

Peer Support Best Practices for Working with Individuals with Brain Injury – Part II

Anastasia Edmonston MS CRC

March 1, 2023



Mountain Plains (HHS Region 8)

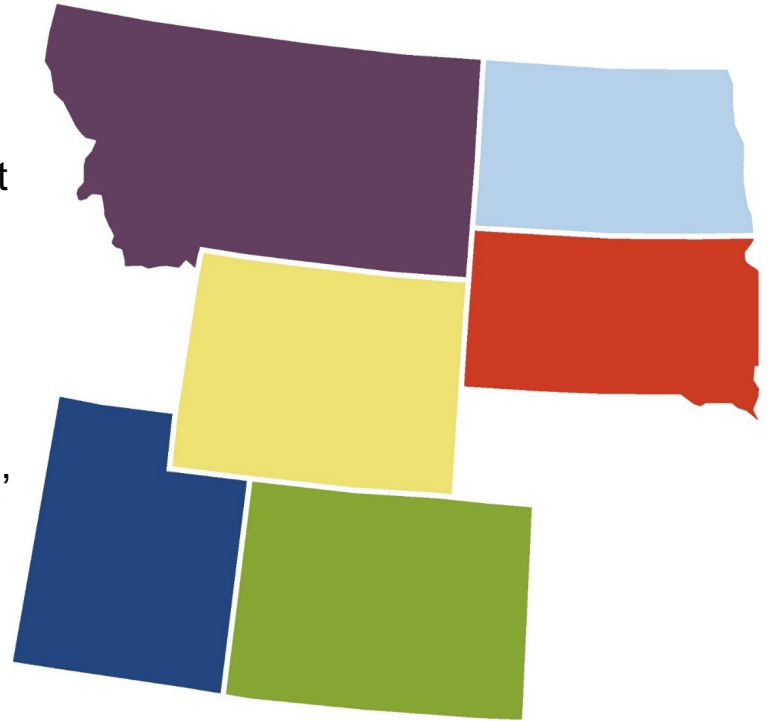
MHTTC

Mental Health Technology Transfer Center Network
Funded by 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

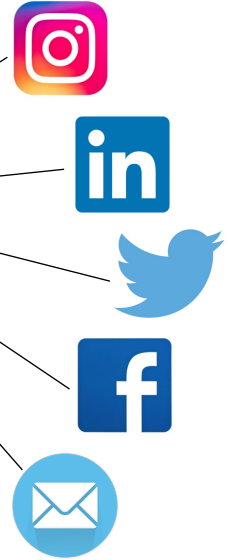
NON-JUDGMENTAL AND
AVOIDING ASSUMPTIONS

RESPECTFUL, CLEAR
AND UNDERSTANDABLE

CONSISTENT WITH
OUR ACTIONS,
POLICIES, AND PRODUCTS

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If you attended last week and have any questions, please put them in the Chat

and...Happy Brain Injury Awareness Month!!



Agenda:

- Integrating Brain Injury Content into Certified Peer continuing education opportunities
- Making the case on why having a functional understanding of brain injury is important for the Certified Peer Support workforce
- Supporting Peers with lived experience of brain injury
- What are the key Messages for Peers around the intersection of TBI, substance use, mental health conditions and trauma
- What are brain injury informed and person centered tools and strategies as well as resources for Peers to share with those they support

North Dakota, Health and Human Services

<https://www.hhs.nd.gov/behavioral-health/peer-support>

“Peer support specialists utilize their lived experience to assist others on their journey to recovery and wellness. One’s recovery journey and lived experience can be from numerous realms such as substance use disorders, mental health disorders, **brain injuries** etc.”



Creating awareness through training and coaching

**The Behavioral Health Certified Peer Specialist Workforce and
Brain Injury**

Possible Target Goals, depending on your state and resources available:

Develop brain injury informed competencies for Certified Peer Specialists who support individuals served by behavioral health programs and services who are living with a brain injury- partner with the entity in your state that provides Peer Specialist certification, Continuing Education Units (CEUs) and recertification

Broaden employment opportunities to Certified Peer Specialists to include; community brain injury programs

Recruit and **support** individuals living with a history of brain injury and in long-term recovery from substance use/mental health disorders who are interested in becoming Certified Peer Specialists

Suggestions to Integrate Brain Injury Content into Peer Continuing Education opportunities

Connect-

Your state's Brain Injury Association/Alliance

Your state's Lead Agency for TBI (there are currently 27 grantees, including 4 of the 8 Mountain Plain/SAMHSA Region 8 states. Utah, Nebraska, North Dakota, and Colorado

With-

Your state's public behavioral health administration, for example, in Maryland it is the Behavioral Health Administration, in North Dakota it is Health and Human Services

