How to Approach, Engage, and Direct Individuals Living with TBI — TBI Intensive Workshop 1 for Law Enforcement and EMT Personnel

Anastasia Edmonston MS CRC & Judy Dettmer

National Association of State Head Injury Administrators (NASHIA)

June 16, 2022

SAMHSA
Substance Abuse and Mental Health Services Administration

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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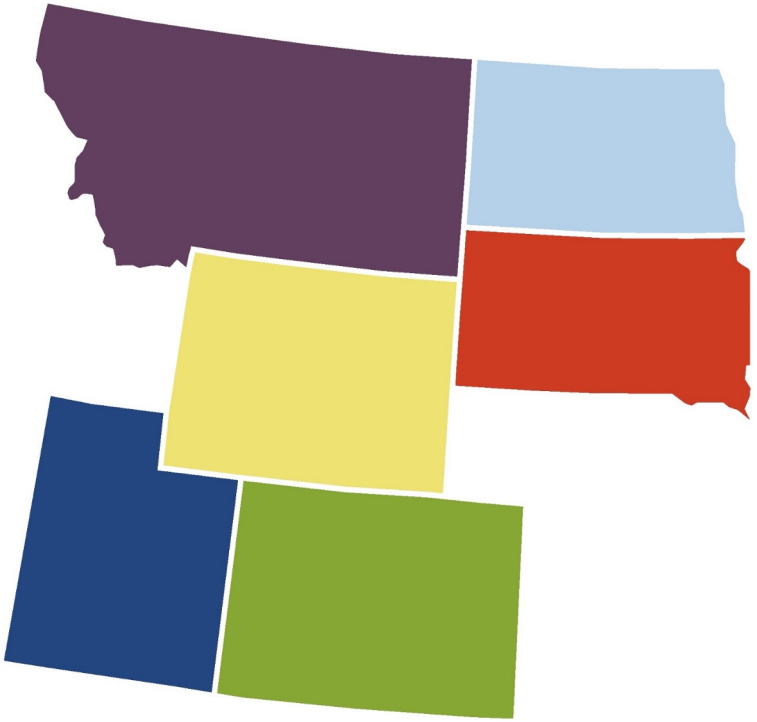
The Mountain Plains Mental Health Technology Transfer Center

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.

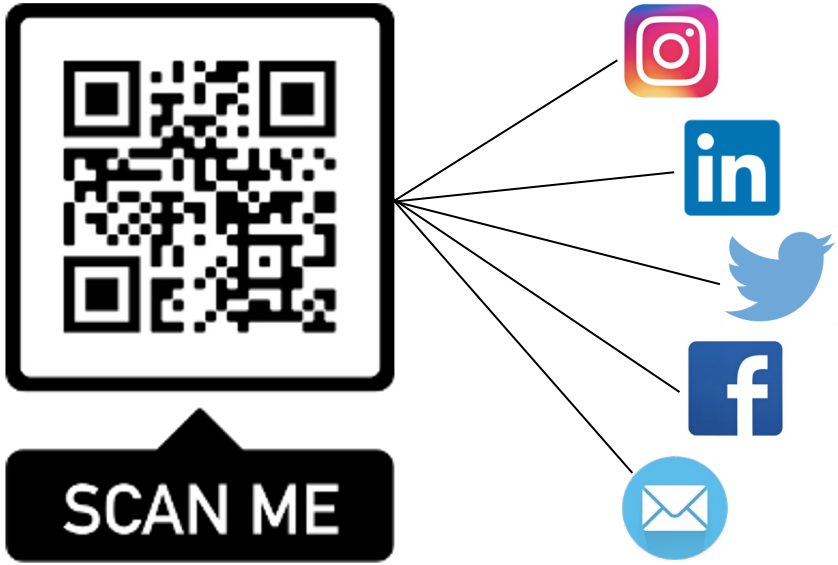
The MHTTC Network uses affirming, respectful and recovery-oriented language in all activities. That language is:

- 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, policies, and products

Adapted from: https://mhcc.org.au/wp-content/uploads/2019/08/Recovery-Oriented-Language-Guide_2019ed_v1_20190809-Web.pdf

Stay Connected

Scan this QR code to follow us on Instagram, LinkedIn, Twitter, and Facebook. You can also join our e-mail newsletter!



