

### Brain Injury and Co-Occurring Challenges: Information and Strategies for Service Providers



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### Agenda

- \* What is Brain Injury?
- \* Importance of Identifying Brain Injury
- \* Relationship to Common Comorbidities
- \* Screening Tools
- \* Strategies & Accommodations for Use in Non-Brain Injury Programs
- \* Referral Options
- \* Resources



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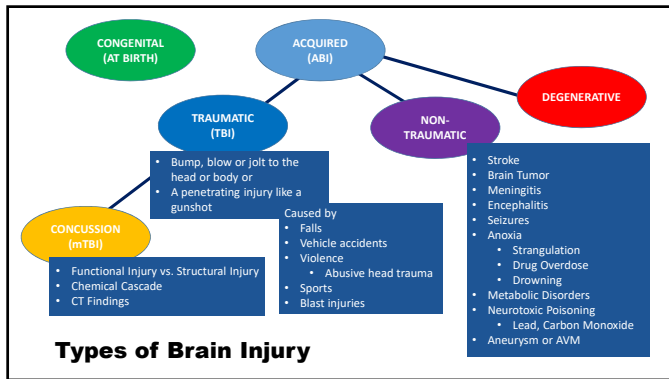
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**BRAIN INJURY**  
Facts & Statistics

**EVERY 9 SECONDS** someone in the United States sustains a brain injury

**MORE THAN 3.6 MILLION** People sustain an ABI each year

**AT LEAST 2.8 MILLION** people sustain a TBI each year

The total number of people who sustain TBIs and do not seek treatment is **UNKNOWN**

www.biausa.org

**68** Tennesseans experience a traumatic brain injury EACH DAY

At least 5.3 million Americans live with a TBI-related disability. That's one in every 60 people.

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**Zack** Not a concussion – a more significant TBI

**Age: 4 years**

- In an ATV accident
- Loss of consciousness
- Initial Glasgow Coma Scale = 8 (agitated, non-verbal, moves all extremities)
- Multiple skull and facial fractures
- Brain shifted to the left
- (Not a concussion)
- Recovers “beautifully”

**Age: 5 years**

- By October, “failing kindergarten”
- Hitting other children
- Wandering around the classroom
- Disruptive
- Impulsive
- Not identified as having had a TBI
- “Just a boy being a boy”

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### Nathan



**Age: 10 months**

- \* Falls down a flight of steps
- \* Crying, no loss of consciousness
- \* Seen at hospital, "no concussion"
- \* No recommendations
- \* Bruising around his right eye for weeks

**Age: 24 years**

- \* Is currently in prison
- \* Is an addict ("tried everything")
- \* Can't/won't hold a job
- \* Very smart but struggled in school
- \* Few friends
- \* Borderline personality disorder

Usually with these kids, the mom says, "He won't get help."

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### Aleea



### JJ



- Was in a domestic violence situation
- She was strangled multiple times and hit in the head too many times to count
- Trying to get on her feet in a shelter
- Misses appointments
- Difficulty following the rules
- Can't tolerate the noise
- Sometimes sleeps on the streets

- Concussion during football practice
- Grades dropping in school
- Impulsive, low frustration tolerance
- Getting into fights
- Arrested over the weekend for buying drugs "to make his head feel normal."




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### John



### James



- Has been incarcerated twice
- Has a high ACE score
- Had a brain injury in middle school from PE class
- Started stealing; went to a juvenile detention center where he sustained another injury
- Fell in with a bad crowd and started stealing cars

- In a substance abuse program
- Says he wants to get clean, but doesn't do what he says he's going to
- Doesn't participate when he comes to group
- Doesn't seem interested
- Was screened and found a history of TBI in high school
- Further cognitive testing revealed problems with memory, attention and speed of processing




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“We haven’t seen anyone with a brain injury.”



...they have seen you.