Mental Health Advocacy Organizations such as local affiliates of the National Alliance on Mentally Illness (NAMI)

By-

Cross Training, via state agency sponsored conferences and webinars , state BIA/A conferences and communications such as listservs, newsletters, blogs, Facebook/Instagram/Twitter accounts, presentations delivered via Facebook Live

Facilitating Communication between two previously/currently siloed communities of Services is a person centered best practice (1 of 2)

- Brain Injury treatment in acute and post acute rehabilitation settings are based on a medical model, a physician coordinates a team of allied health professionals including physical, occupational and speech and language therapists
- Focus is on rehabilitation of physical and cognitive functioning
- Histories of problematic substance use and/or co-occurring *may* be noted, but *may* not be addressed unless symptoms of those behavioral health challenges emerge during the individual's rehabilitation



Facilitating Communication between two previously/currently siloed communities of Services is a person centered best practice (2 of 2)

- Mental health and substance use treatment programs and professionals *may* not be aware of the history of brain injury among the individuals who are supported by their services
- Mental health and substance use treatment programs and professionals *may* be aware there is a history of brain injury in an individual's history but don't have a working knowledge of what that could mean to that individual's life
- Lack of awareness *may* be due to a lack of training around brain injury symptoms that then *may* be interpreted/treated as a behavioral health condition and/or the precontemplation stage of change





Being Brain Injury Informed-Key Messages

For Maryland's Behavioral Health Peer Specialists



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Key Message #1

Having a known or unknown history of brain injury is not uncommon among the general population

- A statewide population study of individuals in Colorado who participated in a population-based, random digit-dialed telephone survey found that of those report a positive lifetime history of at least one TBI, 17% did not seek/receive medical attention
- Globally, those seeking medical attention for mTBI is estimated to be 100-300 per 1000,000. Because individuals do not always seek medical attention, the incidence is thought to be closer to or exceeding 600 per 100,000 annually

Sources: Whiteneck GG, Cuthbert JP, Corrigan JD, Bogner JA. Prevalence of Self-Reported Lifetime History of Traumatic Brain Injury and Associated Disability: A Statewide Population-Based Survey. *J Head Trauma Rehabil.* 2016 Jan-Feb;31(1):E55-62. doi:10.1097/HTR.000000000000140. PMID: 25931187.

Gardner RC, Yaffe K. Epidemiology of mild traumatic brain injury and neurodegenerative disease. *Mol Cell Neurosci.* 2015;66(Pt B):75-80. doi:10.1016/j.mcn.2015.03.001



NASHIA

Key Message #2

A history of brain injury, known or unknown is common among individuals with behavioral health conditions, and in settings/programs that serve individuals with behavioral health conditions

- *1/3rd of individuals with brain injury will experience mental health problems six months to a year post-injury. People with brain injury of any severity have two to four times the risk of attempting or having a death by suicide.”*
- *25% to 85% of incarcerated individuals report a history of TBI, and a history of brain injury in this population significantly increases the risk of assault and violence and decreases the efficacy of treatment for a mental health problem.”*
- *While Substance Use Disorder (SUD) affects approximately 11% of the general population, the rate of SUD among individuals living with a history of traumatic brain injury ranges between 37%-66%*



Key Message #3

Mild injuries, including multiple mild TBI can have significant impact on a person's life, this includes injuries that occur early in life

- Hospitalization for a TBI at age six or younger was identified as a risk factor for a substance use disorder by the age of 25 in several longitudinal studies
- Childhood TBI has been shown to be highly associated with the likelihood of arrest
- Individuals (and their frontal lobes) “grow into brain injury”

Sources: McKinlay A, Corrigan J, Horwood LJ, Fergusson DM. Substance abuse and criminal activities following traumatic brain injury in childhood, adolescence, and early adulthood. *J Head Trauma Rehabil.* 2014 Nov-Dec;29(6):498-506. doi: 10.1097/HTR.0000000000000001. PMID: 24263173.

Kennedy E, Heron J, Munafò M. Substance use, criminal behaviour and psychiatric symptoms following childhood traumatic brain injury: findings from the ALSPAC cohort. *Eur Child Adolesc Psychiatry.* 2017;26(10):1197-1206. doi:10.1007/s00787-017-0975-1

Key Message #4 To the Peers-Anywhere you work within Maryland's Public Behavioral Health System (PBHS), you are connecting with individuals living with Brain Injury

- In the local public health departments-Maryland's PBHS is integrated, with individuals able to access either or both substance use and mental health treatment
- In hospital settings-individuals in the emergency department or admitted to the hospital following a nonfatal overdose
- In Assertive Community Treatment (ACT) and Psychiatric Rehabilitation Programs, supporting individuals living with mental illness
- In Evidence Based Treatment (EBT) employment programs
- In services and supports for individuals with problem gambling and gambling addiction (research in this area suggests that a prior TBI is associated with an increased risk of problem gambling, a causal relationship is not yet proven, and additional research in this area recommended)