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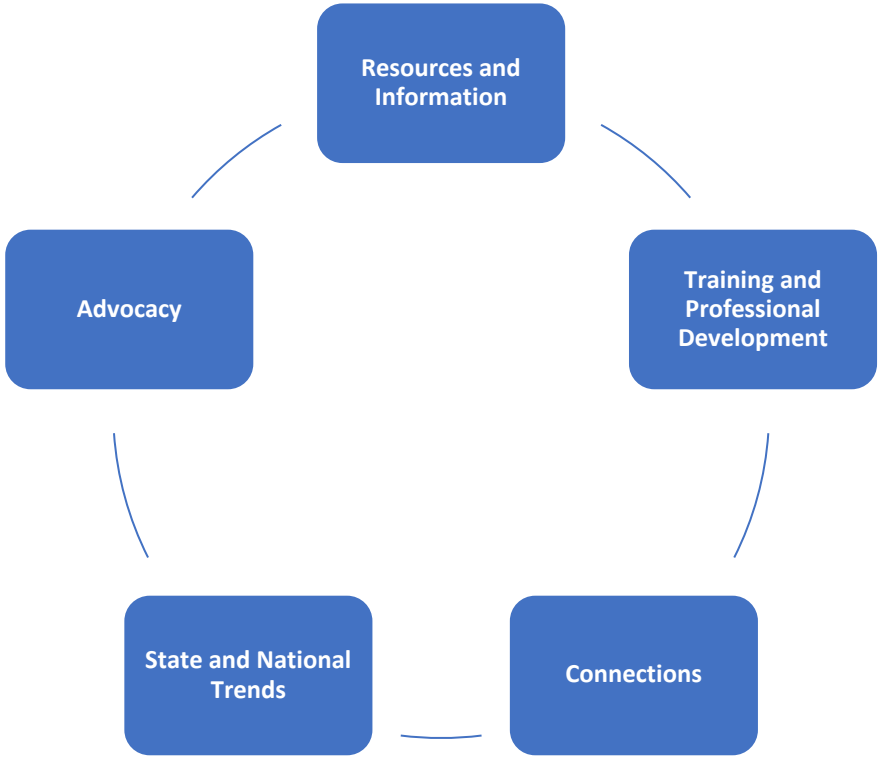
NASHIA'S MISSION

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.