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**When MTBI Occurs in Preschool, then... at age 14 -16:**

Significantly more likely to show symptoms of

- ADD/ADHD
- Conduct Disorder & Oppositional Defiant
- Substance Use
- Mood Disorder

McKinlay, et al (2009)



**MTBI in childhood (up to age 16), then... at age 21 – 25:**

More likely to abuse substances, commit violent and property offenses

McKinlay, et al (2013)

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**Those With Brain Injury at a Higher Risk**

- \* Have another injury
- \* Become obese
- \* Be incarcerated
- \* Abuse substances
- \* Become depressed; anxious
- \* Be socially isolated
- \* Lower educational attainment
- \* Learning disability; ADD/ADHD
- \* Speech and Language Problems
- \* Bone, joint and muscle problems



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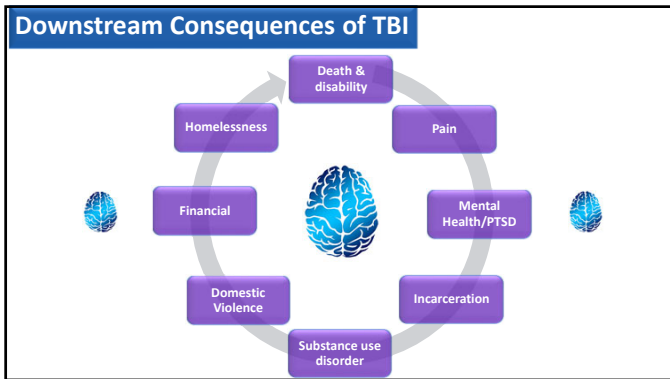
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**Common Problems after TBI**

**Physical**  
Balance, incoordination, vision, difficulty walking, movement disorders

**Cognitive, Speech and Language**  
Slurring, forgetting words, slow to respond, difficulty understanding, "over" talking/rambling, under responding, problem with attention, decreased reasoning

**Executive functioning: impulsivity, initiation, planning, organization, judgment, self-monitoring, flexibility**

**Behavior**  
Impulsive, aggressive, angry, rude, belligerent, loud, don't know boundaries, overly emotional




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**ACEs**

Brain injury can be caused by some ACEs.

Sustaining a brain injury in childhood or living with someone with a brain injury may also be experienced as an ACE.

**Brain Health**

Brain changes from toxic stress /ACEs can lead to risky behaviors, increasing the risk of TBI later in life.

Prolonged toxic stress negatively impacts overall health and brain health

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## Mental Health

**After Brain Injury:**

Social Isolation; poor social skills  
Anxiety; PTSD; other stress disorders  
Depression; Bipolar  
Aggression  
Oppositional Defiant  
Obsessive Compulsive  
Psychosis; Paranoia

- ❖ Brain injury can create mental health issues, as well as worsen pre-existing ones. Can make coping harder.
- ❖ 6 months to 1 year following an injury: one third will experience a mental health problem – that number will grow over time.
- ❖ People with BI have a 2-4 time increased risk of attempting or having death by suicide.
- ❖ As high as 75% of people seeking mental health and substance use treatment also have a brain injury.

**Recommendation from ACL's Behavioral Health Guide:** All people seeking Mental Health treatment should be screened for lifetime history of brain injury & provided with accommodations that fit their symptoms. Voluntary cognitive screening may also be offered.

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## Substance Use

**After Brain Injury:**  
70-80% discharged from health care facilities with a Rx for opioids

People with TBI are 10x more likely to die of accidental overdose.

10-20% develop a substance abuse problems 8 -12 months after injury

- ❖ Approximately HALF of people receiving substance abuse treatment have at least one brain injury.
- ❖ 25% of people entering brain injury rehabilitation are there as a result of drugs or alcohol.
- ❖ Those with **childhood TBI** are **more likely** to abuse drugs & alcohol as adults.
- ❖ For every overdose death, there are approximately fifty overdose survivors, 90% of whom become impaired because of insufficient oxygen to the brain.

❖ As high as 75% of people seeking mental health and substance use treatment also have a brain injury.

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## Domestic Violence

- As many as 20 million women each year could have a TBI caused by domestic violence.
- Head, neck and face among most common targets of intimate partner assaults.
- Women who are abused are more likely to have repeated injuries to the head.

**ODVN Findings from the Field**

85% experienced blows to the head	83% experienced strangulation
of those	of those
50% experienced it too many times to count	88% experienced it multiple times

Ohio Domestic Violence Network

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### Justice System

**After Brain Injury:**  
Within 5 years post injury, nearly 1/3 report some involvement with criminal justice system

- Of those in the **Juvenile Justice System**, **41% have had a TBI**.
- They are likely to sustain **more injuries** as they age.
- With TBI, they are at a **69% higher risk of recidivism**.

- In the adult Justice System, **50-80% have had a TBI**.
- People with TBI **12Xs less likely** to achieve discretionary release

- Close to **100% of women** in the justice system have a history of TBI.

