HOMELESSNESS AND BRAIN INJURY

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OUTLINE

I. Introduction to Homelessness and Brain Injury
   - Definition
   - Demographics
   - Incidences/Statistics
II. Factors Contributing to Homelessness

- Mental Health Issues
- Childhood Experiences
- Substance Abuse
- Cognitive Impairments
III. Housing and Stabilization

- How cognitive impairment impacts housing
- Substance abuse
- Community supports
OUTLINE

- Challenges in Working with Individuals who are Homeless with Brain Injuries
  - Lack of supports
  - Access to care
  - Resources
  - Strategies
  - Recommendations
  - Case study
INTRODUCTION

- Soliday & Roy et al. (2004) estimate that the prevalence of cognitive impairment among people who are homeless may be as high as 80%.

- Individuals who are homeless bear a greater risk for severe brain injury as they are more likely to be victimized by assaults, take more risks, and have more anti-social personality disorders and behavior.

- Acquired brain injury is a major public health problem in Massachusetts (Hackman et al. 2014)
Sustaining a brain injury with resulting cognitive and behavioral impairments can significantly affect an individual's ability to maintain stable housing. Deficits in judgment, memory, perception, planning and speech can result in poor problem solving and impaired social skills, and in one’s ability to make sound decisions. Behavioral issues resulting from brain injuries can be mistaken for non-compliance and interfere with one’s ability to get along with neighbors and landlords. People with cognitive impairments who obtain housing often lose it through eviction because of their inability to figure out a budget, how to pay rent, maintain their residence, or how to get along with others.
BRAIN INJURY: DEFINITION

**Traumatic Brain Injury** (TBI) is caused by a blow or a jolt to the head or a penetrating head injury that disrupts the normal function of the brain. The severity of a TBI may range from mild to severe (CDC).

**Acquired Brain Injury** (ABI) includes strokes, aneurysms, encephalitis, tumors, anoxia, drug abuse, or metabolic disorders

*For purposes of today’s presentation, when we refer to brain injuries we mean both TBI’s and ABI’s.*
CAUSES OF BRAIN INJURY
Massachusetts Statistics

- Falls - unintentional falls were the leading cause of TBI related deaths, hospitalizations, and emergency department visits in 2012.

- Motor Vehicle crashes - were the second leading cause of TBI related deaths and hospitalizations.

- Being struck by or against - an object or person was the second leading cause of TBI related emergency department visits in 2012.

- Assaults

- Blasts - leading cause of TBI in active duty military personnel.
Brain Anatomy

(slide from Brain Injury Association of Ma)

FRONTAL
- attention
- motivation
- emotions
- judgment
- problem solving
- decision making
- language

MOTOR AREA
- voluntary movement

PARietAL
- sense of touch

OCCIPITAL
- sight

CEREBELLUM
- balance
- coordination

TEMPORAL
- memory

BRAIN STEM
- sleep
- heart rate
- breathing

Provided by: [Logo]
PHYSICAL EFFECTS FOLLOWING A BRAIN INJURY

- Motor problems with balance, fine or gross motor coordination, strength, paralysis, or proprioception.
- Muscle spasms or tremors
- Seizures
- Sensory changes in vision, hearing, taste, smell, touch, physical ability to speak, or swallow.
COGNITIVE EFFECTS FOLLOWING A BRAIN INJURY: Attention

- Sustained (continued focus)
- Selective (tuning out distractions)
- Divided (multi tasking)
- Alternating (shifting set)
- Attention to detail
- Mental flexibility or “getting stuck”
COGNITIVE EFFECTS FOLLOWING A BRAIN INJURY: Memory

- Short term (today)
- Long term (years ago)
- Working memory (like RAM)
- Visual memory (information seen)
- Verbal memory (information read/word information)
- Procedural learning (steps to learning a task)
COGNITIVE EFFECTS FOLLOWING A BRAIN INJURY: Executive Functioning

