How to Approach, Engage, and Direct Individuals Living with TBI-

Presenter Names: Anastasia Edmonston MS CRC & Judy Dettmer

Organization: National Association of State Head Injury Administrators (NASHIA)

Charles Smith, Phd, MA - SAMHSA Regional Administrator, Region 8

Chief Mike Root-Semi-retired, Law Enforcement

Date: July 14, 2022

Mountain Plains (HHS Region 8)

MHTTC

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

Disclaimer and Funding Statement

This presentation was prepared for the Mountain Plains Mental Health Technology Transfer Center (Mountain Plains MHTTC) under a cooperative agreement from the Substance Abuse and Mental Health Services Administration (SAMHSA). All material appearing in this presentation, except that taken directly from copyrighted sources, is in the public domain and may be reproduced or copied without permission from SAMHSA or the authors. Citation of the source is appreciated. Do not reproduce or distribute this presentation for a fee without specific, written authorization from the Mountain Plains MHTTC. For more information on obtaining copies of this presentation please email david.v.terry@und.edu.

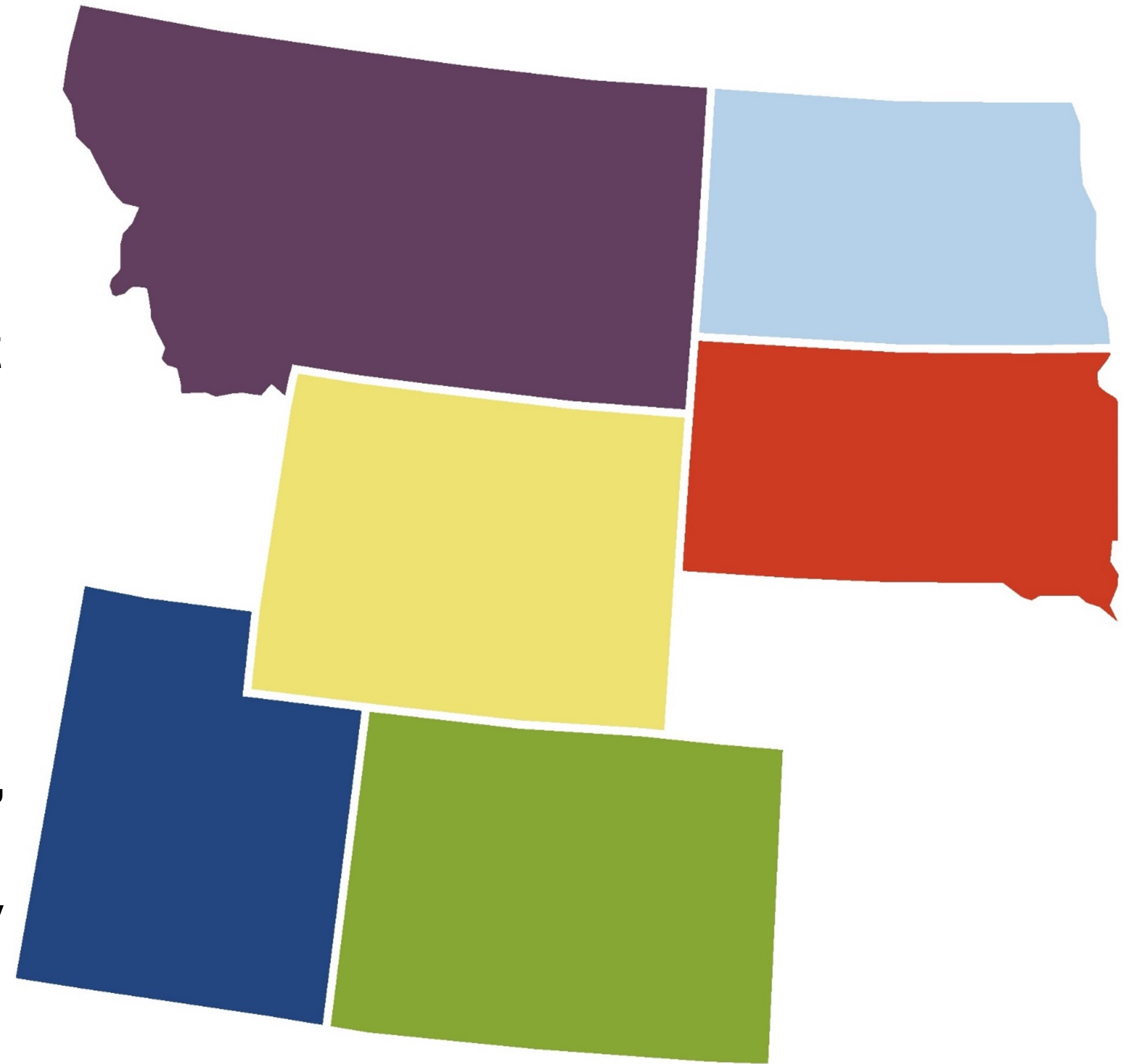
At the time of this presentation, Tom Coderre served as acting SAMHSA Assistant Secretary. The opinions expressed herein are the views of [PRESENTER] and do not reflect the official position of the Department of Health and Human Services (DHHS), or SAMHSA. No official support or endorsement of DHHS, SAMHSA, for the opinions described in this presentation is intended or should be inferred.

