**Using Case Studies to Highlight Best Practice and Improve Outcomes in Brain Injury**

Hi, everybody. Welcome.

Before we officially get started, I just wanted to Really just welcome everybody that made it here today.

Many of us in Tennessee had a rough night last night if you're out of the Tennessee area um we had a lot of tornado watches and warnings going off in the night and We now have some flooding going on throughout the state and some severe Thunderstorms. So the fact that you're here, I'm going to take that as just really good news that you You're doing all right. And we're happy that you're here.

And this, we're anticipating that we probably won't have everybody here who we had a really nice registration If you know somebody who maybe can't make it maybe who might have wanted to make it, the recording will be available go ahead and forward To them what you get or direct them to our webinar page. But again, we're just really happy that y'all are here and that we're all safe and dry.

So with that Let's officially get started.

So welcome, everybody. We are here for part three of the brain links training series and this one is going to focus on psychosocial and behavioral changes after brain injury. And we're going to focus on case studies to kind of bring some highlight some areas for you. And if you have not seen part two, which was on cognition or part one, which was kind of an overview of brain injury, helping to understand brain injury better. And the different levels. Go ahead back and watch those. They are on our webinar page. And you don't need those to benefit from today. I'm going to catch you up on the parts that you might need to know So, um. Welcome and again, please go back and catch those if you'd like.

I am Wendy Ellmo. I'm a speech language pathologist. Who has specialized in brain injury throughout my career And I worked in a brain trauma unit for about 20 years and that's where I pull a lot of my experience from. So Brain Links is a grant-funded program. We're funded by the ACL at the federal level and by the Tennessee Traumatic Brain Injury Program at the state level. We are a statewide team of brain injury specialists, and it's our job to bring you all, the professionals. What you need in order to better engage with people with brain injury. Whether it's tools like handouts. We have lots of things that are written at the just at a very readable level, we have brain health resources things to return to school and work we have four tool kits now, one for healthcare providers, one for school nurses. One for survivors, families, and caregivers and one for service professionals. So the service professional And the survivor one would probably most be most beneficial to you all here today.

And we also run the Tennessee Brighter Futures collaborative. It's a statewide collaborative. And we'll talk a little bit about a little bit more about that later and show you some of the materials. But if you're not familiar with our materials. At Brain Links, please go and check them out we have them check them out an awful lot. So just some housekeeping things. If you have any questions, go ahead and enter them into the Q&A. Jen is there. Jennifer Rayman and she's monitoring it. And at the end of the session, go ahead and complete the survey that I'll show you for your certificate of attendance. So hopefully you are someone who can benefit from using that to apply for CEUs.

As a speech pathologist, I can use that. So following the session. Materials, everything will be posted on our website page It's there at the bottom as well. And most everything is already there. The PowerPoint is there. I have a handout. Sheet that everything that I'm talking about today is going to be found on that handout sheet. So you don't have to like try to scramble to to try to get websites or anything like that. But you might want to just kind of write down the names of the things that you're most interested in and then you can go back and check that hand out.

So we're going to be looking at two case studies today. I'm going to highlight what the clinical thinking is throughout And like I said, our focus is going to be on the psychosocial and the behavioral changes. Today and we're going to be looking at it through the eyes of cognition and language. We're going to address some school approaches at the end. So that was one of the big things that we got feedback on for the survey. Jen did address some school issues in the first webinar, so you can go back and watch that. And I'm going to approach i'm going to to highlight some here at the end. We're going to show what could have, should have been done earlier. And that'll be toward the end. And throughout, we're going to show resources that work and how to use them.

The cases are based on two or more cases just so that they're protecting privacy and we've pulled them so that they address issues that we face all the time that just come up a lot. And we're going to be today addressing them within kind of that co-occurring needs areas. We're going to be looking at it from the perspective of well what if you encountered one of our folks in a different system of support. Just like with the second webinar if you came across somebody in a substance use treatment center what would you do and how would you look at that So it's not as much for the folks who are working within traumatic brain injury Programs right now, we're going to be taking that stuff that they already know and be applying it outside. But if any of those folks are here, I love that you're here because you can also help to be spreading the word about Getting information out there. And I hope you'll pick up something. As well, they're going to be presented as if they actually happen. So we did this, we did that And I am not trying to be the expert in that other area so we're going to focus today on mental health and homelessness But I am not the expert in those areas. We're not trying to be. And what we would do is we would work with them and lean on them to be providing their area of information and we're just bringing in our area of Of expertise. So like I said, we're going to be looking at it through the lens of cognition and language, even though we're talking about psychosocial and behavioral today.