How we have been getting those Key Messages across to the Peer Specialist Workforce

A four-part TBI series with a cohort of Peers, facilitated by the TBI Partner Project Coordinator and Partner Project Consultant (2020)

- ❏ Virtual and Interactive, covering:
 - ❏ Part I Brain Injury Overview
 - ❏ Part II Who is Affected by Brain Injury
 - ❏ Part III Screening and Support
 - ❏ Part IV Pulling it all together! (included a personal story of TBI/SUD by one of the Peers, what does rehabilitation for a TBI look like, where to refer individuals for services and information on fall prevention and other brain health information and resources)

In 2021

NASHIA and the University of Maryland School of Medicine, Training Center facilitated a Brain Injury Series bringing in national experts on the following topics:

- *What Peers Need to Know About Brain Injury, what the Research Tells Us and Why it Matters-* John Corrigan of the Ohio Valley Center for Brain Injury Prevention and Rehabilitation
- *What Can we Learn From Colorado's Peer Mentorship Program?-*Seiji Curtian, Consultant
- *Addressing Traumatic Brain Injury and Substance use in People Experiencing Homelessness Through Harm Reduction Principles-* Caitlin Synovec
- *Intersections Between Criminal/Juvenile Justice, Brain Injury and Substance Use Disorders-* Judy Dettmer, NASHIA

Following each session, the TBI Project staff engaged in an hour long debrief aka “The Breakdown” of the presentation **Critical Piece!!**

In 2022

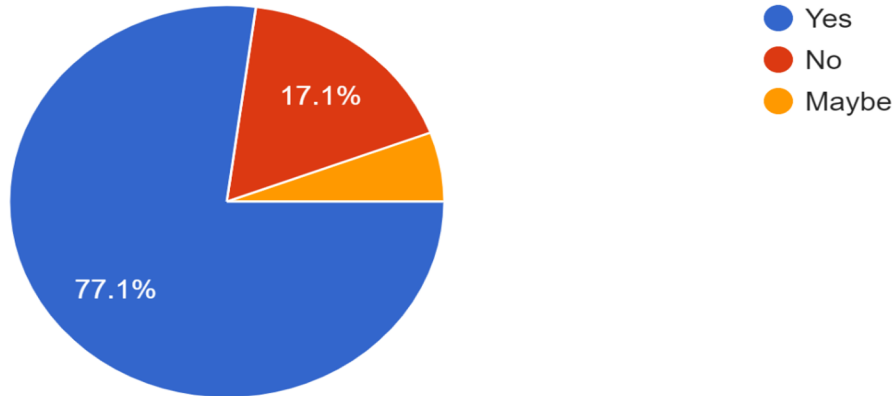
- Project staff spoke at the annual Peers conference
- Engaged with the Training Center to offer the Brain Injury Association of America's Brain Injury Fundamentals class, facilitated by the Assistant Director of the Brain Injury Association of Maryland, Caitlin Starr, resulting in 36 Peers becoming eligible for the CBIS Fundamental 3 year certification (offered by the Brain Injury Association of America)
- In November of 2022, a survey was shared via the Peers Listserv

Feedback from the Peers-Survey November 2022

(1 of 3)

Have you ever supported someone with who is living with a diagnosed history of brain injury?

35 responses

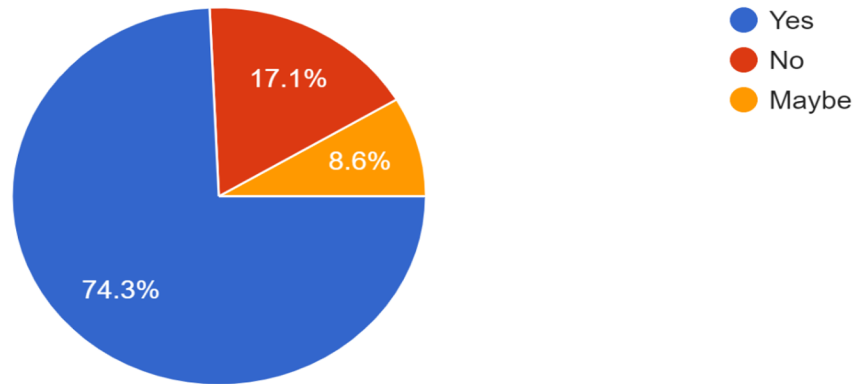


Feedback from the Peers-Survey November 2022

(2 of 3)

If you have attended our TBI training(s), can you think about people you have supported in the past that you now suspect/believe may have been living with a history of brain injury?