The work of the Mountain Plains MHTTC is supported by grant H79SM081792 from the Department of Health and Human Services, Substance Abuse and Mental Health Services Administration.

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

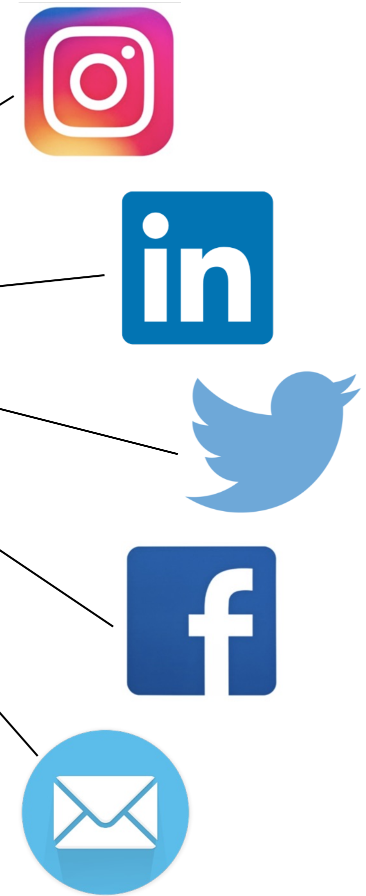
Respectful, clear and understandable

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!



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.

Panelists

Any Questions

Before we begin today's session, do you have any questions from our June sessions?

Put your answers in the chat

Quick Quiz

1. The “Fingerprint of Brain Injury” refers to the behavioral health consequences due to damage to which lobes of the brain:

