

Workshop Wednesday

The Intersection between Traumatic Brain Injury & Mental Health: An Update

Judy Dettmer

Director of Strategic Partnerships, NASHIA

January 19, 2022



Mountain Plains (HHS Region 8)

MHTTC

Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

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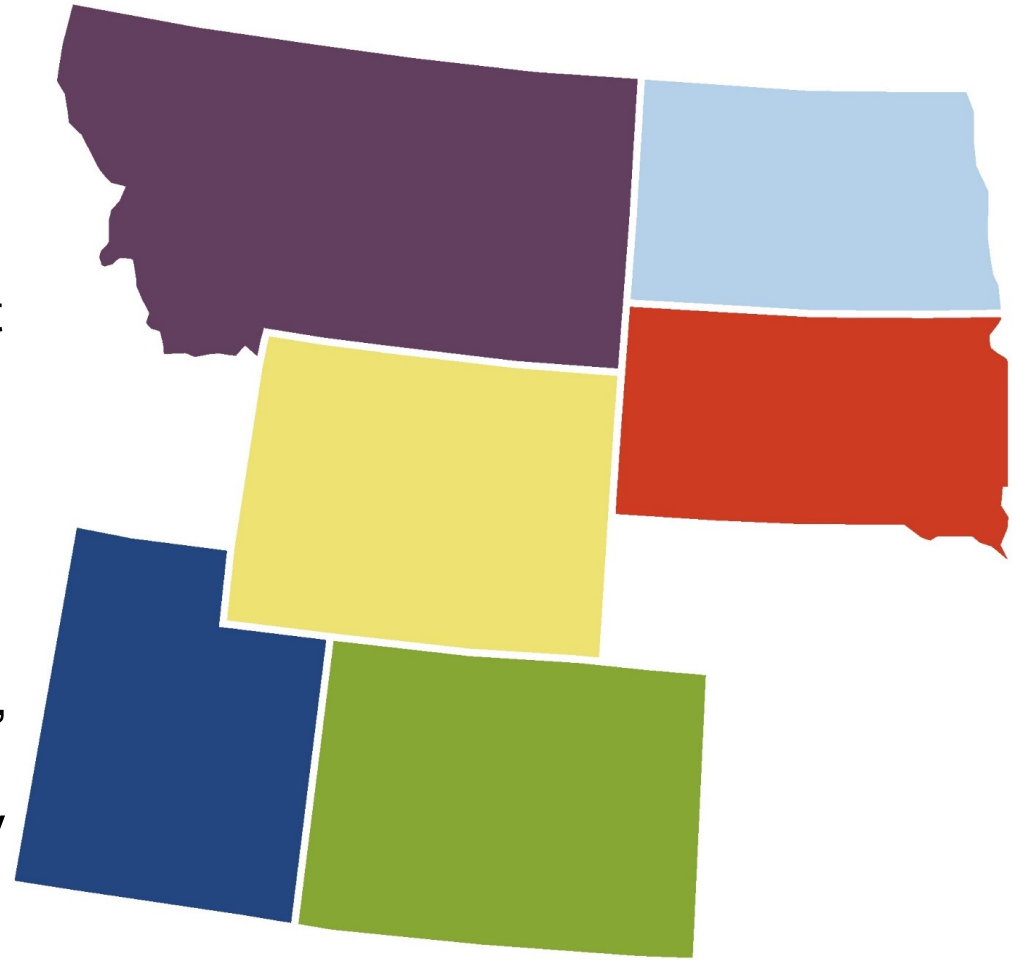
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The Mountain Plains Mental Health Technology Transfer Center (MHTTC)

The Mountain Plains Mental Health Technology Transfer Center (Mountain Plains MHTTC) provides training and technical assistance to individuals who serve persons with mental health concerns throughout Region 8 (Colorado, Montana, North Dakota, South Dakota, Utah and Wyoming).

We belong to the Technology Transfer Center (TTC) Network, a national network of training and technical assistance centers serving the needs of mental health, substance use and prevention providers. The work of the TTC Network is under a cooperative agreement by the Substance Abuse and Mental Health Service Administration (SAMHSA).



Land Acknowledgement Statement

Today, the University of North Dakota rests on the ancestral lands of the Pembina and Red Lake Bands of Ojibwe and the Dakota Oyate - presently existing as composite parts of the Red Lake, Turtle Mountain, White Earth Bands, and the Dakota Tribes of Minnesota and North Dakota. We acknowledge the people who resided here for generations and recognize that the spirit of the Ojibwe and Oyate people permeates this land. As a university community, we will continue to build upon our relations with the First Nations of the State of North Dakota - the Mandan, Hidatsa, and Arikara Nation, Sisseton-Wahpeton Oyate Nation, Spirit Lake Nation, Standing Rock Sioux Tribe, and Turtle Mountain Band of Chippewa Indians.



The MHTTC Network uses affirming, respectful and recovery-oriented language in all activities. That language is:

STRENGTHS-BASED
AND HOPEFUL

INCLUSIVE AND
ACCEPTING OF
DIVERSE CULTURES,
GENDERS,
PERSPECTIVES,
AND EXPERIENCES

HEALING-CENTERED AND
TRAUMA-RESPONSIVE

INVITING TO INDIVIDUALS
PARTICIPATING IN THEIR
OWN JOURNEYS

PERSON-FIRST AND
FREE OF LABELS

NON-JUDGMENTAL AND
AVOIDING ASSUMPTIONS

RESPECTFUL, CLEAR
AND UNDERSTANDABLE

CONSISTENT WITH
OUR ACTIONS,
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The Intersection between Traumatic Brain Injury & Mental Health: An Update

Judy Dettmer, Director of Strategic Partnerships

NASHIA

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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.



NASHIA Provides



Learning Objectives

01

Participants will gain an understanding of brain injury and the prevalence in behavioral health

02

Participants learn why screening is important and strategies for identifying brain injury

03

Participants will gain a basic framework for supporting individuals with brain injury



NASHIA

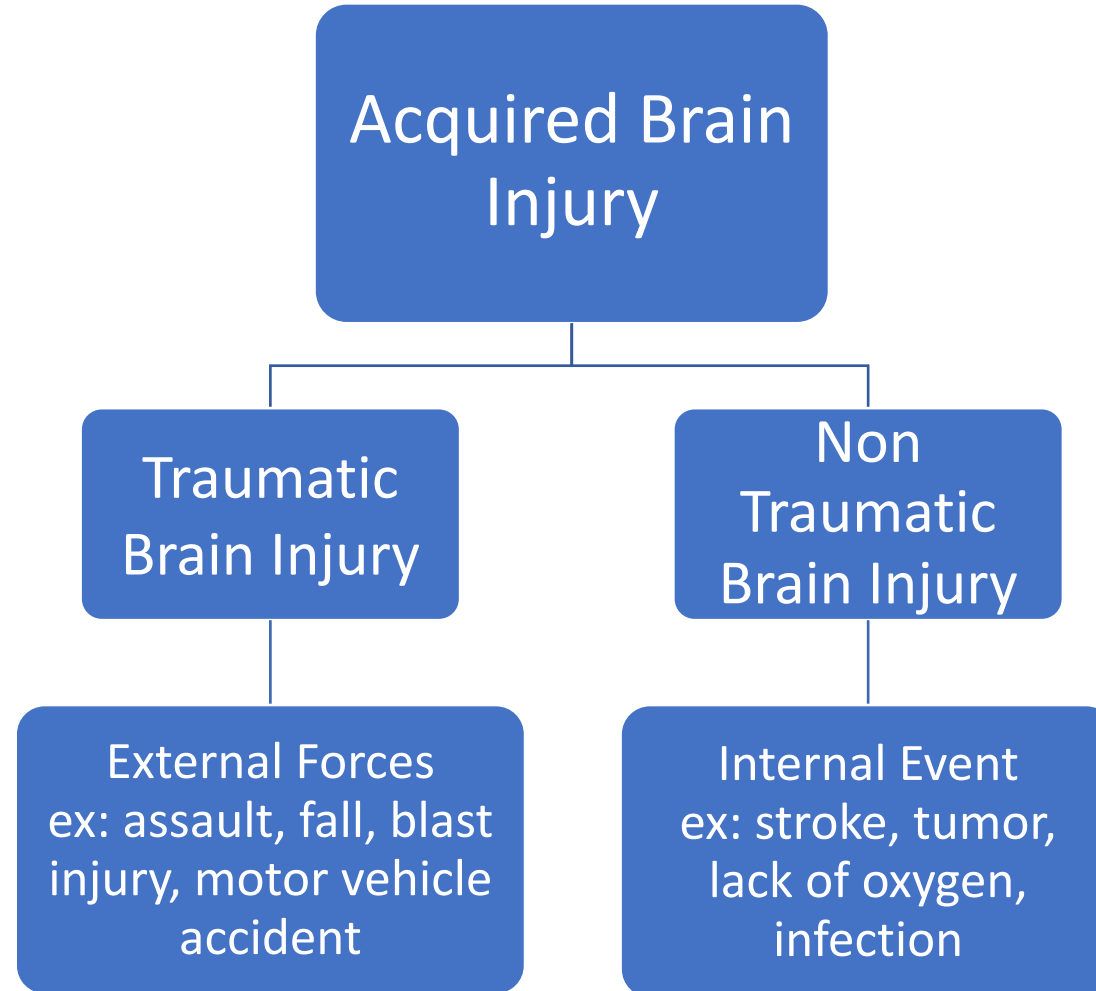
Why Knowing about Brain Injury Matters

- A history of TBI is often hidden among individuals with cognitive/intellectual disabilities, spinal cord injury, and behavioral health challenges (mental health and addiction)
- If provider knows/suspects history of TBI, they can engage from the start of the relationship and make the right referrals