- Initiation
- Planning and organizing
- Prioritizing
- Reasoning and problem solving
- Idea generation
- Judgment
- Self regulation
COGNITIVE EFFECTS FOLLOWING A BRAIN INJURY: Communication

- Expressive language
- Receptive language
- Pragmatics (turn taking, indoor voice)
- Confabulation
- Concrete thinking
- Slowed processing speed
SOCIAL AND BEHAVIORAL EFFECTS FOLLOWING A BRAIN INJURY

- Impulsivity
- Disinhibition
- Missing social nuances
- Egocentricity
- Anger
- Sexually or socially inappropriate
- Substance abuse
EMOTIONAL EFFECTS FOLLOWING A BRAIN INJURY

- Mood swings - lability
- Personality changes
- Lowered frustration tolerance
- Anxiety
- Depression
- Loss of self (role, job, home, income, friends, relationships)
BRAIN INJURY: LONG TERM IMPACT

- May require retraining for a job
- May require an accommodation in school
- May need to re-establish friendships
- May be told that although “you don’t look different, you are really a different person today”
- May struggle with mood (anxiety, depression)
- May have a substance abuse issue
- May lose a significant relationship
- May need to re-learn tasks (how to walk, speak, dress, interact)
DEMOGRAPHICS

- In Massachusetts the rate of TBI deaths was nearly 30 times higher for men than women.
- Brain injuries are classified as mild, moderate, or severe depending on a person’s level of consciousness and the occurrence of post traumatic amnesia.
- Any brain injury can lead to long term, persistent symptoms including cognitive, physical, emotional, and behavioral problems.
CONSEQUENCES OF BRAIN INJURY

- The effects of a brain injury depend on factors such as cause, location, and severity of the injury.
- No 2 brain injuries are exactly the same.
- Brain injuries are unpredictable in their outcomes; change may occur over many years.
- Effects of a brain injury vary greatly from person to person.
- A brain injury may impact a person’s physical, cognitive, and/or behavioral functioning.
INCIDENCES OF HOMELESSNESS

- In a report by the Huffington Post (2013), approximately 1 out of 8 Americans reported having spent a night in a shelter or on the street due to the lack of housing.
- Those with lower incomes are much more likely to have experienced a lack of shelter.
- Risk factors for homelessness include: history of foster, group, or institutional care; childhood abuse; substance abuse in the family; homelessness in the family; decreased levels of education; substance abuse; and mental illness.
HOMELESSNESS AND BRAIN INJURY

- Traumatic brain injury resulting in cognitive impairment is seen more frequently in people who are homeless than in the general population (HCH network 20030).

- There are currently no routine screenings for those who are homeless with brain injuries. However, it appears that people who are homeless are at risk for brain injuries given some of the leading causes (e.g. substance abuse, falls, motor vehicle accidents, and violence) are common in the population.
HOMELESNESS AND BRAIN INJURY

- In a study in Toronto, Canada, it was found that 70% of respondents had their first traumatic brain injury before the onset of homelessness.

- Experiencing physical abuse during childhood can result in brain injury and is a risk factor for becoming homeless as an adult.

- Brain injury often occurs among young people thereby impacting their prime working years. The association between brain injury and low employment rates contribute to the downward spiral to homelessness.

- It is suggested that cognitive impairments in the homeless population may increase the risk of remaining homeless.
POTENTIAL OTHER COMPLICATIONS

- Further injury
- Chronic substance abuse
- Untreated systemic disease such as HIV
- Malnutrition
- Complex mental health disorders
FUNCTIONAL IMPACT: BEHAVIORAL FUNCTIONING

- May over-react to situations
- May have a short fuse
- May have difficulty waiting
- May become isolated as friends do not understand the “changed person”
- Depression
- Anxiety
- Denial of injury
- May have difficulty with relationships
FUNCTIONAL IMPACT