   a. occipital and frontal

   b. temporal and parietal

   c. frontal and temporal

1. A “hard stare” directed at you during an interaction with an individual with a history of brain injury may indicate:

   a. optic nerve damage

   b. comprehension difficulties

   c. Both a & b

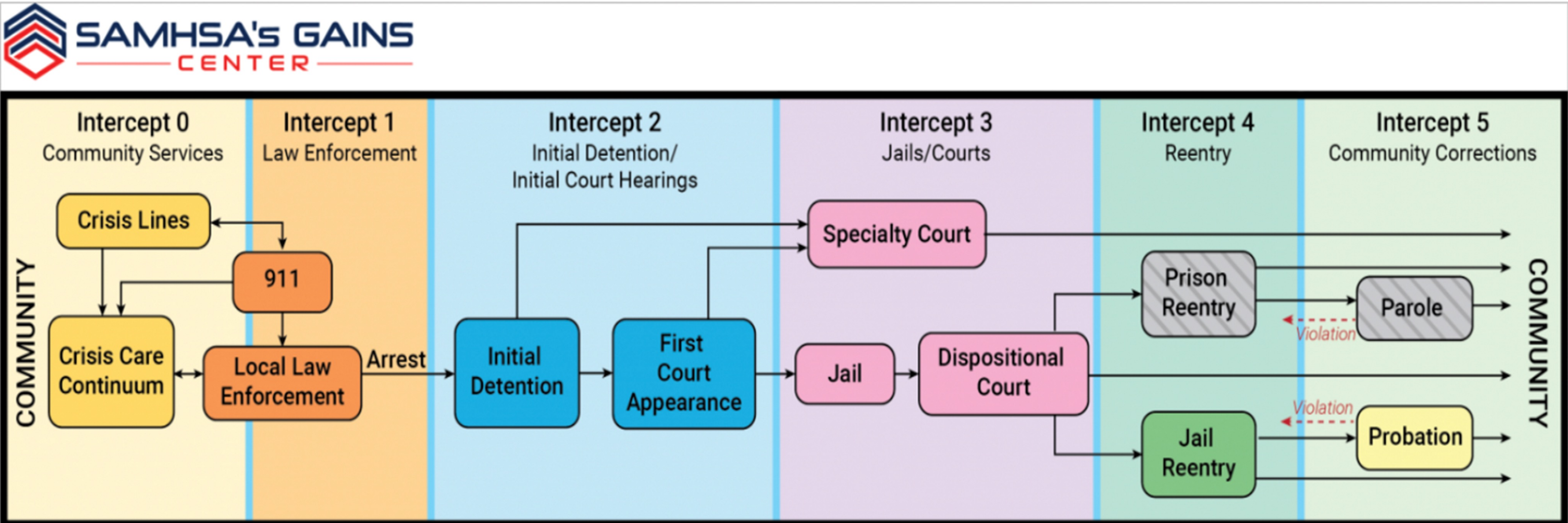
1. True or False

   Slowing things down when someone is in crisis and/or at risk of escalating by asking open ended questions, keeping your voice, even, making eye contact, and redirecting the individual’s focus are *best practices in both the community and office setting*

Quick Review

- Behavioral dysregulation due to a history of brain injury or multiple brain injuries can result in problematic problem-solving skills, impulse control difficulties as well as slow processing and response to situations and interpersonal interactions
- As a result, individuals living with a brain injury, who may be unaware of any link between insults to their brain and challenges in their personal, work and community life may find themselves going through the “revolving door” of arrest, incarceration, parole/probation, risk of homelessness, unemployment and reoffending leading to re-entry into jail or prison
- Individuals living with a history of brain injury are vulnerable to developing a substance use and/or mental health disorder, and individuals living with a substance use and/or mental health disorder are at risk of incurring a brain injury