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### Homelessness


**Over half** of those who are homeless or are in an insecure living situation have a TBI.

People who are homeless and have a TBI are more likely to report childhood trauma or violence.

❖ TBI is both a cause & consequence of homelessness.

...25% were **moderate to severe** brain injuries. (10Xs higher than the general population)

❖ They have poorer general health and functioning than people who are homeless without brain injury.




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### Chronic Pain

**After Brain Injury:**

Pain is the most common chronic medical condition reported by people with TBI

Over half of people with TBI develop chronic pain


Have more frequent headaches that may be medicated

❖ More likely to be prescribed opioids

❖ Common problems following brain injury, like **poor judgment and memory and increased impulsivity** make it harder to self-regulate substance use & make overdose more likely.

❖ Pain can exacerbate other brain injury symptoms

❖ People with TBI are at **11Xs** greater risk of **accidental overdose death**




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### Child Abuse

30 - 60% of perpetrators of DV/IPV also abuse children in the household

Brain Injuries can be the result of neglect, punching, kicking, striking with hand or object, throwing against an object, suffocation or strangulation, shaking

❖ **Abusive Head Trauma includes Shaken Baby Syndrome**

- ❖ Injury to the Brain
  - Diffuse Axonal Injury
  - Oxygen Deprivation
  - Swelling of Brain
  - Skull injures Brain

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### Disproportionate Impact

- **People with disabilities** At least 5.3 million Americans live with a TBI-related disability. That's one in every 60 people. ABIs put that number much higher. Some disabilities put people at a higher risk of sustaining a brain injury.
- **Veterans** "More than 450,000 U.S. service members were diagnosed with a TBI from 2000 to 2021." Many also have depression and PTSD. Blast injuries are the most common cause.
- **People in Rural Areas** are more likely to die from TBI and have less access to care.

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### Disproportionate Impact

- People in **Racial and Ethnic Minorities** more likely to have poorer outcomes after TBI & have less access to care.
- **Aging** – In TN, the age group with the highest number of TBIs is 81+ years. Older adults are more likely to be hospitalized and die from a TBI compared to all other age groups.<sup>11</sup> Still, TBIs may be missed or misdiagnosed in older adults because symptoms of TBI overlap with other medical conditions that are common among older adults, such as dementia. [cdc.gov/traumaticbraininjury](https://www.cdc.gov/traumaticbraininjury)
- **Gender** Men have a higher incidence in young adulthood. Women are significantly more likely to die from a head injury than men. Women are more likely to die from a head injury by assault.

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## Screening Tools

- **Formal Screening Tools**
- Incorporating Questions into Existing Intake
  - **NOTE** – Dr. Amen: Sometimes have to ask the question 9Xs!
- **Brain Links** is happy to work with your system to incorporate screening, staff training and client education into your protocols.

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## Screening for Lifetime History of Brain Injury

**SAFE CHHM Screening Tool: Birth to 3 year olds**

These questions are a part of a 10-question history screen. They are part of the SAFE CHHM Screening Tool. It is a part of a larger tool that includes questions about current symptoms and a full history of symptoms.

**Search a publication or website if you have knowledge concerns about your child.**

Screening Question	Yes	No	Other
<b>Seizures</b> Has your child ever had a seizure? (This includes febrile convulsions, tonic-clonic seizures, partial seizures, and infantile spasms.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Accidents</b> Has your child ever had an accident that caused a head injury? (This includes falls, car accidents, sports injuries, and other accidents.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Falls</b> Has your child ever had a fall that caused a head injury? (This includes falls from a height, falls on a hard surface, and falls from a vehicle.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Emergency Room</b> Has your child ever been taken to the emergency room for a head injury?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>CHHM Information</b> If you answer YES to any of the above questions, please contact your doctor for more information.			

Available at  
NASHIA.org  
Go to Resource Library  
Go to Screening Tools  
<https://www.nashia.org/resource-library>

**SAFE CHHM Screening Tool: 3 year olds to Kindergarten**

These questions are a part of a 10-question history screen. They are part of the SAFE CHHM Screening Tool. It is a part of a larger tool that includes questions about current symptoms and a full history of symptoms.