Why Knowing about Brain Injury Matters

- Provider can make simple accommodations to better support the individual's deficits
- Provide psychoeducation for the individual so that they may be better equipped to advocate for themselves

Brain Injury Defined



Classification of Severity

- Mild > Loss of consciousness 0-30 minutes (Concussion)
- Moderate > Loss of consciousness 30 minutes to 24hrs
- Severe > Loss of consciousness for over 24 hours

Mild TBI - Complications

75% of TBIs are mild. MTBI symptoms may appear mild, but can lead to significant, life-long impairment affecting an individual's ability to function physically, cognitively, and psychologically

Symptoms may be subtle

- **90%** of concussions are **not associated with a loss of consciousness**
- Concussive symptoms may develop over days or even months later

Treated in non-hospital setting, not in ED, or not treated at all

- 90% of mTBI may go **unreported**
- Often not visible on CT scan or MRI

Brain Injury can **mirror** other disabilities or conditions

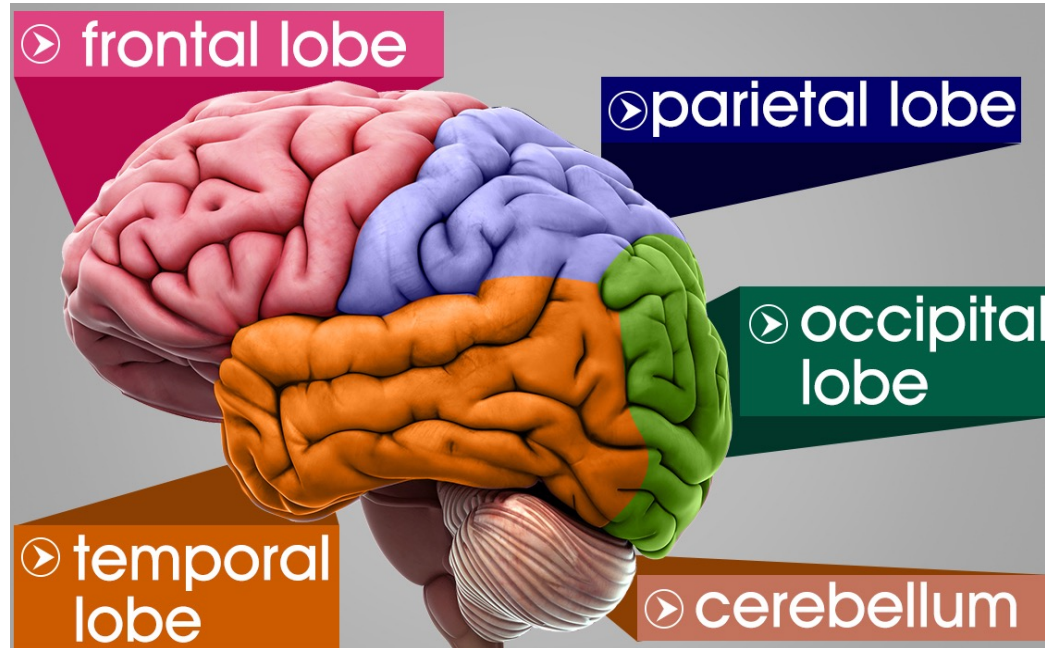
Mild TBI - Complications

- Most individuals with one, uncomplicated, mild brain injury will resolve back to baseline
- 2 significant reasons why mild brain injury can result in lasting impairment:
 1. Repeated exposure, e.g., abuse, intimate partner violence, combat, sports.
 2. Underlying co-occurring conditions such as addiction or mental illness.

Brain Anatomy and Function

Frontal Lobe

- Initiation
- Problem solving
- Attention/Concentration
- Inhibition of behavior
- Planning/anticipation
- Self-monitoring
- Motor planning
- Personality/emotions
- Awareness of abilities/limitations
- Organization
- Judgment
- Mental flexibility
- Speaking (expressive language)



Temporal Lobe

- Memory
- Hearing
- Understanding language (receptive language)
- Organization and sequencing

Brain Stem

- Breathing
- Heart rate
- Arousal/consciousness
- Sleep/wake functions
- Attention/concentration

Parietal Lobe

- Sense of touch
- Differentiation :size, shape, color
- Spatial perception
- Visual perception

Occipital Lobe

- Vision

Cerebellum

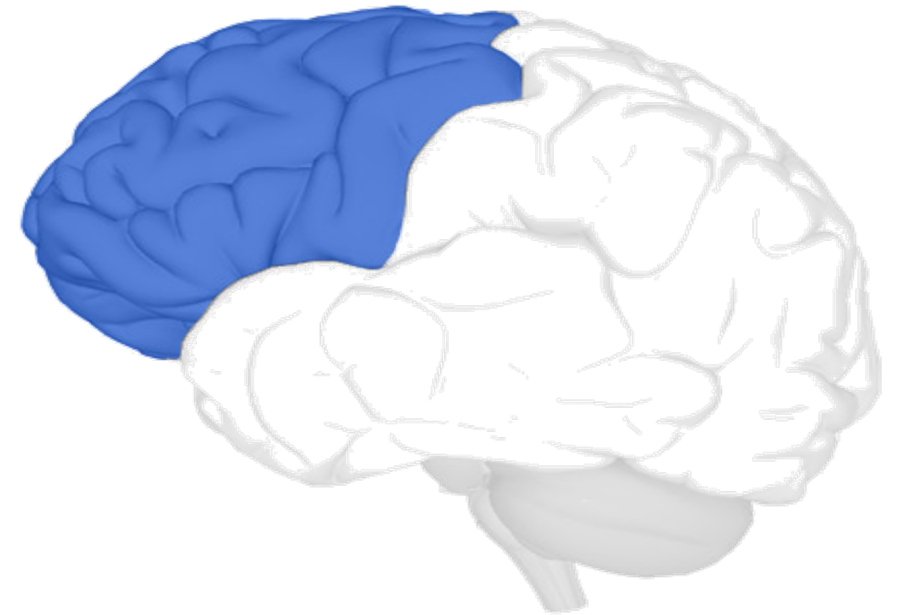
- Balance
- Coordination
- Skilled motor activity

The Frontal Lobe

The frontal lobe is the area of the brain responsible for our “executive skills,” or higher cognitive functions.

These include:

- Problem solving
- Spontaneity
- Memory
- Language
- Motivation
- Judgment
- Impulse control
- Social and sexual behavior



Source: Adapted from Dr. Mary Pepping of the University of Idaho’s presentation “The Human Brain: Anatomy, Functions, and Injury”

The Temporal Lobe

The **temporal lobe** plays a role in emotions and is also responsible for smelling, tasting, perception, memory, understanding music, **aggressiveness, and sexual behavior.**

The temporal lobe also contains the **language area** of the brain.

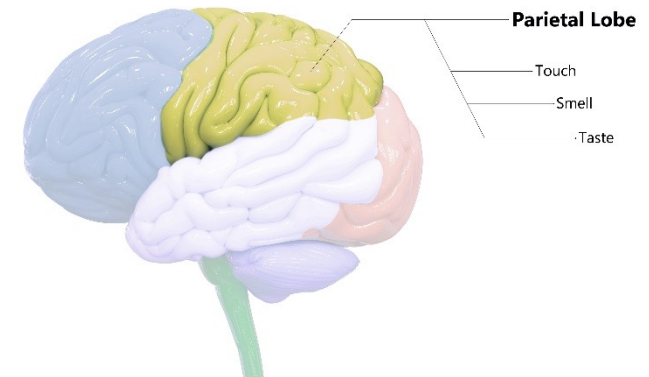
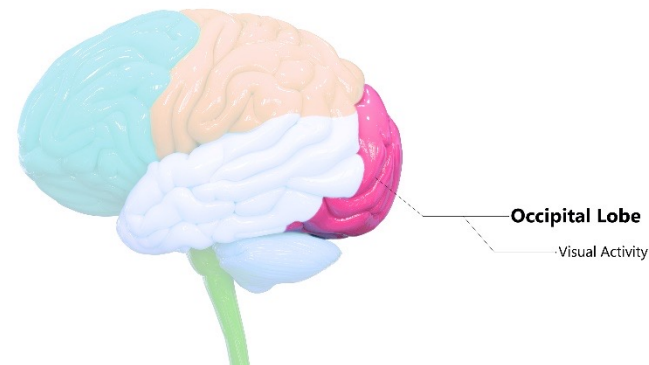


Source: Adapted from Dr. Mary Pepping of the University of Idaho's presentation "The Human Brain: Anatomy, Functions, and Injury"

TBI “Fingerprints”

Our frontal lobe and the temporal lobes are key to managing behavior and emotions.