Sequential Intercept Model



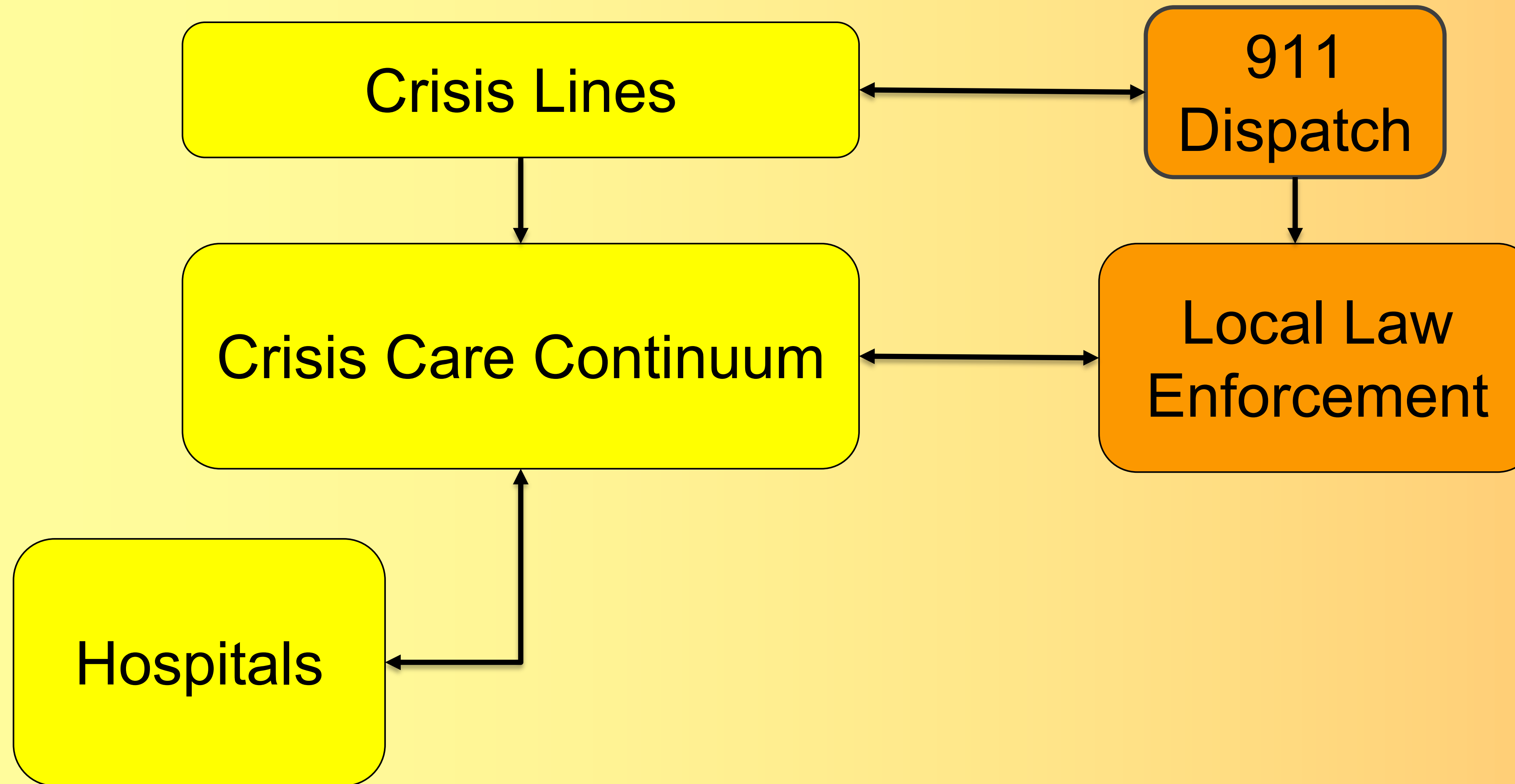
Intercept 0

Community Services

Intercept 1

Law Enforcement

COMMUNITY



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 brain injury programs and other disability programs
    - 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

Through a Brain Injury Informed Lens -Intercepts 0 & 1 (1 of 2)

Targeted Services

Community brain injury programs

Behavioral Health

Through a Brain Injury Informed Lens -Intercepts 0 & 1 (2 of 2)

Brain Injury Informed Interventions

Ask about potential history of brain injury

If possible, incorporate simple screening questions (crisis response etc.)

Determine if a person has the skills to respond to questions etc.