NASHIA PROVIDES

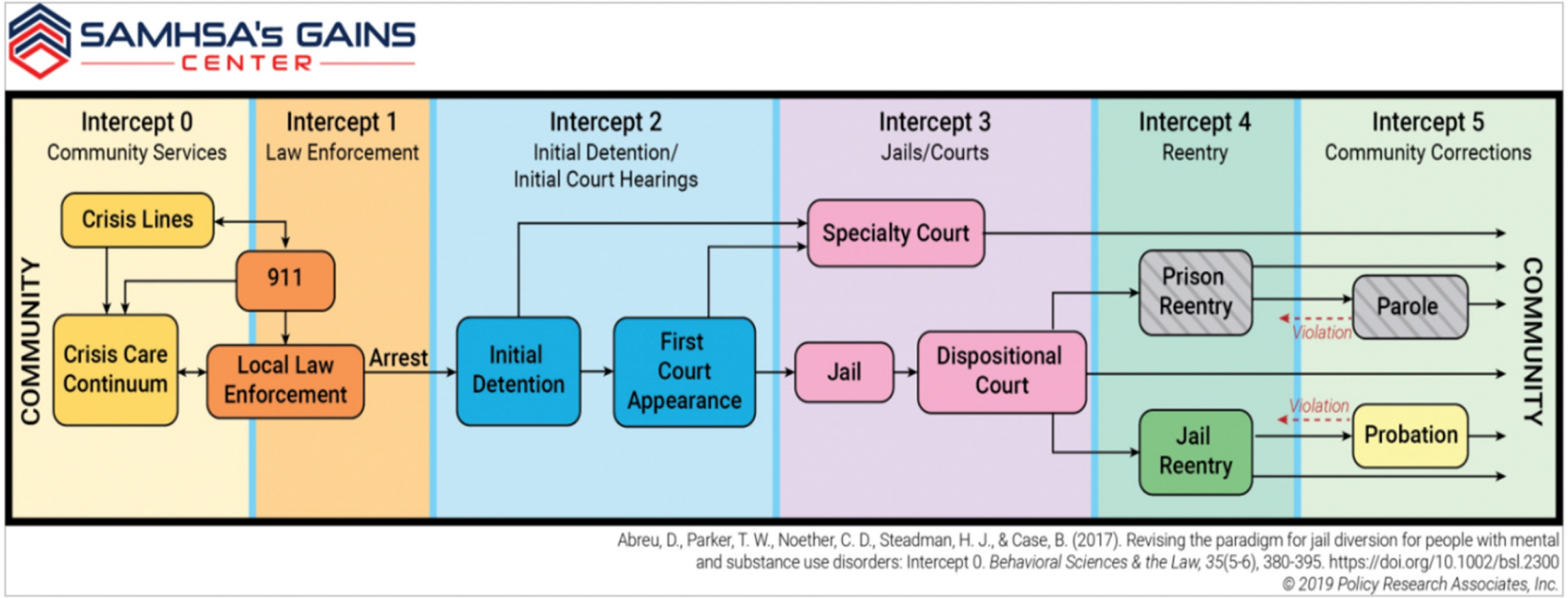


NASHIA TEAM

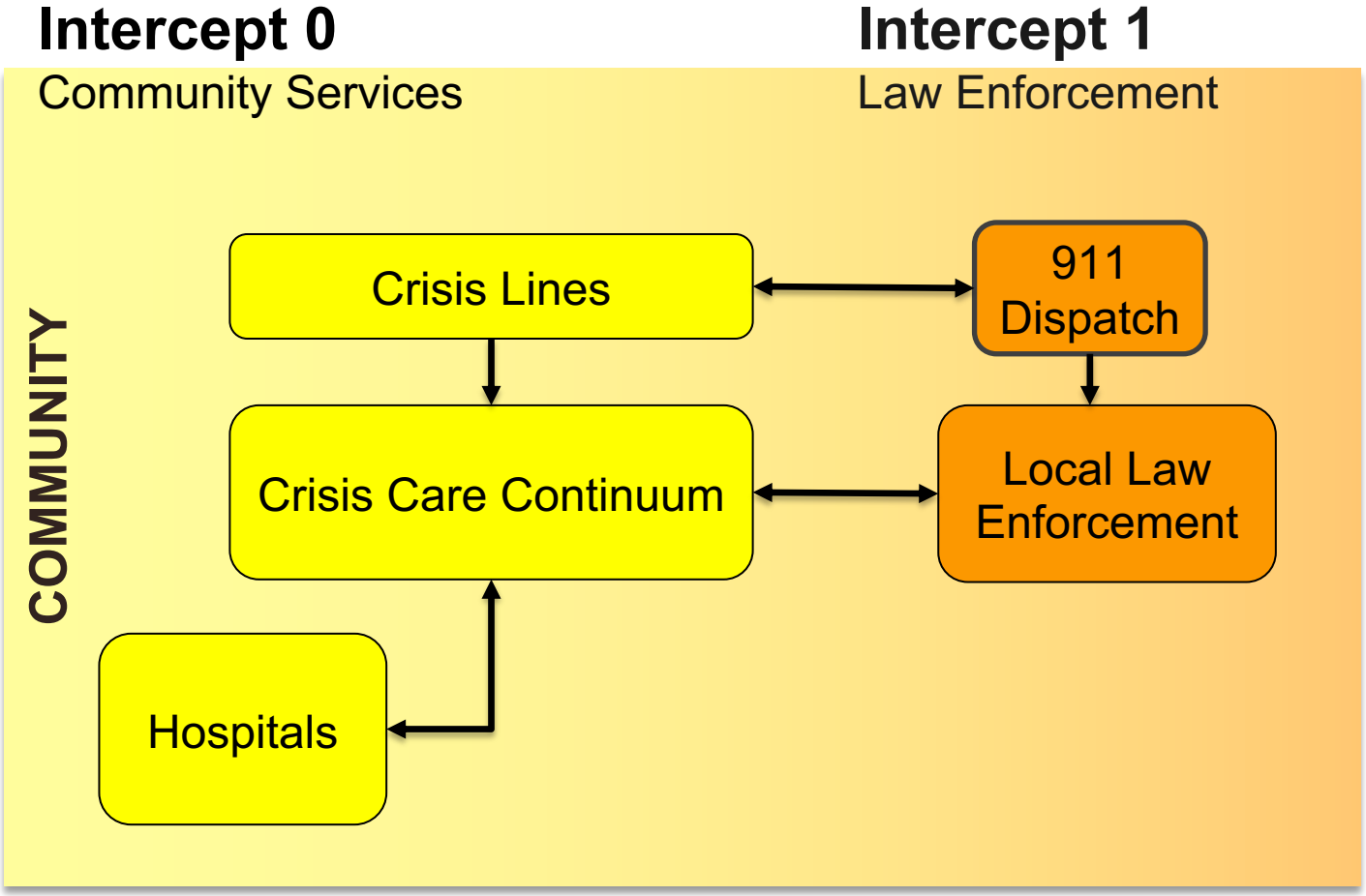
Sequential Intercept Model (SIM)