Damage to these regions can contribute to mental health and/or addiction problems. Damage to these lobes is considered the **“Fingerprint of Traumatic Brain Injury.”**



Possible Physical Changes

Injury-related problem	How it may affect a person functionally
Coordination	Unsteady gait, poor eye-hand coordination, slow or slurred speech, tremors, paralysis
Visual Deficits	Staring or poor eye contact, blurred or double vision, inability to follow an object with their eyes
Additional Physical Challenges	Seizures, deaf or hard of hearing, fatigue



Possible Cognitive Changes

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

Possible Emotional Changes

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

Special Populations



Behavioral Health and Brain Injury

Suicide Attempts

- 28% with suicidal thoughts, 17% attempts
- 4% in general population

Substance Abuse

- 43% alcohol abuse, 29% illicit drugs, 48% either
- 7% general population (NSDC, Corrigan, 2003)

Mental Health

- 1/3 of TBI survivors experience mental health after TBI
- 19% general population



Mental Health and Brain Injury

- [Almost half of adults](#) with TBI who have no pre-injury history of mental health problems [develop mental health problems after the TBI](#)
(Gould, Ponsford, Johnston, & Schonberger, 2011. *Psychological Medicine*, 41, 2099-2109.)
- [1/3 of TBI survivors experience emotional problems](#) between 6 months and a year post injury
- Patients who reported:
 - Hopelessness 35%
 - Suicidal ideation 23%
 - Suicide attempts 18%
- [85% of survivor families](#) report that emotional or behavioral problems have an impact on their function
Suicidal ideation can be [7x higher](#) in people with TBI than in those without
 - *Attempts* of suicide post-TBI can be at rates close to 17%
 - Increased suicide risk persists up to 15 years post-injury

(Fazel, et al. 2014. *JAMA Psychiatry*, 71(3), 326-33.; Mackelprang et al., 2014. *Am J Public Health*, 104(7), e100; Simpson & Tate, 2007. *Brain Inj.*, 21(13-14), 1335-51.)

Substance Abuse and Brain Injury



Why would TBI be associated with substance abuse disorders?

1. Intoxication causes TBI
2. Early life TBI predispose to substance abuse
3. Structural damage from TBI changes behavioral control

Substance Abuse and Brain Injury

Natural History of TBI to Age 25 from the Christchurch Birth Cohort (McKinlay, et al., 2008)

- Those hospitalized with 1st TBI before age 6
 - 3 times more likely to have a diagnosis of either alcohol or drug dependence by age 25
- Those hospitalized with 1st TBI between ages 16 and 21
 - 3 times more likely to be diagnosed with drug dependence
- TBI highly associated with likelihood of arrest



Veterans and Brain Injury

- During peacetime, over 7,000 annually admitted to military and veterans' hospitals with diagnosis of TBI (IOM, 2009)
- 80 percent of TBIs since Sept. 11, 2001, have been non-combat related
- More common among non-combat military personnel than in the general population:
 - High concentration of service members in the highest incidence age groups (18 – 44)
 - Greater risk for injury associated with non-combat military duties
 - Greater consumption of alcoholic beverages by military personnel

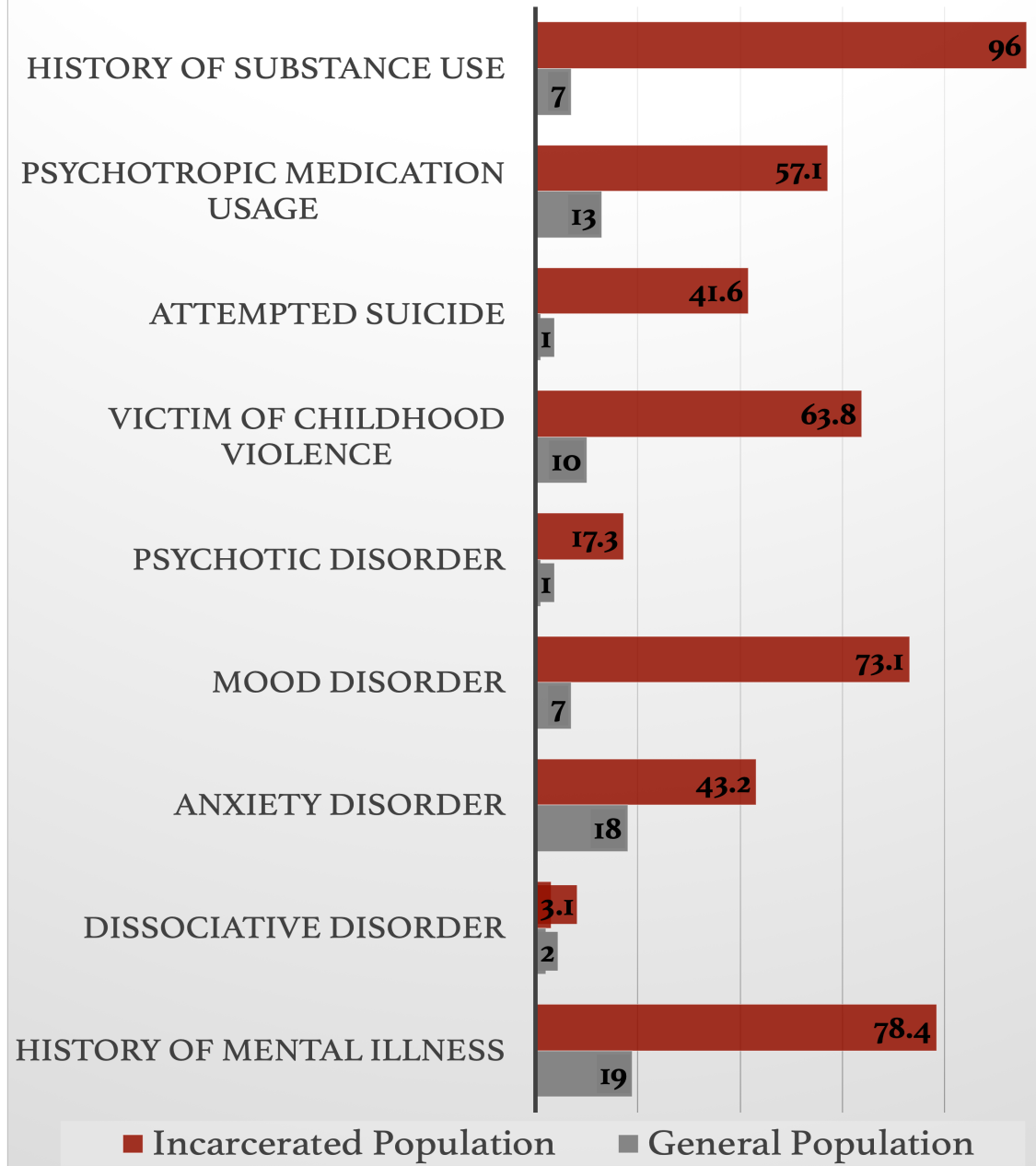


Brain Injury & Criminal & Juvenile Justice

- Meta-analysis found prevalence of brain injury in juvenile justice system to be an average of 44% (Dijkers & Seger, submitted)
- Incidence in adult incarcerated populations is reported to range from 41-51% (Farrer & Hedges; 2011) to 60.25% (Shiroma, Ferguson, & Pickelsimer, 2010) to as high as 82% (Scholfield et al., 2006)
- Individuals with brain injury report greater numbers of incarcerations than those without brain injury (Piccolino & Solberg, 2014)



Justice Involved with Traumatic Brain Injury



Individuals Experiencing Homelessness

- **43% (n over 2,000)** of respondents reported a history of TBI with the mean age of first injury being 15
- Individuals with TBI become homeless at a **younger age** and are **more likely to report mental health diagnoses, substance use, suicidality, victimization, and difficulties with activities of daily living**
- **51% reported** sustaining their first injury prior to becoming homeless or at the same age as their first homelessness episode.
(Mackelprang, Harpin, Grubenhoff, & Rivara, 2014)