We're looking at it through that lens of, well, what does the cognition and the language What do those changes do to the behavior and psychosocial issues And then I want you also to be bringing, looking through your own lens. Where are you coming from? And how does this apply to you? And what expertise do you bring into this? Let's first take a look at Amanda. Amanda is 30 years old and she's divorced. She walks into a mental health clinic for treatment because she's been depressed for a few years. She just doesn't feel like herself. She wants to be working. She was working, but she's not working right now. She lost her job four years ago because of lack of productivity. She doesn't go out much, but she's really a social person she used to really enjoy her friends And her cat Snowball now is really who keeps her company And when she says it, she says, I feel like I'm living in black and white. And I want to live in color. So we want to help her to try to be able to do that.

The counselor at the mental health facility is Susan and Susan is awesome She already is brain injury informed and just as a standard of practice, she uses the OBISSS, the online brain injury screening and Support System that I talk more about In webinar two that is made up of screening for prior history for brain injury Then an assessment of cognitive and functional changes. So if someone has had a history of brain injury. They may or may not have any functional changes, right? You can have an injury And be fine, perfectly fine after that So then we test though to see do they have any cognitive or functional And then automatically using the OBISSS or you can do it old school and do Paper copies automatically accommodations are automatically accommodations generated and they are sent to both Amanda and to Susan.

So why is that important? Why is it important to do that? Well, people with traumatic brain injury have a harder time using services and maintaining any change that they might make within your program. If they don't get the needed accommodations And I hope that you're going to see that through both of the cases that I talk about today. Things would have been very different had the brain injury not been identified. And it's important because there are kind of worse consequences too. They might be back in treatment again or Or worse, they might end up in the criminal justice system. We know that happens. They may end up committing suicide they might end up in a substance use treatment facility. We really want to try to be catching them Initially, when the injury happens, but then if not, then at any point down the line. So we want everybody to be brain injury informed. So Amanda this is so they did the electronic version, but this is what it would have looked like hand Written and she we find out through this process of brain injury screening that Amanda had a car accident at 25.

She had headaches for two years. She was never diagnosed or at least she doesn't remember ever being told that she had a concussion or a brain injury and concussion and brain injury are the same. It's just a mild form Of brain injury. So she was never diagnosed But she doesn't remember a lot during that time. Of the injury. She did have some word finding difficulty and difficulty her ideas together. And then six months later She had a slip and fall at work and she hit her head And she felt like that made things worse for a while. And they were able to identify both of these injuries through the OBISSS. So at this point, I like, well, what are we thinking? What do we bring into this picture? And we know that with brain injuries, they often have long-term cognitive, emotional, psychosocial social and or behavioral difficulties. And the psychosocial changes can look like things like not understanding social cues or the environment. And let me take a minute to say that If you go back to our training series from last year.

We go through more of this in depth. So you'll learn more about the psychosocial changes, all the different ones different changes that we might see. Without the cases. You might see decreased inhibition, lack of awareness of deficits. And then we know that people in a mental health facility, if you look at them. 50% of them will have a prior history of brain injury. So we already know that there's a big number within that population. And people with brain injury are two to four times increased risk of attempting or having death by suicide. So it's really serious. It's important to be acknowledging and and looking into that brain injury. Emotional challenges after concussion, we often see are depression, anxiety, irritability.