First de-escalate, then ask questions

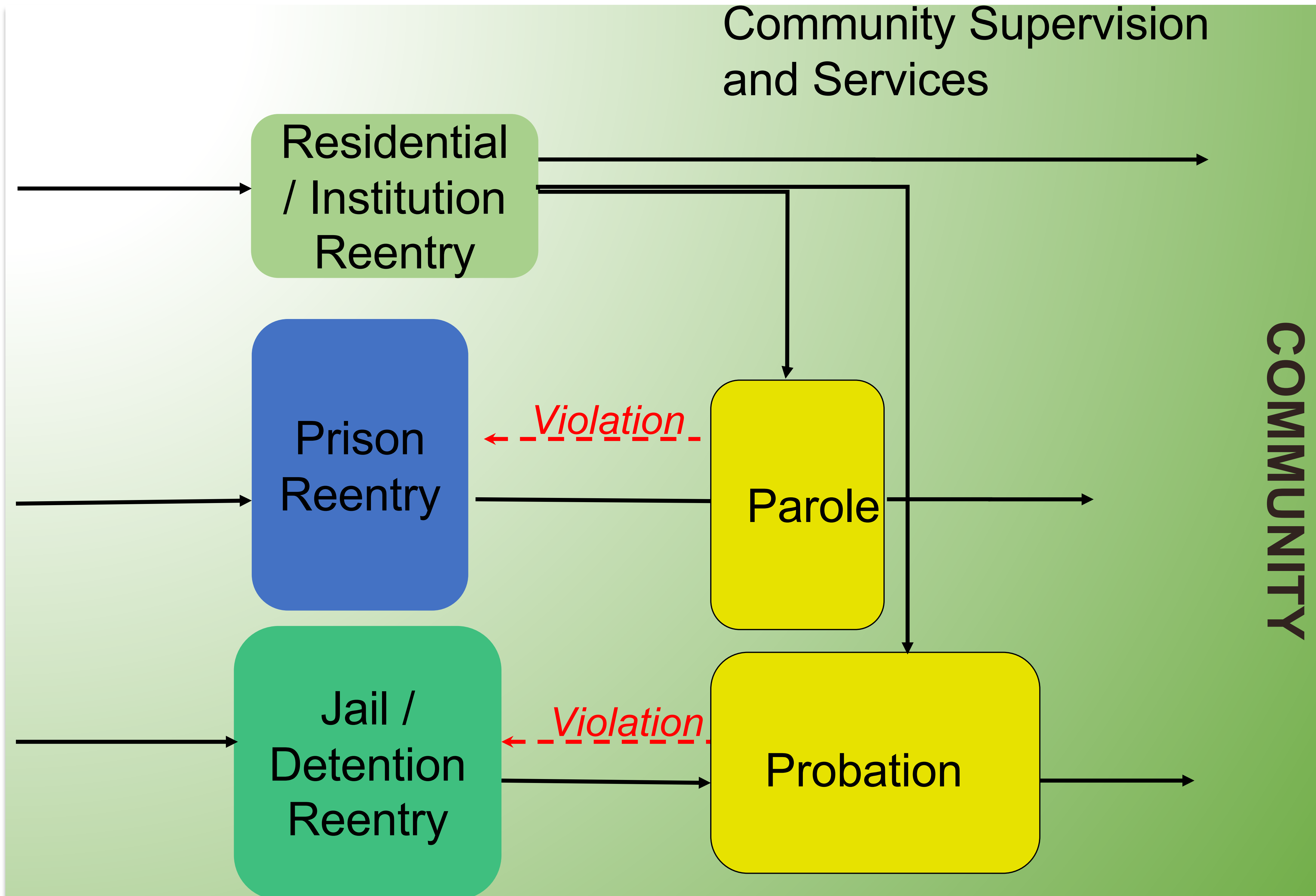
Move the person away from chaotic situations if possible

Ensure you have the persons attention prior to giving instructions

Ensure the person is comprehending what you are asking them to do

Intercept 4 Reentry

Intercept 5



Intercept 4 – 5 Focus and Stakeholders

Reentry Plan Implementation

- Reentry plan coordination
- WRAP, Complex Needs Plans
- 24, week, month, 6 – 12 mo.
- Medication continuity
- Population sort; needs identified; LOS
- Continued Sup. vs. No Supervision