- These impairments may impact a person’s ability to work, maintain relationships, maintain housing, and have a consistent income.
- Losing one’s job leads to a loss of consistent income and may lead to a loss of housing.
- Depression and anxiety, resulting from a brain injury may lead to an individual’s self medicating with alcohol and/or drugs. Substance abuse is a major risk factor for becoming homeless.
IMPACT OF BRAIN INJURY IN HOMELESS POPULATION

- Individuals may be considered non-compliant or in denial because the resulting impairments preclude the full participation in the service process.
- Many are barred from a specific shelter or service provider due to disruptive behaviors and a failure to comply with the treatment recommendations.
- A person may refuse services due to an inability to understand the benefit of participating.
IMPACT OF BRAIN INJURY IN HOMELESS POPULATION

- May be more vulnerable to substance abuse because of difficulty in regulating behavior.
- May use alcohol to medicate against feelings of loss or pain.
- May not be able to benefit from or participate in traditional substance abuse treatment programs as some programs may move too quickly, require carry-over from 1 session to the next, require the ability to process information, and/or require a level of intellectual participation a person may find difficult.
IMPACT OF BRAIN INJURY IN HOMELESS POPULATION

- Many individuals become involved with the criminal justice system.
- Oftentimes, when released from jail/prison, there is no place for them to go except a shelter.
- Depending on the criminal charge once released, the individual may not be able to access housing due to the criminal charges.
VETERANS AND HOMELESSNESS

- US Department of Veterans Affairs state the nation’s homeless veterans are predominantly male, with about 9% being female.
- Majority are single, live in urban areas, and suffer from mental illness, substance abuse, or co-occurring disorders.
- Approximately 11% of the adult homeless population are veterans.
VETERANS AND HOMELESSNESS

- The number of homeless veterans nationwide has decreased over the past 3 years. The VA states there are 2 primary reasons for such:
  - New veteran programs designed to combat veteran homelessness
  - Changing demographics of the veteran population

*Many Vietnam era veterans who make up 1/3 of the total homeless veteran population are older and/or passing away.*
STRATEGIES

- Cognitive Limitation
  - decreased memory: repetition/note taking
  - decreased initiation: schedule/alarms
  - decreased concentration: cue/take breaks
  - decreased planning: prioritize/review tasks
  - forgets appointments: reminder calls/calendar
  - Poor follow-through: checklist/reminders
  - Appointments: accompany to appointments/list of questions/issues for appt.
STRATEGIES

- Physical Limitation
  - seizure disorder: neurology consult
  - poor balance: assistive device
  - vision impairment: turn head/neuro-opthalmologist
STRATEGIES

- Neurobehavioral Strategies
- short fuse remain calm
- difficulty waiting plan ahead/discuss how to address issues of needing to wait
- anxiety address concerns/may require medication
- depression mental health treatment
- use of drugs/alcohol counseling
- poor frustration tolerance plan ahead/discuss possible outcomes/limit time at appt. that causes frustration
RESOURCES

- Neurologists, psychiatrists, neuropsychiatrists, and physiatrists.
- Neuropsychologists and neuropsychological assessments.
- Specialized cognitive remediation programs.
- Outpatient physical, speech, and occupational therapies.
- Specialized community based case management services.
- State housing programs and other housing programs.
- State agencies for housing, day services, case management, and club houses. Look at varying housing models, congregate, sober, foster care, etc.
- Benefit programs (Social Security, Medicaid, Food stamps, Emergency aid).
- Counseling and mental health services - great if experience in working with people with brain injuries.
RECOMMENDATIONS

- Need to identify if the person ever sustained a brain injury “did you ever have a blow to your head, a fall, car accident?”
- Staff should be trained to work with individuals who have brain injuries. There is a certification through the Brain Injury Association that ensures a level of knowledge and experience.
- Be respectful of the individual. Do not talk down to him/her.
- Be aware of any cultural differences and respect these differences.
- Use specialized service providers such as Health Care for the Homeless for access to medical and rehabilitative care.
- When able accompany the individual to appointments to ensure communication and coordinated care.
- Be accepting of the individual; if he/she could do better, he/she would be doing better.