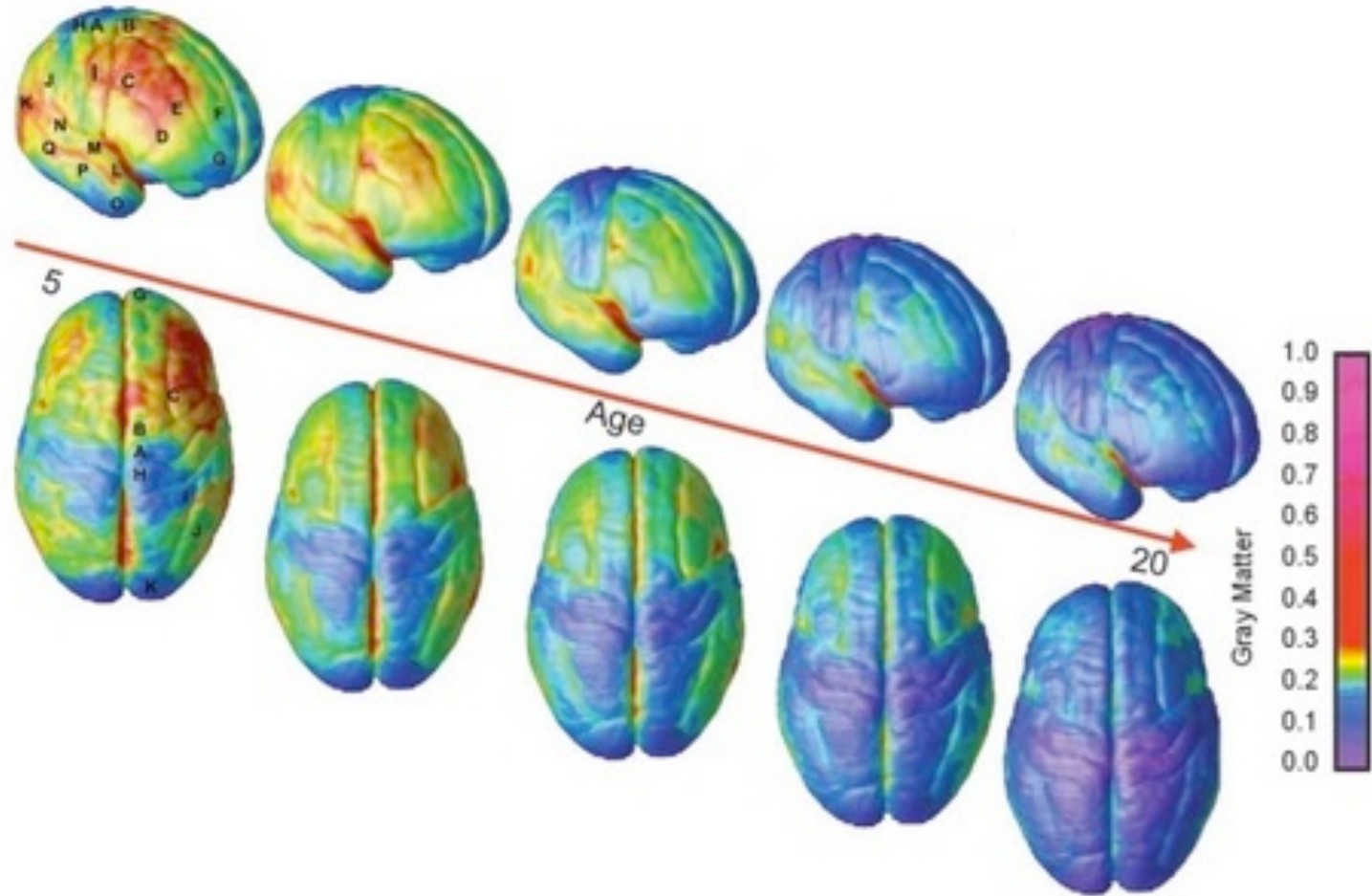


Brain Injury & Intimate Partner Violence

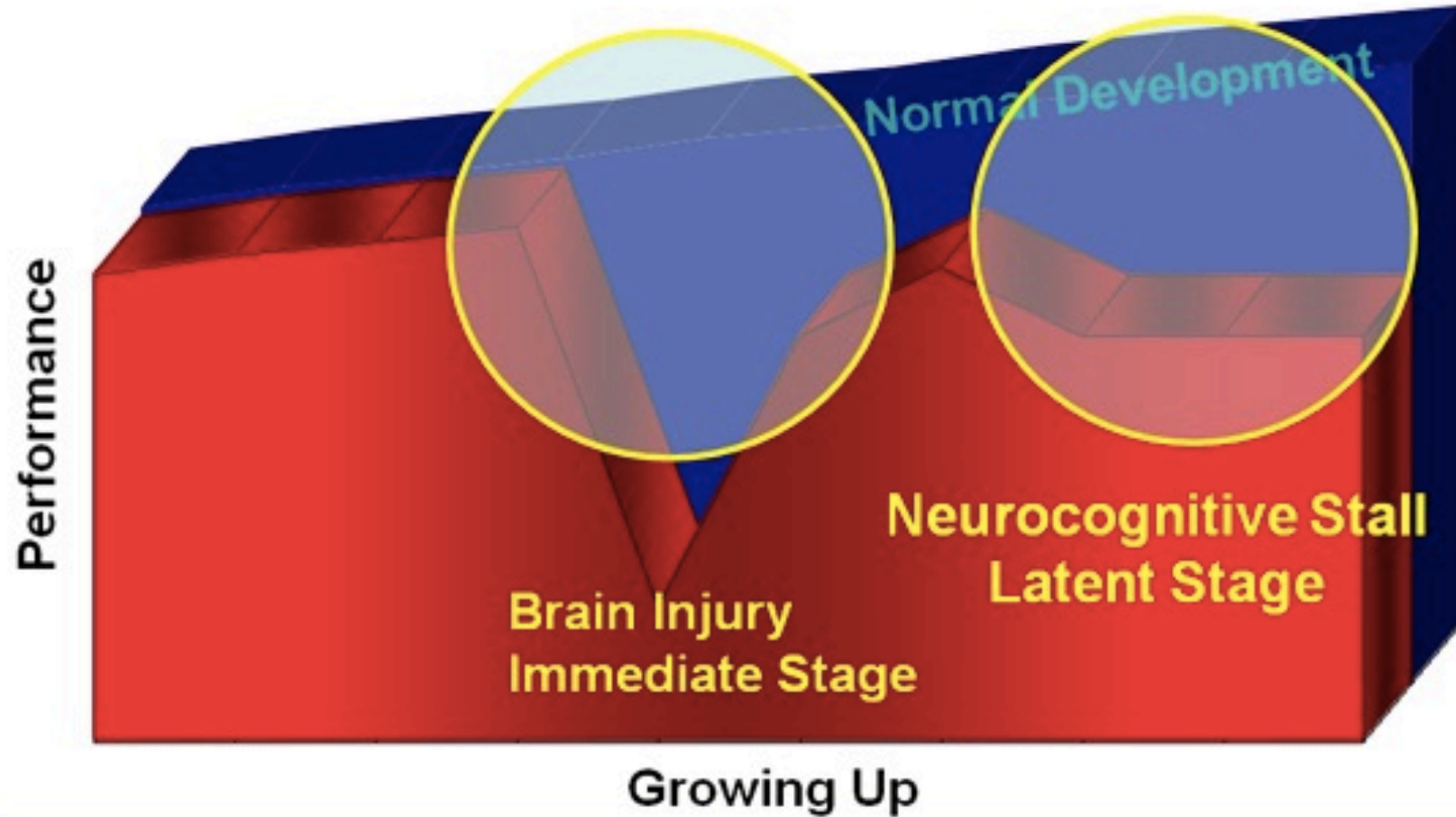
- As many as 23,000,000 women in the United States who have experienced intimate partner violence also live with brain injury
- The CDC estimates that at least 158,000 TBI-related deaths, hospitalization and emergency Department visits in the US each year are related to assaults
- The rates of TBI in women who are seen in the emergency room or in a domestic violence shelter are between 30-74 percent. Most of these injuries occur from a direct blow to the head or from strangulation, which can result in loss of oxygen to the brain
- Only 34 percent of the people injured by intimate partners receive medical care for their injuries



The Developing Brain

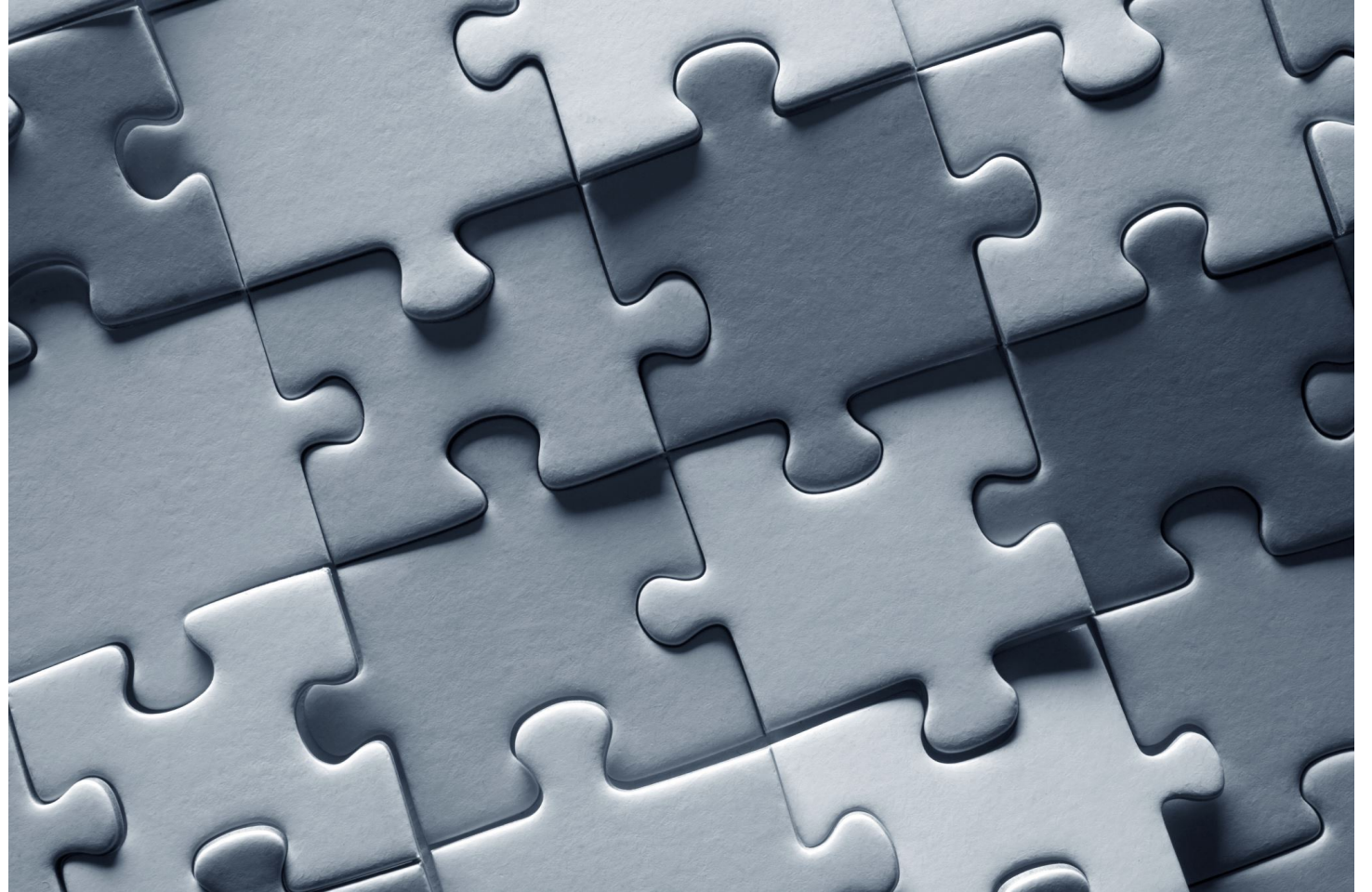


Pediatric TBI: Two Stages of Recovery



(Chapman, 2007)