- A conceptual framework for communities for considering interface between the criminal justice and behavioral health system
- An organizing tool
- Currently developing a SIM for individuals with Intellectual and Developmental Disabilities (IDD/DD), autism, and brain injury

Sequential Intercept Model



Abreu, D., Parker, T. W., Noether, C. D., Steadman, H. J., & Case, B. (2017). Revising the paradigm for jail diversion for people with mental and substance use disorders: Intercept 0. *Behavioral Sciences & the Law, 35*(5-6), 380-395. https://doi.org/10.1002/bsl.2300


Intercept 0
Community Services
Intercept 1
Law Enforcement
COMMUNITY
Crisis Lines
911 Dispatch
Crisis Care Continuum
Local Law Enforcement
Hospitals

Intercept 0 – 1 Focus and Stakeholders

Deflection to Services

- Alternatives to legal system
- Population and needs identification
- No Wrong Door
- Proactive services

Care Continuum

- Pre-Crisis
- Crisis
- Stabilization
- Recovery and On-going Services and Supports

Cross-system and Provider Coordination and Communication

- Housing
- Transportation
- Data and Information Sharing
- Benefits and Entitlements
- Care Navigation and Case Management
- Peer Support

Individual

Criminal Legal

Interventions, Services and Supports

- **Call Centers (911,988, warmlines, NAMI, 211)**
- **First Responders: EMS, Fire, Law Enforcement**
- **Community Response Services (Alt. Health, Co-Response, Mobile)**
- State Institutions
- **Hospitals, ED, Urgent Care, Crisis Centers; CCBHC, FQHCs, VA**
- **Supports: Peers –Person/site-based; family, guardians, advocates**
- **Flexible Funds**
- **Providers: Jail Medical and Mental Health; Community Mental Health and SUD; Community ABI, IDD,** VJO
  - full spectrum of settings and levels of intervention

Targeted Services

- **Housing, Homeless Supports; Residential, Home-based care**
- **Sobering and Detox**
- **Transportation**
- **Education and Employment Services and Supports**

Systems

- **Human/ Social Services; SOAR, SSA; Medicaid/Waivers**
- **Government: Local and State; Licensing and Credentialing**
- Foundations and other funding sources
- **Higher Education Connections**

Having a history of brain injury can increase vulnerability to conditions and behaviors that commonly bring individuals into contact with first responders including police, paramedics and the firefighters

Today we are going to focus on several groups that First Responders will encounter in the community, and how for many of these individuals, their history of TBI may be hiding in plain sight

&

Share examples of applying engagement and crisis response strategies through a brain injury-informed lens

Welcome Back to Part II of our Series!

Before we dive into today's content, are there any questions about what we discussed last week? Please put them in the Chat.

What *is* a Brain Injury?

An Acquired Brain Injury (ABI) occurs *After* Birth

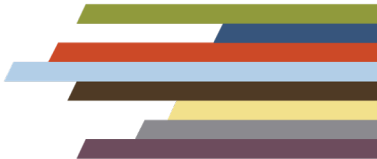
Types of Brain Injury

Traumatic Brain Injury (TBI)

TBI is an insult to the brain caused by an external physical force, such as a: fall, motor vehicle accident, assault, sports related incident, or improvised explosive device (IED) exposure

Acquired Brain Injury (ABI)

ABI is an insult to the brain that has occurred after birth, such as: TBI, stroke, infections in the brain, strangulation and other events that result in a loss of oxygen to the brain; e.g., cardiac event, near drowning, overdose(s)