And there are others. So when we looked at the the cognitive and functional assessment part of this. It looks like this. I'm just going to show you the ones that she acknowledged as having difficulty with. And she said that she has difficulty keeping to a schedule difficulty completing tasks and difficulty keeping up with time sensitive things like paying her bills, getting work done at work. When she was working. And in the area of inhibition she has difficulty, she says things without thinking. She does things without thinking. She dominates conversations, and she interrupts when others are speaking. Those are the things that she's aware of there. And in the area of language is difficulty understanding what people tell her sometimes. Difficulty finding the right words when speaking. Difficulty getting people to understand what she's trying to say. So Susan referred her to a speech language pathologist with experience in brain injury and let's say that that was me. And what I found is that she does have difficulty she does the things that she said were were accurate. She says things without thinking She dominates conversations. She's kind of like ruminating over things in the past. She just feels compelled to discuss it. So she's kind of always using the person that she's talking to as a counselor.

Which really isn't appropriate. Yes, we all use our friends and we lean on our friends and we talk about things with her but when you're around her that's kind of the big thing that she's doing is just you're just there to help her out. She interrupts others when she's talking, when they're talking. She feels like her friends are now always busy. They're trying to avoid her it feels like. They don't answer her calls. And so she's feeling much more isolated and depressed, which is often what we see. She's told that she overshares, which makes people feel uncomfortable. She doesn't notice the social cues like she doesn't see that it's time to go. The person wants to get up and leave. The person has something else. To say she's not noticing any of those things.

She also tells the same stories over and over again. Sometimes she gets really excited. And she stands too close to the person. She's really in their space Which is an unwritten rule that we have. She touches too much. It's not inappropriate. She's just touching on the arm or shoulder but it is uncomfortable. Some backgrounds touch more than others. And she's from a white culture which doesn't do that as much. So it's uncomfortable for some people. She's overly emotional in social situations And we also saw that her attention and her short-term memory were influencing things like for example interrupting because she might forget. And that had really become habitual she was interrupting just it constantly. It was hard for anybody else to try to To follow through on their thought And they would often just give up and just let her go where she was going to go. So, um. We need a lot of education with Amanda.

And this is one of the things we use the five types of concussion Because it really did look like she had had two concussions. She had symptoms at that time And we use this to help her to understand kind of so when you don't know what's going on There can be a tendency to blow things up, to make it bigger than it than it is. Or to think like, oh, this is yet another symptom, yet it might be related to things that are already happening. So it's not bigger so we try to use some education to just help people get their arms around what it is that had happened to them and the extent of the symptoms. So it helped her to realize that she had had in the past some balance issues, some dizziness And cognitive fatigue And it also, I'll talk about this in a minute, but it helped her to understand also that Her neck issues and her sleep really impact everything. So that's what the two modifying factors they sleep and and neck issues, or let's just even extend that to pain in general Really impact the concussion symptoms or larger brain injury symptoms that someone might be having.

We also… showed her the signs and symptoms for concussion for adults. We have these for every age range And again, this was just to be able to go, okay, that makes sense I had that earlier that symptom Oh, and I also have that. It just helps to put the whole picture together. So this is generally used At the time. Time of injury because this would have helped her to get some borders and boundaries around things from the very beginning. To have some understanding and maybe to work through things much earlier. But at any time, it can just kind of help people to put the whole picture together. We also gave her the survivors families and caregivers tool We said, listen, we're going to go through with you anything that you need to know right now, but we want you to know that this is out there Because sometimes things change over time and you can just flip through it and know What's out there. We also gave the service professionals toolkit to all the to Susan and then to there's going to be an OT and PT come on to the case And we shared it with them as well so that they would be able to help Amanda, but they'd also be able to help future people that they work with With brain injury. We showed everybody the concussion management protocol, which is more designed for physicians but We want people to know about the fact that when you have a concussion. It's really important to get your symptoms treated as early as possible so we can let a week or two go And just let the symptoms go away on their own. We can do that.

You'll see in the NFL right now, they are treating like right away and other sports organizations right away. They now say that it's just two to three days of rest is cognitive rest is important. And then after that, get back to activity at the level that you can handle it. And that you can be safe. But then if symptoms aren't going away, you need to get to a symptom specialist and then specialist we want physicians checking in yearly to say, hey, I know you've had this injury. Are you having any problems with this? Are you drinking more? Are you in pain are Because we want to be heading off, capturing some of those things people don't think are related back to the injury and get them treated as well. We also gave her, when concussion symptoms are not going away And this just has different, when she's ready to go back to work It has some handy tips in it. It has things to look for over time some idea of who to be looking for for help.