Community Supervision

- Comprehensive Intake: MH,SUD IDD, ABI
- Accommodations and Supports
- Specialized Case Loads; Training
- Reduce Technical Violations
- Minimize transitions
- Coordinate services, Minimize transportation
- Early Termination
- Treatment Courts

Cross-system and Provider Coordination and Communication

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

Individual

Criminal Legal

- Law Enforcement
- Courts
  - Treatment Courts
- Sheriff and Detention Facilities
  - Jail Programming
  - Reentry services;
  - Community Provider Jail In-Reach
- Probation and Parole Officers

Interventions, Services and Supports

- Community Response Services (Alt. Health, Co-Response, Mobile)
- Hospitals, ED, Urgent Care, Crisis Centers; CCBHC, FQHC, VA
- Supports: Peers –Person/ site-based; family, guardians/ advocates
- Flexible Funds
- Providers: Jail Medical and Mental Health; Community behavioral health; Community brain injury programs, IDD, VJO
  - full spectrum of settings & 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

Through a Brain Injury Informed Lens -Intercepts 4-6 (1 of 2)

Targeted Services

Community brain injury programs

Behavioral Health

Through a Brain Injury Informed Lens -Intercepts 4-6 (2 of 2)

Brain Injury Informed Interventions

Implement screening protocol to identify brain injury

Implement screening for impairment

Use trauma informed approaches

In partnership with the individual, develop compensatory strategies to mitigate for impairments

Provide psychoeducation

Refer to community-based brain injury programs as the person is being released from jail/prison or while under community supervision

The Role of Law Enforcement-Chief Root

Benefits to rural law enforcement professionals in rural communities that support deflection/referral-local social services

How interventions and approaches for older adults with dementia, individuals with mental health and/or intellectual and developmental disabilities are universal and instructive when interacting with individuals who may have a history of brain injury

- Supporting our first responders

True Story-how would you handle it?

Chief Root-Debrief (1 of 4)

Questions:

- Look at the initial response by the officer. Was it confrontational? How might he have handled it differently?
- If the woman had a bloody nose, why wasn't a medical clearance obtained prior to transport to a correctional facility? Why wasn't this noted as well? Recognizing TBI/ABI or dementia can alter how you handle a person.

Chief Root-Debrief (2 of 4)

- What symptoms can you see that could be a clue as to why the woman was acting the way she was?
- How do you, keeping officer safety in mind, believe that you could handle this differently and diffused the situation?

All first responders should have Critical Incident Training

Chief Root-Debrief (3 of 4)

- If the woman had a bloody nose, why wasn’t a medical clearance obtained prior to transport to a correctional facility?
- Why wasn’t this noted as well?

Chief Root-Debrief (4 of 4)

Recognizing TBI/ABI or dementia can alter how you handle a person-feel free to share your comments

Brain Injury Informed Responses

Brain Injury Sign/Symptom

- Individual is yelling
- Individual is pacing back and forth
- Individual is staring/or not making eye contact instead of answering questions
- Individual is talking about topics that are not relevant or related to the situation at hand

Brain Injury informed response

- Speak in a calm, even tone
- Give the individual space, ask if they want to take a (short) walk
- These are all appropriate responses
  - Repeat the questions
  - Rephrase the questions
  - Ask the person to paraphrase in their own words what they heard
- Use grounding strategies,
  - Ask the person to take a deep breath, model deep breathing
  - Redirect with questions, conversations unrelated to the situation at hand ("tell me about your tattoo")
  - Reinforce any positive response ("I really appreciate you taking the time to talk with me")

These responses are supportive of individuals living with:

Attention problems

Behavioral dysregulation

Short-term memory challenges

Verbal comprehension difficulties

Verbal expressive difficulties

Visual impairment

True Story-Made the Baltimore Sun Paper

- Individual several years post a brain injury was shopping
- He placed several items in his wheelchair to keep his hands free to propel himself around the store
- He left the store without paying-store security observed this and followed him out, demanding he return the items
- The individual insisted he did not steal anything, that he had forgotten, he became belligerent, security called local police
- When officers arrived they insisted he return the items under threat of arrest
- He yelled and cursed at the officers who place him under arrest
- He was transferred from his chair to the back seat of the police vehicle, while his chair was being placed in the trunk, he kicked out the back window of the vehicle
- Through a series of administrative and judicial miscommunications and frankly neglect, this individual spent **6 years** in an inpatient state hospital for the mentally ill (the charges had long been dropped)

In a Perfect World *raise hand or respond in the chat depending on the size of the group*

What might have this individual done to possibly avoid this outcome

sample responses

- Wear a medical alert bracelet or necklace
- Have a brain injury identification card in his wallet

What might have store security and County Police officers done to avoid this outcome

sample responses

- Observe clues about the individual’s appearance (using a wheelchair, any other tips that he was living with a disability)
- Ask open ended questions
- Ask him to go to a quiet place, to talk- it is embarrassing to be chased out of a store by security
- Use de escalation techniques

The rest of the story

- While essentially incarcerated with individuals with severe mental illness, many (if not most) forensically involved, this gentleman received little appropriate treatment for his TBI related behavioral health challenges
- Eventually, while interviewing patients at the hospital, Laura Cain, an attorney with the Maryland Disability Law Center (now known as Disability Rights Maryland), spoke to him and untangled the facts of his case and eventually, in 2004, he was released and transferred to a home and community based TBI Medicaid Waiver Program.
- He is still there, living in the community and accessing specialized brain injury medical and rehabilitation services

Share your Stories

Please raise your hand if you want to;

-Share a story of and encounter with an individual(s) with brain injury related challenges

-Share some strategies that lead to a successful encounter or professional relationship with an individual(s) living with brain injury

-Brain storm with the panel and participants around a situation or challenge you have encountered or are currently experiencing pertaining to an individual who may be living with a brain injury

-Share any resources that you have come across that have helped you in your work

Round Robin-popcorn style-turn on your cameras!

- Share a “Take Away” , are there any strategies or interventions that you hope to put into practice that you learned during this series.
- Please share any strategies or interventions that are currently in your toolkit that the rest of us may benefit from

Thank You!

Anastasia Edmonston MS CRC

aedmonston@nashia.org

National Association of Head Injury Administrators

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

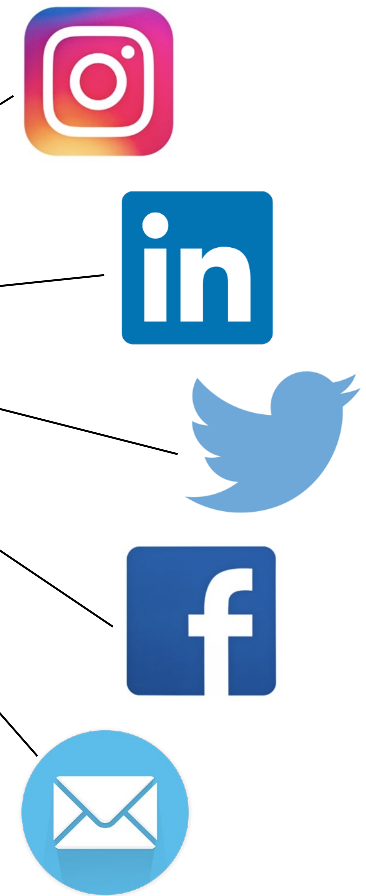
Judy Dettmer

jdettmer@nashia.org

Mike Root, Retired Law Enforcement
mikeroot10@gmail.com

Stay Connected

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



How to Approach, Engage, and Direct Individuals Living with TBI-

THANK YOU!