**Search a publication or website if you have knowledge concerns about your child.**

Screening Question	Yes	No	Other
<b>Seizures</b> Has your child ever had a seizure? (This includes febrile convulsions, tonic-clonic seizures, partial seizures, and infantile spasms.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<b>CHHM Information</b> If you answer YES to any of the above questions, please contact your doctor for more information.			

Birth to 3

3 to Kindergarten

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## Screening for Lifetime History of Brain Injury

**Ohio State University TBI Identification Method – Interview Form**

**Step 1** Interview the patient and family/caregiver to determine if there has been a TBI. If yes, proceed to Step 2. If no, proceed to Step 3.

**Step 2** Interview the patient and family/caregiver to determine the type of TBI. If yes, proceed to Step 3. If no, proceed to Step 3.

**Step 3** Interview the patient and family/caregiver to determine the severity of TBI. If yes, proceed to Step 4. If no, proceed to Step 4.

Screening Question	Yes	No	Other
<b>Seizures</b> Has your child ever had a seizure? (This includes febrile convulsions, tonic-clonic seizures, partial seizures, and infantile spasms.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Accidents</b> Has your child ever had an accident that caused a head injury? (This includes falls, car accidents, sports injuries, and other accidents.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<b>Emergency Room</b> Has your child ever been taken to the emergency room for a head injury?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Ohio State University TBI Identification Method:**

<https://wexnermedical.osu.edu/neurological-institute/neuroscience-research-institute/research-centers/ohio-valley-center-for-brain-injury-prevention-and-rehabilitation/osu-tbi-id>

**Recommended: OSU TBI ID MODIFIED**  
Same screening, expanded to look for history of **acquired** brain injury as well.

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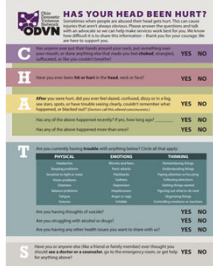
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## Screening for Lifetime History of Brain Injury for Domestic Violence Settings



Developed by the Ohio Domestic Violence Network specifically for Domestic Violence settings.

Also has accommodations.

<https://www.odvn.org/wp-content/uploads/2020/08/CHATSAdvocateGuide.pdf>

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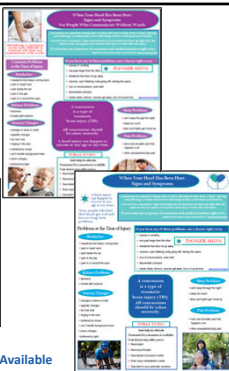
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## Signs & Symptoms Tools



For those who are unsure if they had a concussion – review symptoms. Were any present following the incident?



Spanish Available

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## Screening for Lifetime History of Brain Injury Addressing Symptoms

Symptoms Questionnaires

- Adult Symptom Questionnaire
- Juvenile Symptom Questionnaire



Both have an accompanying set of **accommodations** to address symptom to improve ability to engage in learning/rehabilitation process

- Memory, concentration, delayed processing, etc.

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**Training Clinicians to Assess Cognition**  
 Neuropsychological Screening Tests for Mental Health Clinicians:  
 An Intensive Short Course  
 by Kim Gorgens, PhD.



**Who should sign up?**

- Masters-level clinicians
- Social workers
- VR counselors
- Addiction professionals
- Community rehabilitation programs
- School staff evaluators
- Mental health counselors

<https://www.nashia.org/np-modules#form/Neuropsych>

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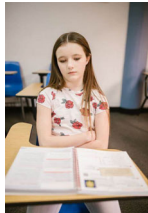
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**Brain Injury's Impact on Treatment Programs**

- Cognitive and behavior changes make it harder to participate
  - Problems with
    - Memory
    - Attention
    - Information Processing
    - Frustration
- Less ability to maintain improvement without continued structure and support
  - Judgment
  - Impulsivity
  - Memory




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**Brain Injuries are REASONS, not EXCUSES**

The brain changes make the need for rules, boundaries, requirements, expectations and accommodations **even greater...**

...because that structure is **NOT** coming from within the individual.