Big Problem with Some Simple Solutions



Tangible Solutions

01

Train on
brain injury

02

Screen for
brain injury

03

Screen for
impairment

04

Adjust
supports to
address
impairment

05

Refer to
community
supports



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Importance of Screening (lifetime history)

- 42% of persons who indicated they had incurred a TBI as defined by the CDC did not seek medical attention (Corrigan & Bogner, 2007)
- Research indicates that a person's lifetime history of TBI is useful for judging current cognitive and emotional states, particularly behavior associated with the executive functioning of the frontal parts of the brain (e.g., planning, impulsivity, addiction, interpersonal abilities)
- Brain injury increases risk for problem behaviors (Williams, Mewse, Tonks, Mills, Burgess & Cordan, 2010)



Importance of Screening (lifetime history)

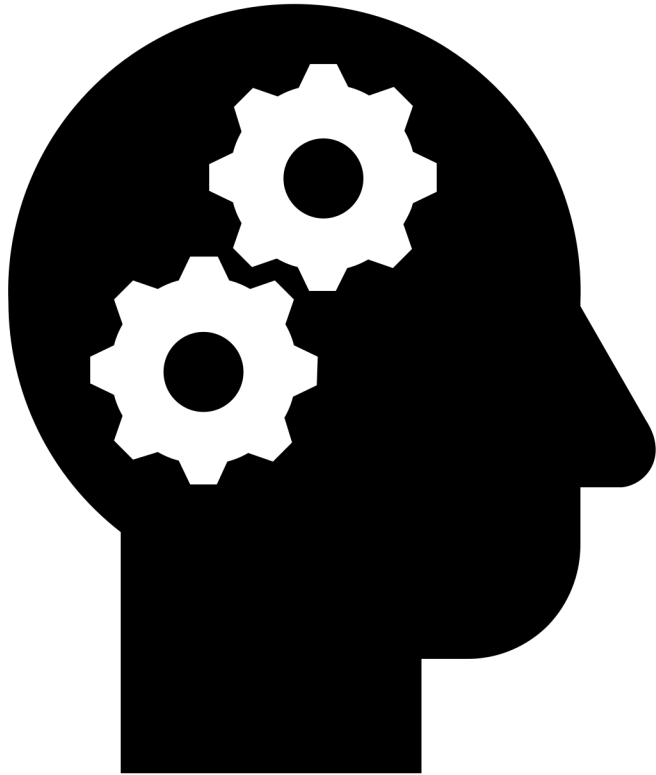
- A person who has compromised functioning in the frontal areas of the brain:
 - Adapts less well in new or stressful situations
 - has greater problems following through
 - has more difficulty making lifestyle changes, especially when rewards are in the future
- Supports can be adapted for neurocognitive deficits. Examples:
 - Minimize environmental distractions
 - Educational therapies (e.g. CBT, DBT) should emphasize pacing, provide frequent opportunities for clients to respond, generate feedback, and provide reinforcement to maintain client engagement
 - Written material/handouts where possible
 - Repetition of key points
 - Non-electronic devices might include checklists, pictures or icons, photograph cues, post-it-notes, calendars, planners, and journals
 - Therapies should be introduced with a simple rationale



Screening tools (lifetime history)

- Tools are best if cost effective and easy to administer
- Best to use a valid tool
- Tools to consider include:
 - Ohio State University – Traumatic Brain Injury Identification Method
 - Traumatic Brain Injury Questionnaire
 - Brain Injury Screen Questionnaire
 - Brain Check Survey
- More information about these screens can be found at this link and by clicking on “Lifetime History Screening Tool”:
[Lifetime history screening tool chart](#)

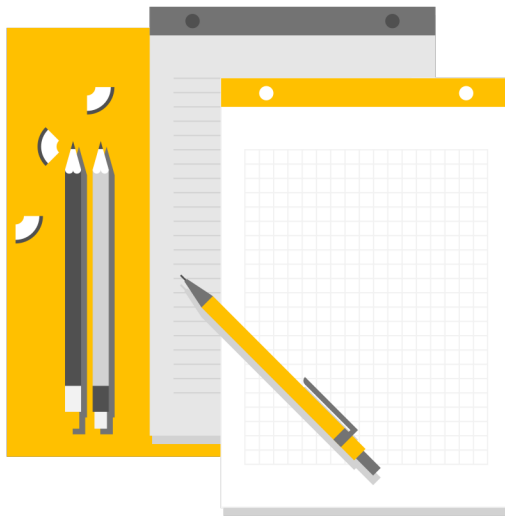
Importance of Screening (impairment)



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



Importance of Screening (Impairment)



Tools are best if cost effective and easy to administer

2 approaches

- 1. self-report
- 2. neuropsychological screen



Screening tools (impairment)

- Neuropsychological Screening Tools to consider include:
 - Automated Neuropsychological Assessment Metrics, Core Battery
 - Neuropsychological Assessment Battery – Screening Module
 - Repeatable Battery for the Assessment of Neuropsychological Status

More information about these screens can be found at this link and by clicking on “Neuropsychological Screening Batteries Chart”:
[Neuropsychological Screens](#)

- Self-Report Screening Tool to consider:

Adult TBI Protocol: [adult self-report and strategies](#)

Juvenile TBI Protocol: [juvenile self-report and strategies](#)



Colorado Symptoms Questionnaire

SYMPTOMS QUESTIONNAIRE

Name: _____ Date: _____

In recent weeks, how much have you been bothered by the following problems?
Please mark only one circle per item.

MEMORY CONCERNS	I do not experience this problem at all	I experience this problem but it does not bother me	I am mildly bothered by this problem	I am moderately bothered by this problem	I am extremely bothered by this problem
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"/>

DELAYED PROCESSING	I do not experience this problem at all	I experience this problem but it does not bother me	I am mildly bothered by this problem	I am moderately bothered by this problem	I am extremely bothered by this problem
Trouble following conversations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Remembering only one or two steps when someone is giving me instructions or directions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Taking too long to figure out what someone is trying to tell me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Strategies for Inmate/Probationers



Organization Problems

Organization is the ability to use your time, energy or resources in a helpful way to finish goals or tasks. People who have a hard time with organization notice they have problems keeping a schedule, prioritizing, starting tasks, switching from one activity to another, or keeping up with time-sensitive tasks (for example, paying bills, completing paperwork, etc.). Using and practicing the following tips can be helpful:

1. To help master your schedule, you can use a notebook, planner, or digital calendar and reminder app on your phone or watch. Review weekly and monthly schedules frequently.
2. If you have trouble prioritizing duties, use a system of organization. For example, highlight important events, bill due dates, and other deadlines.
3. If you have a hard time remembering important activities or appointments, set up a routine by asking that your regular appointments be scheduled on the same day and at the same time when possible.
4. To help yourself switch between tasks, set a timer or use a watch to alert yourself when to wrap up what you're doing, and when to get ready for your next task.²
5. If you have a hard time finishing projects on time or correctly, break them down into smaller, simple tasks and cross off each step as it is completed.
6. Poor sleep can add to organizational problems. You can review the attached sleep to help improve sleep habits.

Compiled by H. Allo, D. Daugherty, & H. Schuveiller March 11, 2019

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Inhibition Problems/Impulsivity

Impulsivity is when you find it hard to think before you act or say something. You might notice yourself cutting someone off before they finish talking or doing the first thing that comes to mind. You may also find it hard to control your emotions and show them in a way that others will understand. Even though these behaviors are not on purpose, it can be frustrating if you find yourself getting in trouble for your actions. Using and practicing the following suggestions can be helpful:

1. Stop → Think → Act! When you notice yourself acting on the first thing that pops into your mind, STOP and count to 3 while you think about the possible outcomes of what you are about to do before you do it.



2. Breathing techniques can help you relax when you are feeling out-of-control. A simple exercise that you can do is focus on your breathing for 60 seconds. Breathe in through your nose, hold your breath for 6 seconds, and then breathe out through your mouth.
3. Wait until others have finished talking before sharing your thought. If you find yourself disrupting conversations, try silently repeating the question(s) to yourself before offering an answer. This can help you avoid cutting others off when they are speaking.
4. If you find it hard to stay focused in any setting, physical or mental breaks can help. For example, try going for a short walk to take a break and refocus.
5. When working with others in a group setting, bring a notepad with you to write down your thoughts as they pop into your head. This can help avoid any interruptions that may have been caused by speaking out of turn.
6. Write down step-by-step instructions or create a checklist to help yourself complete tasks or instructions.
7. Poor sleep can contribute to impulsivity. You can review the attached sleep checklist to help promote better sleep habits.