We also did the personal guide for everyday living after concussion and brain injury with her. And we spent a lot of time throughout kind of intermixed with all the therapy that we were doing constantly checking back on these conditions, let's call them. So you'll recognize that If you are any of these things, if you're tired If you're emotional, if you're under pressure, you feel stressed, you feel anxious, if you are drunk or under the influence of other drugs. Drugs, whether they are prescription or not sometimes If you're in pain or if you're sick, you have a harder time with your emotions, you have a harder time with your cognition and maybe with your behavior as well.

So this is the same for everybody, but it's typically worse for someone who has had a brain injury and when we In talking through all of this with Amanda. We discovered that she will just she'll get hung up on something. It might be something that she wants to research or something that she's looking into and she will just keep going until she's exhausted And she'll be sitting at the computer on On her couch typically into the night with poor positioning develops neck, back, and shoulder pain. She's not doing what she needs to do for the neck pain. So that's when we referred her to a physical therapist And they set her up with all kinds of some exercises that were appropriate and Of course positioning and things like that. And being out of pain helped her across the board, helped her with cognition. With her emotions and with her emotions We found, though, that because of the brain injury, we did need to schedule accountability with her. She needed to be filling out like a a check off for a check off for let's say three times a day doing her exercises And then checking off what our positioning was like. And that helped her to be accountable to the physical therapist But then the physical therapist discharged quickly we needed to move that. She still needed that accountability. So it went to Susan the counselor So that she would be consistent with that. We also found out through this process that she was drinking a bit more than usual She said it wasn't any sort of a problem. She didn't feel like she had to have it. It was just something that she was doing.

And we said, listen. Brain injuries lower your seizure threshold. Drinking lowers your seizure threshold. So those two are a really bad pair. Not likely that she would have a seizure with a concussion level injury, but still, it was not going to help her. In any way, shape or form. She just said, I don't need to be doing that and so hopefully if there was it was going to develop into a problem, we worded that off. We also talked with her about brain health because As anything that brain in our body in general is going to be helping her her cognition, her psychosocial changes And the big thing that we needed to focus on with her was sleep.

And so this document is available. As well and it's all evidence-based as is everything that we do. We shared with her the concussions and mental health That just helped her to understand common symptoms that getting to a clinic was a great thing that she did And that everything will be personalized. And we taught her this self-awareness model. I always say it's old, but it's good. It's just easy To show someone and help them to understand So she had very good intellectual awareness She knew some of the things that was going on this is like I have a problem with.

But she needed to work on her emergent and her anticipatory awareness. So emergent was she didn't always know when it was happening When it was emerging and she wasn't always anticipating I'm going into this type of a situation. And so I might have difficulty. And keep in mind that you don't have to have any level of awareness of something And she wasn't aware of a few things that she was doing. And so with Susan, the counselor and I, We started working on things with her to help her to bring her up to that help increase her emergent level of awareness And so we would interrupt her and we would say, okay, something's happening right now. Can you spot it?

That's a really sort of rude thing to do, especially when you're working on things like you're talking too much or You just interrupted me. Those things, it can feel really rude. It feels really personal when someone points those things out to you. So she was very aware, Amanda was, of what we were working on and we got her agreement that we would do this and that took a lot of the rudeness away And we also said, hey. It doesn't mean that what you're saying is not important. And we do want to hear what you're saying, even though we're cutting you off. We're going to keep track of what you're saying so that if you want to come back to it, you can and you can tell us. So she didn't have that worry there was this this kind of not listening to us because she's still trying to think about what she was saying. So we took that on for her.

So in therapy, we practiced listening and asking relevant questions without adding anything personal. So this took away you're not talking about you. You're not interrupting. You're just listening. And you're asking questions, you're working on that and then with her friends I had her do the same thing. I had her think about upcoming interactions. And write a list of topics on an index card And then she would practice those topics not with the the index card in front of her just that was kind of just to help her ahead of time And she also practiced asking the questions She practiced not touching, trying to keep her hands in her pockets. And then she reported back to me. We also practiced not interrupting. So she would have a piece of paper or a card in front of her and she'd write down one to two words when I was talking. And so as to not interrupt me. We would just go through different things. I would talk about and And she would practice not interrupting thinking about what she wanted to say and writing it down.