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## Modifying Our Speaking Style

- Speak more slowly (without condescension)
- Use simple, direct language
- Keep calm and a low volume
- Give info in smaller chunks; repeat as needed
- Pair talking with writing or a visual

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## Example Accommodations

**People with TBI will have a harder time using services and maintaining positive change without accommodations:**

- Write things down/encourage them to take notes
- Set up alarms for appointments
- Ask them to paraphrase
- Support efforts to be organized – notebooks, calendars, lists
- Education about brain injury, brain injury resources
- Judgement and impulsivity may be issues – help to plan ahead, anticipate triggers, think about consequences




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## More Accommodations

- **Help them be successful**
  - Help them understand their injury and what is a challenge, but always give a way to overcome the difficulty:
    - “You’ve told me that sometimes you forget things. I’ve noticed that you remember when you use your planner.”
- **Cue them**
  - “You were saying....”
  - “I think you took notes on that.”
  - “Do you have any appointments tomorrow?”
  - “Did you set your watch alarm for that meeting?”
- **Give positive feedback.**




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## Giving Feedback

- Get their permission to give specific types of feedback and find out how they would like the feedback.
  - “Sometimes I talk too much.”
    - That’s great insight. I can help you with that if you’d like. You’ve said it’s okay if I make eye contact with you and raise my finger.”
  - “Sometimes I forget appointments.”
    - How about if we meet for two minutes at the start of the day and review what’s happening that day.
    - What if I help you set any alarms you might need?

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**Cognitive Strategies for Clients, Community  
Mental Health & Criminal Justice Professionals**



**MINDSOURCE**  
BRAIN INJURY NETWORK

UNIVERSITY OF DENVER

## MINDSOURCE

-  **Memory Problems**
-  **Delayed Processing**
-  **Attention Problems**
-  **Inhibition Problems/Impulsivity**
-  **Physical and Sensorimotor Problems**
-  **Language Problems**
-  **Organization Problems**
-  **Mental Inflexibility**
-  **Emotional Dysregulation**
-  **Appendix - Sleep**

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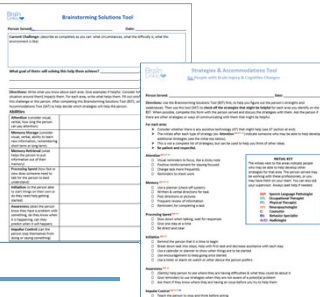
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## Other Accommodations Tools





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Additional RESOURCES

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Brain Links



tndisability.org/brain

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Survivors, Families & Caregivers Toolkit

- Essential Resources
- Signs & symptoms and Fact Sheets
- Mental Health
- Domestic Violence
- Behavior Resource
- Returning to School
- Family Caregiver Resources
- Financial & Residential Resources



Survivors, Families, and Caregivers Toolkit  
<https://www.tndisability.org/brain-toolkits>

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## Survivors, Families & Caregivers Toolkit

### Family Caregiver Resources

#### Raising a Child with TBI:

Raising a child with TBI can be a daunting job. How can you give your child the help that he or she needs while still maintaining some semblance of a normal life?

#### Teens with TBI:

Adolescence is a tough enough time. What happens when a brain injury is added to the mix?

#### Traumatic Brain Injury: A Guide for Caregivers of Service Members and Veterans:

This guide is a recovery support tool to assist caregivers of service members and veterans who have sustained a traumatic brain injury at any severity level.

#### Video: Be Ready: Disaster Preparedness for Families with Children & Youth with Special Healthcare Needs



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## Service Professionals Toolkit

- Tools for developing plans and services
- Mental health information and factsheets
- Domestic violence
- Returning to school and work
- Residential resources
- Family and caregiver resources
- Social media
- Professional development
- Programs and resources



Service Professionals Toolkit

<https://www.tndisability.org/brain-toolkits>



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## Important Resources: When Concussion Symptoms Are Not Going Away



### WHEN CONCUSSION SYMPTOMS ARE NOT GOING AWAY

A GUIDE FOR PARENTS OF CHILDREN UNDER AGE FIVE AND YOUNG

**HAS YOUR CHILD HAD A CONCUSSION?**

From mild bumps and bruises to serious head injuries, your child could have a concussion. Concussions are a leading cause of injury in children under age five. They can happen during play, sports, or falls. Concussions can cause a range of symptoms, including headache, dizziness, and changes in behavior. If you suspect your child has a concussion, it's important to get medical attention right away.

**WHAT TO DO:**

- Do not let your child play sports or engage in any physical activity until cleared by a healthcare provider.
- Watch for symptoms such as headache, dizziness, and changes in behavior.
- If you notice any of these symptoms, stop the activity and get medical attention right away.
- The majority of the time, if a child has a concussion, they will recover within a few days.