Compiled by E. Halbert, K. Janicke, & T. Morgan March 11, 2019

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Attention Problems

There are different kinds of attention. One kind allows you to think about one thing for a short period of time, another type helps you ignore distractions and another type allows you to shift your attention from one thing to another. People with attention problems have a hard time staying focused during meetings, may get off-topic during conversations, and may have trouble remembering important details. Having trouble finishing tasks, especially when it is noisy or you are distracted, is a common problem. Using and practicing the following suggestions can be helpful:

1. Recording information can be helpful. To help you remember important details, you can take notes or record voice messages after important meetings.
2. To help you complete tasks, break them into small steps, create a list and work on only one step at a time.
3. Distracting places can make these problems worse (for example, spaces that are noisy, full of clutter, have busy views, or frequent interruptions). As much as possible, work in quiet, non-distracting places.
4. When possible, wear earphones to drown out excess noise.
5. To help you remember meetings or important dates, use the calendar or reminders on your phone/watch/computer or use a regular paper planner or calendar.
6. During important meetings, take a minute to repeat or summarize important points to help you remember.
7. Attention can get worse as the day goes on. When possible, try to schedule important appointments earlier in the day.
8. Attention can get worse if you don't sleep well. Using the attached sleep guide to help you practice better sleep habits.

Compiled by N. Amundson, M. Aud, & Q. Kais March 11, 2019

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Strategies Guidebook for Professionals

Cognitive Strategies for Community Mental Health



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1



Memory Problems



Delayed Processing



Attention Problems



Inhibition Problems/Impulsivity



Physical and Sensorimotor Problems



Language Problems



Organization Problems



Mental Inflexibility



Emotional Dysregulation



Appendix - Sleep



NASHIA

The “So What”: Adjustments/Accommodating

Framework for Support



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

The “So What”: Adjustments/Accommodating



Strategies should be easy to implement and appropriate to the environment



Strategies should be person centered; the person needs to be integral in:

1. Recognizing the need for a strategy
2. Developing a strategy
3. Monitoring progress

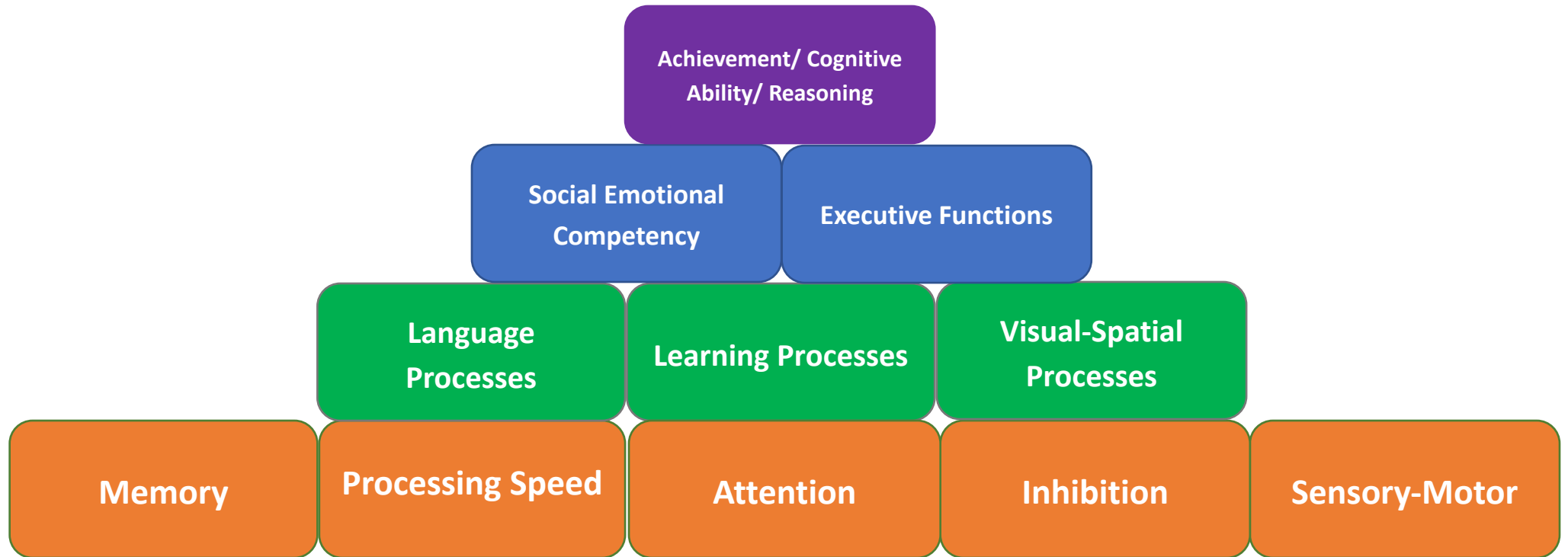
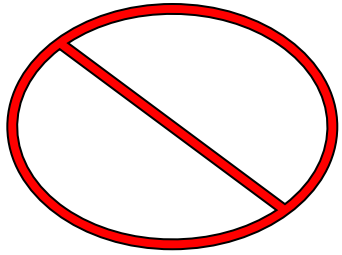


Building Blocks of Brain Development ©



The Hierarchy of Neurocognitive Functioning © - created by Peter Thompson, Ph.D. 2013, adapted from the works of Miller 2007; Reitan and Wolfson 2004; Hale and Fiorello 2004.

The Building Blocks of Brain Development © – further adapted by the CO Brain Injury Steering Committee, 2016.



~~Attention~~

Achievement/ Cognitive Ability/ Reasoning

Social Emotional Competency

Executive Functions

Language Processes

Learning Processes

Visual-Spatial Processes

Memory

Processing Speed

Inhibition

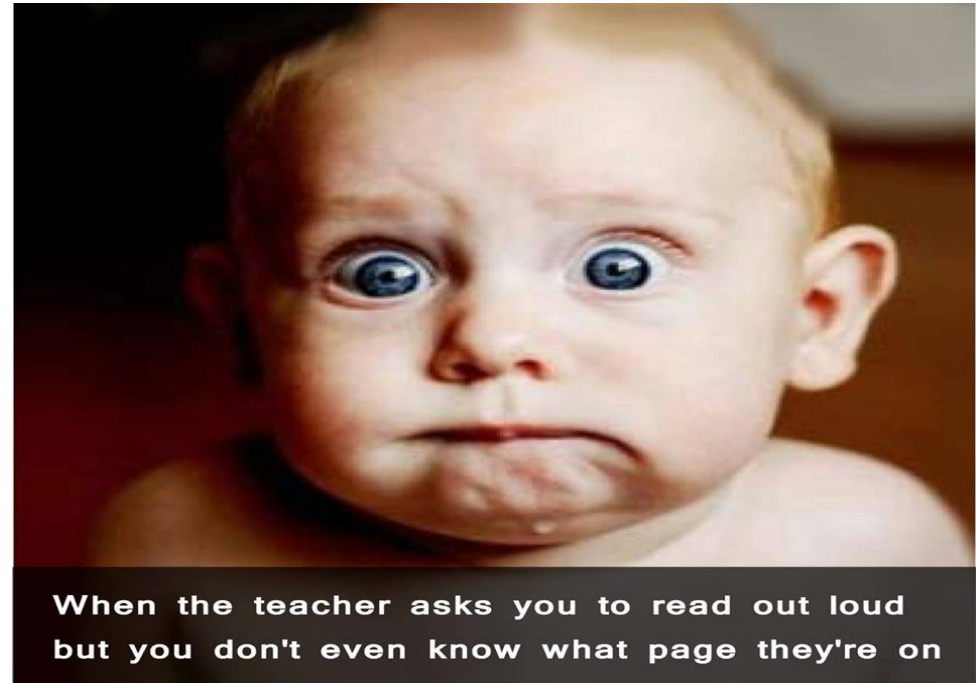
Sensory-Motor

The “So What”: Adjustments/Accommodating

Impaired Attention

What it looks like:

- Fidget, squirms in seat, can't sit still
- Interrupts conversation
- Talks excessively
- Off topic
- Impulsivity (inability to inhibit)



The “So What”: Adjustments/Accommodating

Impaired Attention

Adjustments/Accommodations:

- Check to make sure you have the persons attention before giving instructions
- Work on one task at a time to avoid the need to divide attention
- Reduce distractions, meet in a quiet environment
- Off topic
- Keep instructions brief, simple and to the point



The “So What”: Adjustments/Accommodating

Delayed Processing Speed

What it looks like:

- Slow to respond to questions
- Appears to not be paying attention
- Looks “lost” or confused
- Doesn’t follow instructions



The “So What”: Adjustments/Accommodating

Delayed Processing Speed

Adjustments/Accommodations:

- Provide instructions one at a time
- Speak slowly and check for comprehension
- Provide written cues (“first do this, then do this”)
- Offer assistance

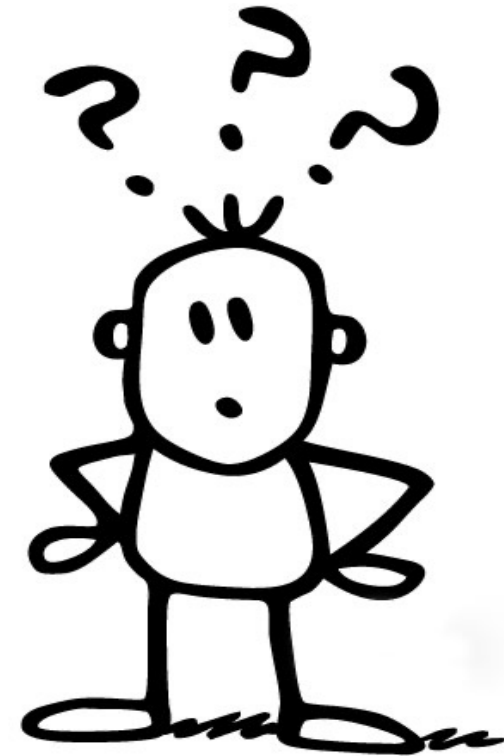


The “So What”: Adjustments/Accommodating

Short Term Memory Loss

What it looks like:

- Can't remember more than one thing at
- Can't remember details
- Appears disorganized
- Appears to have an “attitude” problem
- Appears manipulative



The “So What”: Adjustments/Accommodating

Short Term Memory Loss

Adjustments/Accommodations:

- Repeat and summarize information
- Provide written summary
- Review new information frequently
- Stick to routine as much as possible
- Keep information concise, tangible, and relevant



Skill Vs. Will



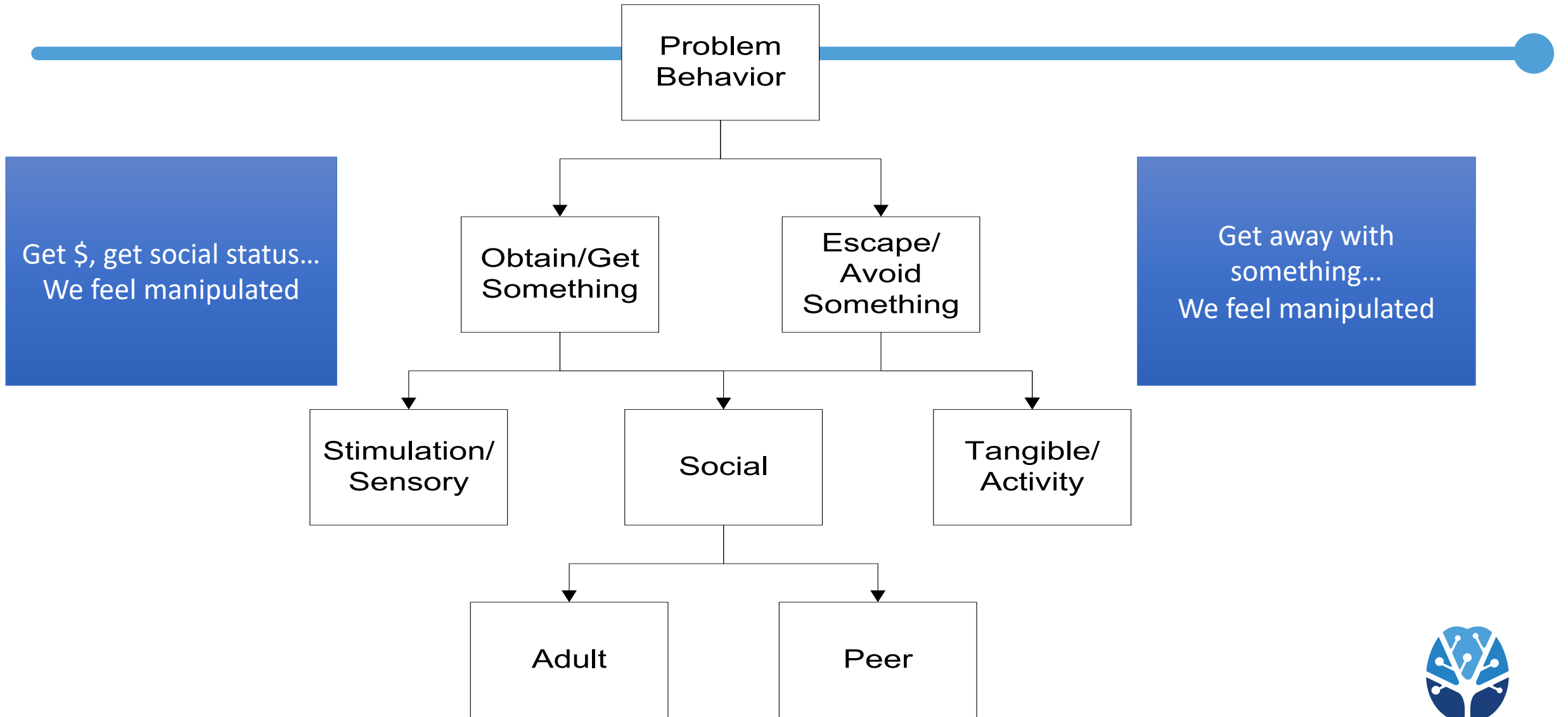
If think they have the skill but choose to not use it, likely to think punishment

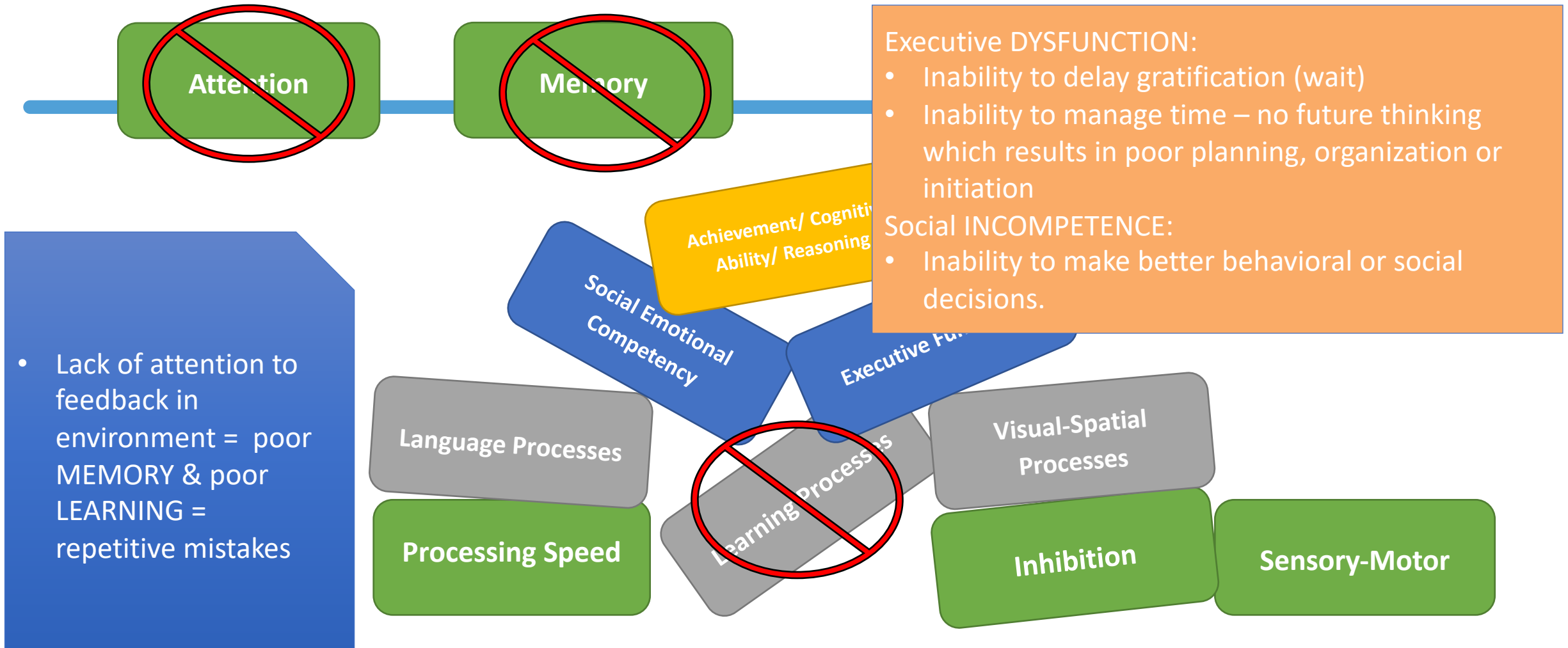


If think they don't have the skill, less likely to think punishment, more likely to think of teaching the skill



Look For: The Function of the Behavior





The Hierarchy of Neurocognitive Functioning © - created by Peter Thompson, Ph.D. 2013, adapted from the works of Miller 2007;