True or False

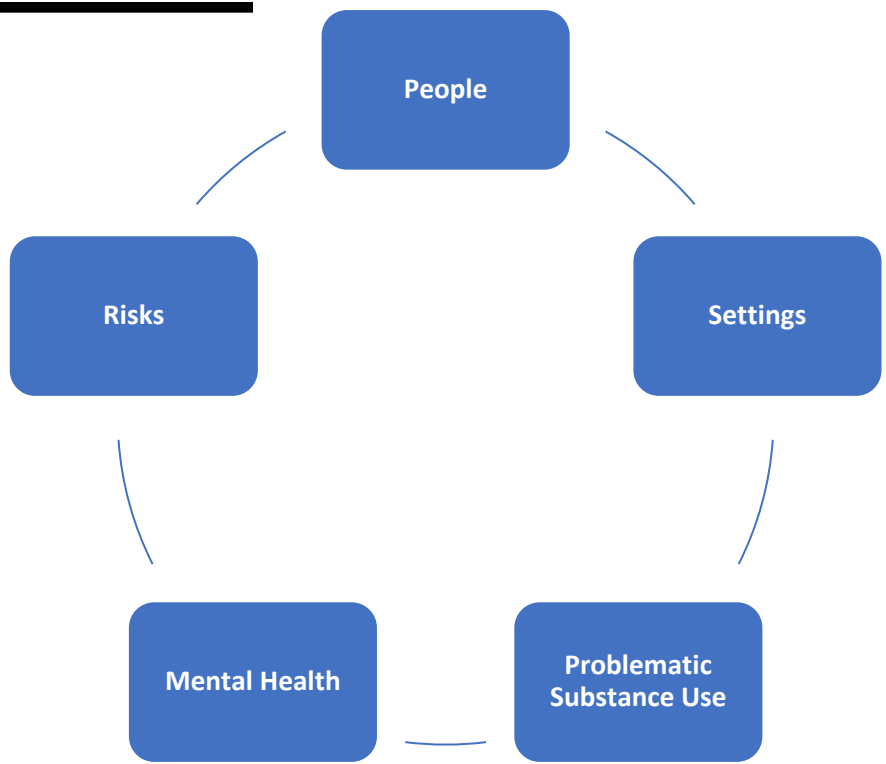
1. People with a history of traumatic brain injury, even if the injury or injuries were mild have a higher risk of completed suicide than those without a history of brain injury
2. Among incarcerated adults, a history of TBI is 20%
3. Surviving an opioid overdose can result in an acquired brain injury
4. If someone has experienced a severe traumatic brain injury, chances are they will spend the rest of their lives in a nursing home
5. If someone is in post traumatic amnesia (PTA) after a blow to their head, they will be in a coma

Some Risk Factors for TBI (Adapted from Corrigan 2014)

- You are very _____
- You are an ____ adult
- You use _____ or are around people who do

Fill in the blanks

Quick review



Intimate Partner Violence (1 of 2)

Several studies have investigated characteristics of women who have been abused but experience poor outcomes in domestic violence programs. Typical descriptions include:

- Unmotivated
- Unfocused
- Poorly organized
- Unable to plan ahead
- Unable to follow a train of thought
- Forgetful

Intimate Partner Violence (2 of 2)

People who are victims of intimate partner violence often have TBI from hitting, choking, etc.

- Studies have suggested the perpetrators also are likely to have a history of TBI
- It is difficult for those who have been abused, especially over a long period of time, to organize a plan to leave, due not only to emotional distress and economic considerations, **but also because the parts of their brains responsible for planning, organizing, and remembering have been damaged.** Victims may have impulse control problems themselves. *"She gives as good as she gets"*

Source: *Adapted with permission from Anne McDonnell, Brain Injury Association of Virginia 2010*

What Might it Feel Like to Be Living with a Brain Injury?

Writing and processing exercise

Possible Physical Changes

Injury-related problem	How it may affect a person functionally
Coordination is impacted	Unsteady gait, poor eye-hand coordination, slow or slurred speech, tremors, paralysis
Trouble with vision	Staring or poor eye contact, blurred or double vision, inability to follow an object with their eyes, difficulty navigating the environment due to a brain injury related field cut, especially in unfamiliar environments
Additional Physical Challenges may include	Seizures, deaf or hard of hearing, fatigue

Possible Cognitive (Thinking) 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, interpersonally inflexible, poorly organized, verbally/physically combative

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Possible Behavioral 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
Post Traumatic Stress Disorder	Intrusive thoughts, sleep disturbance, hypervigilant (when co-occurring with TBI, symptoms of both can be exacerbated)
Anxiety	Can exacerbate other cognitive/behavioral problems

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Subway Scenario

It was nearly midnight

It was raining

There was an abandoned umbrella

In walks a wet, tired and cold 20 year old, 3 years post a severe TBI, they had no obvious scars or signs of a TBI

A New York City Transit officer was making rounds at the station

What happened next……

“Consequences are particularly related to impulsivity and self-regulation”

John Corrigan Ph.D.