5 and Under

### WHEN CONCUSSION SYMPTOMS ARE NOT GOING AWAY

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- The majority of the time, if a child has a concussion, they will recover within a few days.

School-Aged

### WHEN CONCUSSION SYMPTOMS ARE NOT GOING AWAY

A GUIDE FOR PARENTS OF CHILDREN UNDER AGE FIVE AND YOUNG

**HAVE YOU HELP A CONCUSSION?**

Concussions are a leading cause of injury in children under age five. They can happen during play, sports, or falls. Concussions can cause a range of symptoms, including headache, dizziness, and changes in behavior. If you suspect your child has a concussion, it's important to get medical attention right away.

**WHAT TO DO:**

- Do not let your child play sports or engage in any physical activity until cleared by a healthcare provider.
- Watch for symptoms such as headache, dizziness, and changes in behavior.
- If you notice any of these symptoms, stop the activity and get medical attention right away.
- The majority of the time, if a child has a concussion, they will recover within a few days.

Adult

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**BRAIN INJURY AND CHILD WELFARE BEST PRACTICE GUIDE: INFORMATION AND TOOLS FOR STATE AGENCIES**

Presented by the Administration for Community Care (ACC) Research and Practice Center  
Advisory Workgroup on Child Welfare

The project was supported in part by the Health Resources and Services Administration (HRSA) under award number 5U49CE000222, from the U.S. Administration for Community Living, Department of Health and Human Services, Washington, D.C., 20202

February 2023

## Child Welfare

Addresses both **children and caregivers** with Brain Injury

Some Topics Covered:

- Components of a Brain Injury Screening and Identification Approach
- Modifying Programming/Accommodating for Impairment
- Training and Education
- School Resources

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## Justice System

**CRIMINAL AND JUVENILE JUSTICE BEST PRACTICE GUIDE: INFORMATION AND TOOLS FOR STATE BRAIN INJURY PROGRAMS**

Presented by the Administration for Community Care (ACC) Research and Practice Center  
Advisory Workgroup on Child Welfare

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February 2023

**OPPORTUNITY...LOST OR FOUND? RESEARCH, CRIME, AND RECOVERY IN YOUTH WITH TRAUMATIC BRAIN INJURY (TBI)**

**A Guide to Resources to Address TBI within Juvenile Justice Systems in the United States**

How is traumatic brain injury an issue in juvenile justice systems? What actions can juvenile justice systems take to address this problem? What resources are available for help in solving issues?

Health Policy Center Research Center  
Department of Population Health and Quantitative Science, College of Physicians and Surgeons, New York University School of Medicine, New York, NY  
The National Institute of Mental Health

<https://www.nashia.org/cj-best-practice-guide-attachments-resources-copy>
<https://www.nashia.org/resource-library>

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## Traumatic Brain Injury and Substance Use Disorder: Making the Connections

Toolkit with information on both “...traumatic brain injury (TBI) and substance use disorders (SUD) to expand the capacity to address both issues in treatment.”

**Traumatic Brain Injury and Substance Use Disorders: Making the Connections**

November 2022

Authors: Sarah G. Johnson, PhD, & Nancy S. Eisenberg, PhD  
Editors: Robert E. O'Neil, MEd, and Thomas J. Reardon, LSW

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**Trainings Available** 

Attend a scheduled training or  
Request a **Brain Links Training Tailored to your Population Served**

- Then let us work with you to
  - Choose the right screening
  - Answer any questions




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**Other Online Training Sources**

- [The Ohio State University Wexner Medical Center training modules for professionals](#), including:
  - Neurobehavioral Impairments
  - Accommodating the Symptoms of Brain Injury
- [Alabama TBI Program](#), including:
  - The Justice System and TBI
  - Certificates Available
- [Colorado Kids with Brain Injury Presentations](#), including:
  - Brain Injury and Behavior
  - Juvenile Justice
  - Brain Injury and Executive Functioning
  - Intervention for Students with mTBI
  - Challenging Behavior and Executive Function




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**In Your Programs...** 

- **Screen** - because of the incredible prevalence of Brain Injury in all the populations we serve
  - Lifetime History of Brain Injury
  - Cognitive Changes
- **Accommodate** for cognitive and other brain injury changes within your programs
- **Educate** the person **and** staff about brain injury
- **Incorporate** New Resources
- **Seek** Out Additional Training




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## Questions



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[tndisability.org/brain](https://tndisability.org/brain)

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