubbles attends a 12 Step Meeting from the HBO series “The Wire”
- The 1988 Movie “Clean and Sober” with Michael Keaton, Kathy Baker and Morgan Freeman <https://www.youtube.com/watch?v=awuPruMjnFo>

For individuals living with a history of brain injury, **it may be difficult to imagine what to expect at a 12 Step Meeting.** These examples give concrete visuals and demonstrate different stages of change, Pre-contemplation, Contemplation, Action and Maintenance

# Wrap-Up

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1. Any questions? Raise your hand or enter the Q & A
1. Please identify **one** take away from this session that you feel is relevant to your work and how you will incorporate it into your work with justice involved individuals. Enter your response into the chat

Neuropsychological  
Screening:  
Using Brain Injury  
and Cognitive  
Screening to Inform  
Treatment Planning  
Across Settings

with

Dr. Kim Gorgens



NATIONAL ASSOCIATION  
OF STATE HEAD INJURY  
ADMINISTRATORS

**MODULE 1 - 3: FOR MASTERS-LEVEL  
CLINICIANS (\$150)**

**MODULE 4: FOR SUPERVISORS (\$150)**

**CONSULTATION HOURS AVAILABLE**

**SIGN UP TODAY**

**HCUSHEN@NASHIA.ORG**



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Please visit NASHIA's Resource Library for a wealth of information & tools pertinent to this webinar series

<https://www.nashia.org/resource-library>



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# Making the Agency Connections (1 of 2)

Illinois Healthcare & Family Services (HFS)

[www.illinois.gov/hfs/MedicalClients/HCBS/](http://www.illinois.gov/hfs/MedicalClients/HCBS/)

Illinois Dept of Human Services (DHS)

[www.dhs.state.il.us](http://www.dhs.state.il.us)

- Home Services Program and TBI Waiver
- Rehabilitation Services
- DHS Office Locations

# Making the Agency Connections (2 of 2)

Illinois Dept of Aging

[www.Illinois.gov/Aging](http://www.Illinois.gov/Aging)

Illinois Assistive Technology Program

[www.iltech.org](http://www.iltech.org)



# Social Media

- [www.facebook.com/BIAofIL](https://www.facebook.com/BIAofIL)
- [www.twitter.com/BrainInjuryAssn](https://www.twitter.com/BrainInjuryAssn)
- [www.youtube.com/BrainInjuryHelp](https://www.youtube.com/BrainInjuryHelp)

# Military Family Education

[www.biaail.org](http://www.biaail.org)



# Brain Injury Association of Illinois

Contact :           Philicia L. Deckard  
                          800.699.6443   312.726.5699  
                          Text 708.369.8360  
                          info@biail.org

[www.biail.org](http://www.biail.org)

[www.braininjurytoolbox.com](http://www.braininjurytoolbox.com)

[www.thebrainandspinalcord.com](http://www.thebrainandspinalcord.com)

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# Post-test Poll

<https://form.jotform.com/230253105294144>

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# Thank You!

Anastasia Edmonston MS CRC

[aedmonston@nashia.org](mailto:aedmonston@nashia.org)

National Association of Head Injury Administrators,

<https://www.nashia.org/>

Judy Dettmer

[jdettmer@nashia.org](mailto:jdettmer@nashia.org)

National Association of Head Injury Administrators