Remarks at the September 2018 National Association of State Head Injury Administrators conference, Des Moines Iowa, regarding the consequences of childhood brain injury.

“TBI can create challenges to managing offenders and to their successful community re-entry upon release”

Shiroma, Feguson, Pickelsimer 2012

Think about how many citizens you encounter who have/have been, incarcerated/justice involved, homeless, living with mental health challenges, problematic substance use, etc., etc.

The Fingerprint of Traumatic & Acquired Brain Injury

Our frontal lobe temporal lobes are key to managing behavior and emotions. Survived overdose or overdose(s) also puts the frontal and temporal lobes at risk if they are deprived of oxygen

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

Brain Injury

For law enforcement and first responders, **the behavioral impact of damage to the frontal and temporal lobes can be a factor** during interactions with people who otherwise appear "normal."

Youth (1 of 2)

Compared to not having a TBI and outpatient only, by early adolescence (10 – 13 years old) those hospitalized with a mild TBI before age six were:

- More hyperactive and inattentive as rated by parent and teacher
- More likely diagnosed with Attention Deficit Hyperactivity Disorder (ADHD), conduct disorder, or oppositional defiant behavior
- More likely to have substance abuse problems
- More likely to demonstrate mood disorders

Source: *John Corrigan Ph.D., Ohio Valley Center 2014*

Youth (2 of 2)

By late adolescence and early adulthood (16 – 25 years old):

- Those hospitalized with **first TBI before age six** are three times more likely to have a diagnosis of either alcohol or drug dependence by age 25
- Those hospitalized with **first TBI between ages 16–21** are three times more likely to be diagnosed with drug dependence
    - TBI highly associated with likelihood of arrest

Source: *John Corrigan Ph.D., Ohio Valley Center 2014*

Implementing Crisis Intervention Training (CIT) Tactics Through a Brain Injury Informed Lens

- “Hey, I see you are walking with a limp, have you hurt your leg?”
- “Sir, are you able to see me okay?”
- “If it is okay with you, I am going to repeat back what I think you have said so I can be sure I am understanding you”
- “I am wondering if you have ever hurt your head, maybe in an accident like a fall or car crash, or if you have had a stroke?
- “Is it better for you if we sit down to talk?”
- “I need to ask you some questions, is there anything I can

  do to make our interaction easier for you?”
- “Can you tell me what your bracelet/necklace says?” (medical alert jewelry)

Don’t automatically assume a “hard stare” is rooted in disrespect or hostility, it can just as easily be related to difficulties in comprehension of what is being discussed

Don’t automatically assume that someone who is *Not* making eye contact with you is being rude, disrespectful or evasive, they may be living with optic nerve damage that makes shifting and focusing their vision a challenge

De-Escalation through a brain injury informed lens

A/Sergeant Jennifer Spieth, Anne Arundel County Maryland, CIT Team, adapted from remarks made at the CIT International Conference, 2020

1. Avoid crowding or “cornering” the individual
2. Avoid asking a lot of questions in the beginning
3. Avoid intervening too quickly or trying too hard to control the interaction by interrupting or talking over the individual
4. If the individual seems “stuck” on a word and you think you know what it is, don’t fill in the blanks for them without first asking if you can help

Brain Injury Informed Rational for these Techniques

1. Risk of escalation due to misunderstanding of threat to personal safety
2. Information conveyed verbally may be hard to attend, comprehend, and respond to due to “receptive aphasia”, aka processing challenges
3. The individual may be living with short-term memory along with “expressive aphasia” aka word finding challenges, as a result the individual may lose their train of thought, become confused and behaviors are at risk of esclating
4. Asking for permission engages the individual, reduces the risk of embarrassing or insulting them

Simple Engagement/De-Escalation Strategies for First Responders (1 of 4)

- Make and maintain eye contact during interactions
- Speak in short, simple sentences
- Speak in a neutral tone
- Ask the person to paraphrase what you have said frequently
- Give the person time to process what is being said
- When possible, give the person a “heads up” regarding what to expect during your interaction