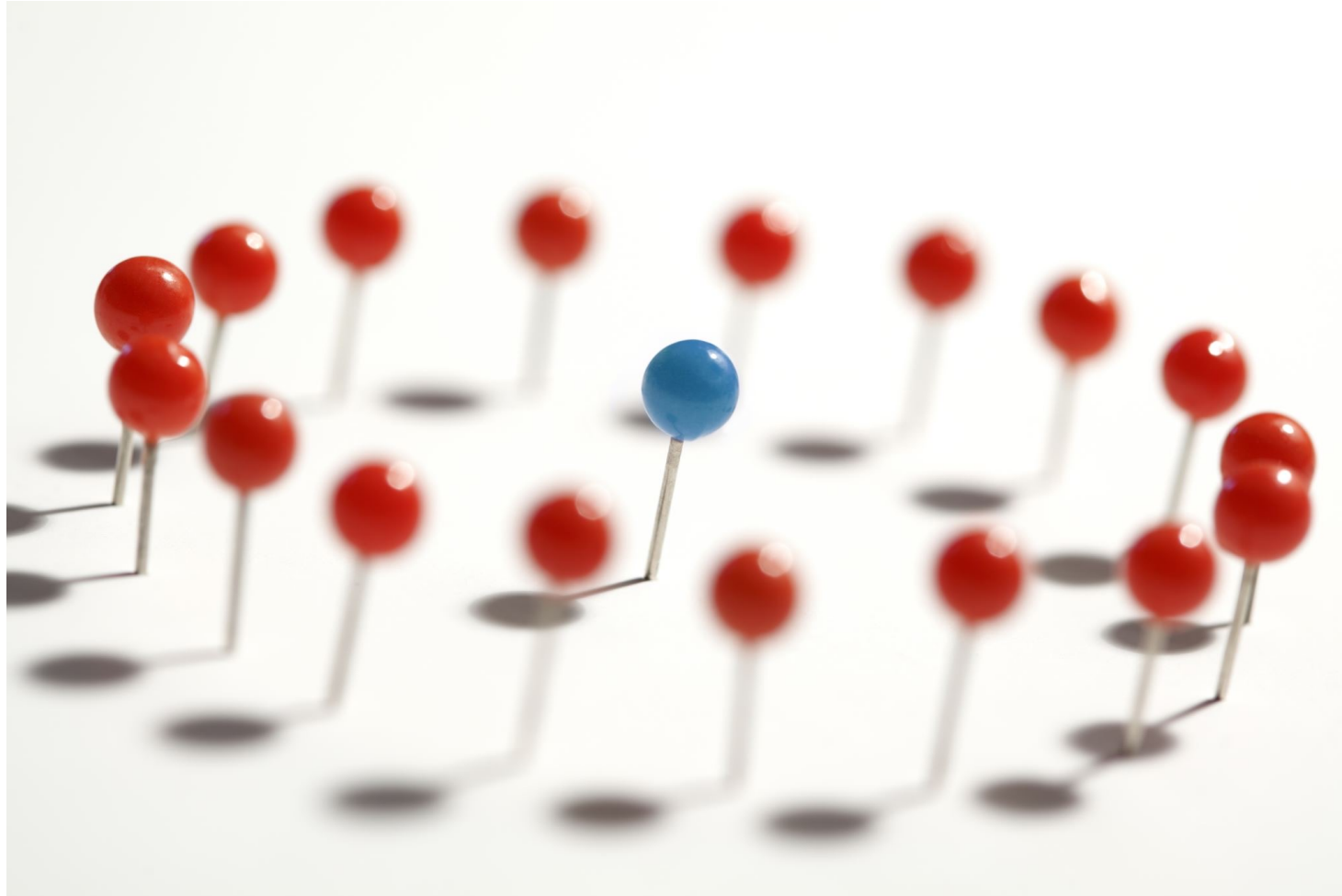
Reitan and Wolfson 2004; Hale and Fiorello 2004.

The Building Blocks of Brain Development © – further adapted by the CO Brain Injury Steering Committee, 2016.

Adapted from Dr. Karen McAvoy



Tools & Resources



Coming Soon to NASHIA

- **Neuropsychological Screening and Brain Injury**

NASHIA is partnering with Dr. Kim Gorgens from the University of Denver to develop an online workshop on brain injury and neuropsychological screening. *There will be a registration fee for the course*

- Three-hour course designed for MA-level professionals who are interested in learning about the use of neuropsychological screening batteries for clinical practice.
- Optional one hour module designed to guide those who would be providing clinical supervision to those administering the tests.
- For an additional fee, entities can contract with NASHIA to obtain individualized case consultation by Dr. Gorgens as they implement and interpret screens with their clients.

For more information email: [Judy Dettmer, jdettmer@nashia.org](mailto:jdettmer@nashia.org)



NASHIA

Behavioral Health Resources

- SAMSHA Advisory, Treating Patients with Traumatic Brain Injury
[PDF-Treating Patients with TBI](#)
- Traumatic Brain Injury and Substance Use Disorders: Making the Connections
[PDF-TBI & SUD](#)
- What Providers Need to Know: Behavioral Health and Brain Injury
[PDF-Provider Tip Card](#)
- Client Workbook: Substance Use and Brain Injury
[PDF-Client Workbook](#)



Accommodating the Symptoms of TBI

[Booklet PDF](#)

Presented by:

Ohio Valley Center for Brain Injury
Prevention and Rehabilitation

With contributions from Minnesota Department of
Human Services State Operated Services

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[Booklet order form PDF](#)



NASHIA

TBI Toolkit

[Free Online Toolkit](#)

[Mental Health, Criminal Justice, and Brain Injury Toolkit](#)



Developed by researchers at the Department of Veterans Affairs, this toolkit is designed to assist providers in identifying TBI and associated co-occurring problems and determining potential need for further evaluation and/or mental health treatment modification.

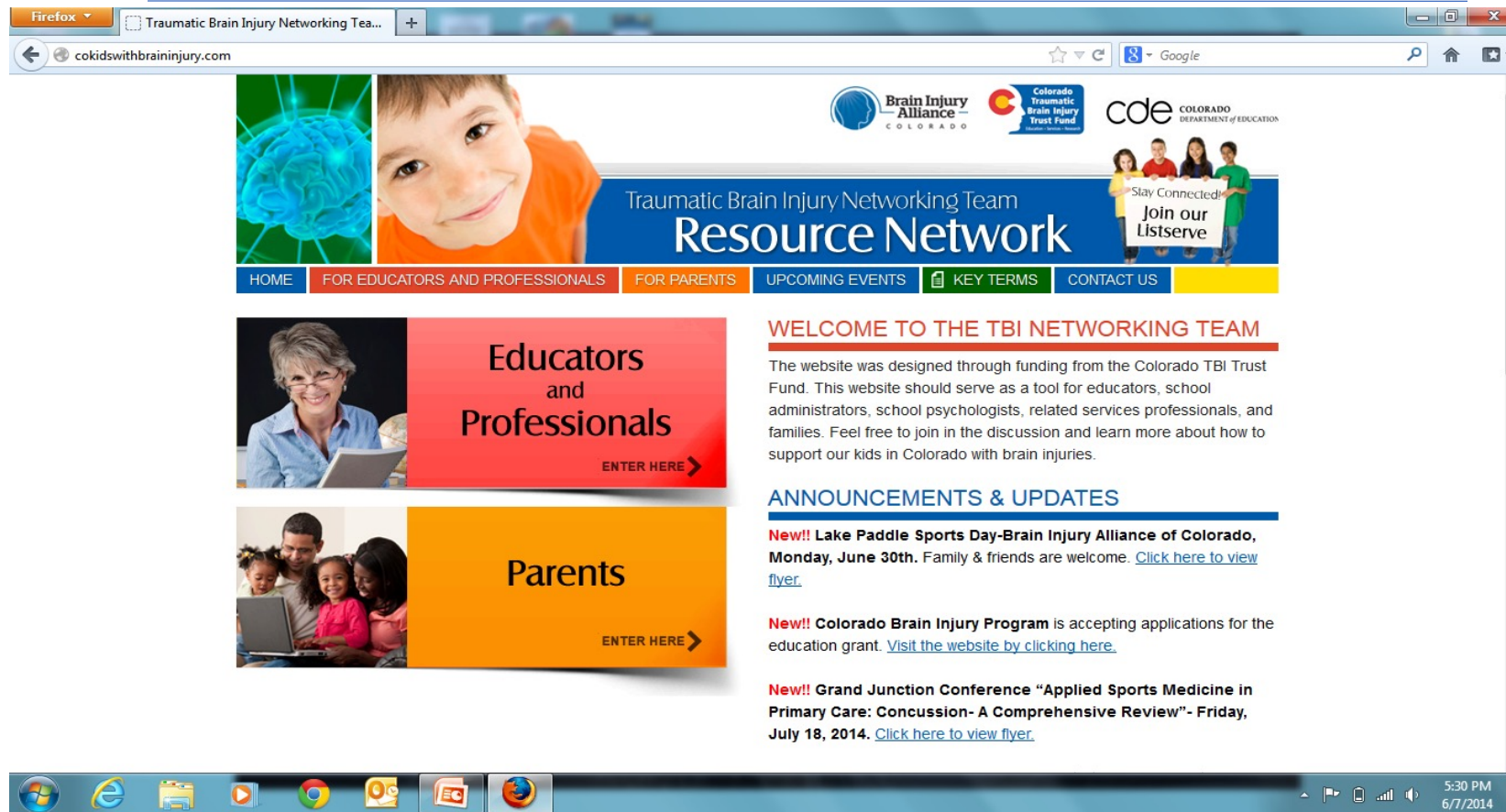
Click [here](#) to access the toolkit. Click [here](#) and open the “Training Resources” menu for valuable slides from the initial training on this toolkit.

The goal is to offer providers working with clients who have a history TBI and mental health symptoms the following:

- Background information/Education
- Screening and Assessment Tools
- Interventions and Treatment Modification Suggestions
- [Additional resources](#) →

Cokids with Brain Injury

www.cokidswithbraininjury.com



Resources

Brain Injury Association of America: <https://www.biausa.org/>

National Association of State Head Injury Administrators: <https://www.nashia.org/>

TBI Model Systems Knowledge Translation Center: <https://msktc.org/tbi/factsheets>

United States Brain Injury Alliance: <https://usbia.org/>



Thank you.

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Stay Connected



SCAN ME



Thank You for Joining Us Today!

Judy Dettmer

Director of Strategic Partnerships, NASHIA

January 19, 2022



Mountain Plains (HHS Region 8)

MHTTC

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

SAMHSA
Substance Abuse and Mental Health
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