35 responses

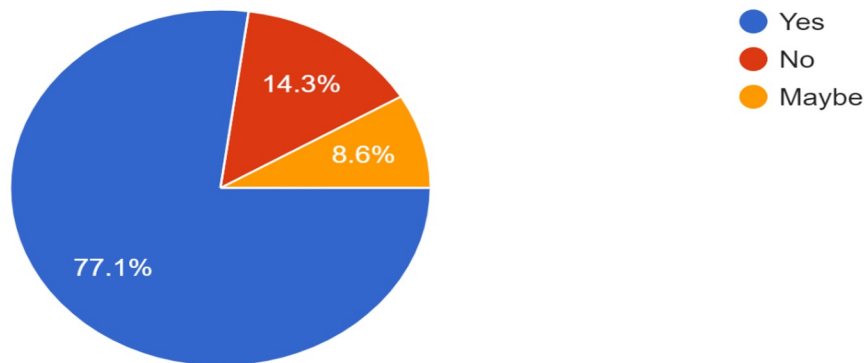


Feedback from the Peers-Survey November 2022

(2 of 3)

If yes to either or both of the above questions, did the training or trainings you attended help you to recognize the signs and symptoms of brain injury i...ividuals you have or are now currently supporting?

35 responses



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Additional Responses

- 65.7% of those who have attended Partner Grant related TBI Training reported that they have used the shared resources and information from those trainings
- 54.3% feel confident following attending TBI Training that they can support and individual living with a history of brain injury
- 48.6% report that they have offered supports to individuals for individuals living with brain injury, for example, using notes and calendars to support memory
- 40% have referred individuals they support to the Brain Injury Association of Maryland
- When asked to comment on additional possible training topics related to brain injury, respondents identified **housing** and **employment** as two areas of interest



Recent Activities and Next Steps

- September 22, 2022-Recovery Day Celebration! Keynote speaker, family member of an individual living with schizophrenia, and Certified Person Centered Thinking Trainer-the Peers LOVED her and her positive message, she also shared the recent experience of shepherding her son through treatment and recovery for a mild, but complicated TBI. As a result, the Training Center contracted with her to offer a 18 hour Person Centered Thinking virtual training. We held that over 4 weeks in February, with 13 Peers participating, and eligible to receive a 3 year certification in Person Centered Thinking
- The Training Center contracted with Maria Crowley of NASHIA and on February 2nd she offered a webinar entitled “Success in the Workplace! How to Support Individuals Living with a history of TBI
- Later in March, Caitlin Synovac, a returning presenter, will share tips and strategies to support vulnerable populations, especially those who are living with brain injury and seeking stable housing



Observations, Lessons Learned and Opportunities for Expanding our connection with the Peer Workforce (1 of 2)

- Be aware, as always that there are individuals with lived experience of brain injury (known or unknown) among the Public Behavioral Health Workforce, support as much as the person desires
- Ideally, facilitate training with someone with lived experience of brain injury as much as is possible
- If you are able to bring Subject Matter Experts (SMEs) to your state to provide training/webinars, extend the knowledge by a facilitated discussion immediately following the formal webinar, we refer to it as “The Breakdown with Stasia and Martin”

Observations, Lessons Learned and Opportunities for Expanding our connection with the Peer Workforce (2 of 2)

- When hosting a SME, extend the invitation to all of your stakeholders, not just Peers, for example, we invited our state vocational rehabilitation counselors to Maria Crowley's webinar. We plan on inviting housing specialists to the upcoming webinar on Vulnerable Populations
- Idea for additional training opportunities-using archived webinars for facilitated discussion (John Corrigan and Katherine Lemsky's webinars for example)
- Future outreach to Peers engaged in; Problem Solving Courts, Harm Reduction/opioid use disorders treatment services, those working with law enforcement and with their local health departments, those who engage with individuals who are hospitalized following a recent nonfatal overdose

Why Peer Supports?



- Satisfaction in assisting others
- Increased self-confidence
- Decreased isolation
- Increased self-advocacy skills
- Increased insight

*“I can walk beside you
and be a support to you
along the way.”*



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Questions?

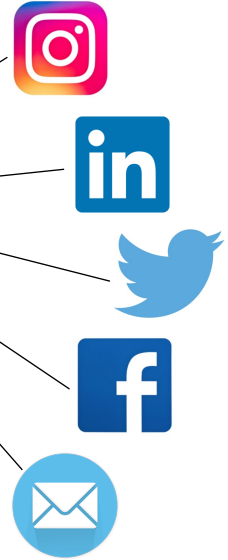
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Thank You!

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