Simple Engagement/De-Escalation Strategies for First Responders (2 of 4)

- Behavior-specific praising: Reinforce the positive behaviors you see—

  "I like how you are sitting here talking to me"

- Redirection
- Choose your battles. . . only focus on what matters
- Non-verbal cues (including tone of voice) will be interpreted first

Source: *Joelle Ridgeway, MS*

Simple Engagement/De-Escalation Strategies for First Responders (3 of 4)

Positive prompting—don't give attention to negative behavior and don't sound authoritative:

- Person becoming distracted—*"We are almost finished here, thank you for sitting here talking to me"*
- Person is yelling at you or someone else—*"Lower your voice please"*
- Person hitting fists on car/wall—*"Let's walk over here"*

Source: *Joelle Ridgeway, MS*

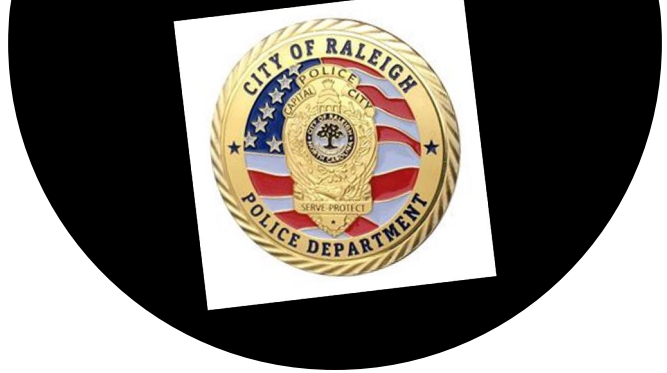
Simple Engagement/De-Escalation Strategies for First Responders (4 of 4)

Positive prompting *(continued):*

- Person has something in their hands that they could hurt themselves with—*"Please put the bat over here"*
- Person grabs your arm—"*Please keep your hands to yourself*"

NOTICE how **concrete and specific** these examples are

Source: *Joelle Ridgeway, MS*



BRAIN INJURY ASSOCIATION OF NORTH CAROLINA

Brain Injury Association of North Carolina and The Raleigh Police Department's Training Video

Video

Debrief

- What are some of the physical clues that John in living with a brain injury
- What are some of the behavioral clues that John is living with a brain injury
- What are some of the “don’ts” illustrated in the interactions between John and Officer Mac
- What are some of the “do’s illustrated in the interactions between John and Officer Mac

Up Next in this Series

July 14, 2022-11:00 AM Mountain Time: How to Approach, Engage and Direct Individuals living with TBI-Wrap-Up Panel

Questions?

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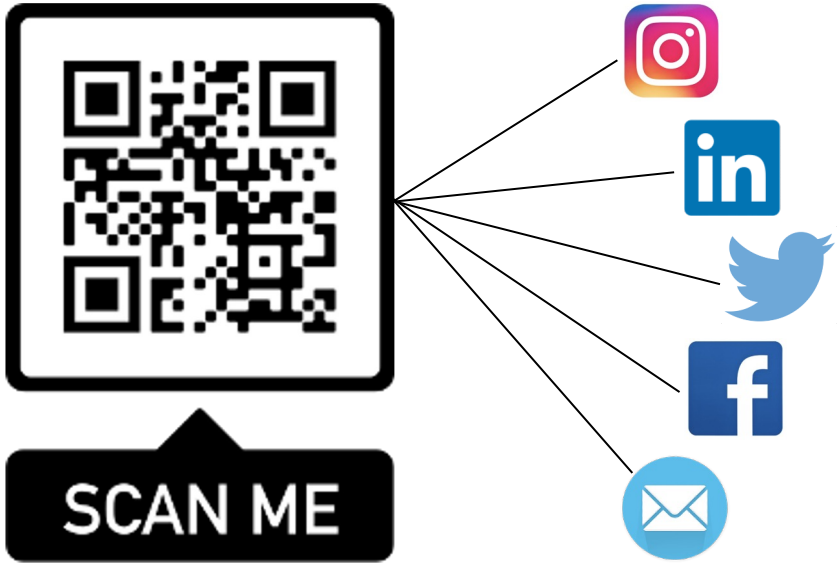

Thank You!

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National Association of Head Injury Administrators,

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

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