Then with our friends on the phone, we did it so she could practice not interrupting and have a paper in front of her without it being odd. We got good at that. And then we took it to her friends in person without the paper. So she was getting good at just capturing in one word what is it I want to say? What is my topic here? That also just helped her in general to be more topic focused and organized in what she was saying. And then she reported back. And sometimes in therapy, or just in life, she was getting excited. She was standing too close. Touching, being overly emotional in social situations so I would then kind of just kind of stop and be talking to her in the hallway as I'm walking her down to my office. I would stand up in the office. So I was giving her an opportunity to work on not touching me.

And then also monitored her emotions. And these were emojis that she picked out She needed to monitor when she was kind of on the downside but then also too excited and work on getting into that calm space and then doing the same thing When she was with friends and this is just all of this is just really, we're giving her strategies We're also really increasing her awareness, which is just so important to do.

Socialization was really important for her mental health wise but then also It gave her an opportunity to practice. So we had her take a class. Which was just like a normal classroom style where there wasn't a lot of opportunity two talks you needed to just more watch how many questions are you asking and how focused are you if you're asking the question Then she took an art class because art was something that she really wanted to get back into her life and that this was now more of a looser environment. So it taxed her or challenged her, not taxed her, but it challenged her a little bit more And then cooking class, very similar And then she took a yoga class And what she found was that it did not offer any sort of socialization because people walked in quietly And they left quietly. And so there was no opportunity for that, but she kept doing it because she felt that it was really good for We're getting her centered and calm And it helped her to sleep better with the movement and the relaxation.

So that was really good for her. We did refer her to an occupational therapist because she reported having that difficulty with organization. Keeping to a schedule, completing tasks. Keeping up with time sensitive things and they used a daily planner type of setup and they use color coding because she is so like artistic and color focused And it helped her to see what kind of categories of things that she had to do. They also found that her space was often just very disorganized And so they used things like pins and labels color coding and everything had a place and belonged you know in a certain place and she loved that And she's actually pretty good at keeping up to that She has a process at the end of the day. If possible, making sure that a space is cleaned or really before she leaves that space is even better.

And then also at the end of the week, just going through and making sure that everything is is tidy. So she did get a part-time job eventually and she was teaching art classes for children She was also doing bookkeeping for the studio and keeping the studio organized, ironically. And she was really good at that. The person who owned the studio was not good at it at all. So she really was able to bring her skills and help on that studio. The occupational therapist and I helped her transition her skills to work. And then at that point, I was able to pull off to discharge. And then the counselor stayed with her longer through that transition to work. She checked in both emotionally, but then also checked in on all of the other areas that she was having difficulty with and just making sure that she was doing all right with them.

And even they were going to be discharging soon. But Amanda knew that she could go back to Susan at any time that she wanted to. So at discharge, we gave her the guide possible changes after brain injury for school-aged children and adults and some some thoughts about going back to work. And what I'm not showing you is page which goes through if you're having this symptom this is who you look to go to. So we know that that brain injury changes throughout life and we hope that at that this point We've captured a whole lot of things for her and worked on them. But she may have an issue down the line and we want her to know Where does she go to for help. So what worked with Amanda?

Well, focusing on the brain injury right from the beginning, the fact that that Susan did that that she knew about brain injury changed the trajectory of treatment. It's really hard for Susan to be working on the mental health part of it if she's not working on the full picture. Or not acknowledging it at least. The team approach, team communication, and that we were not all in the same facility So we had to make that work so that not only was Amanda getting to work on her cognitive strategies with me and her psychosocialStrategies with me but she was getting to work on them with three other professionals who could cue her and knew what my strategies were and knew what to tell her to do.

She was getting that from all of these professionals In addition to then working outside of us. So that was just really, really helpful. Focusing on her awareness helped her to be a very, very meaningful contributor to the whole therapeutic process. Lots and lots of real life practice. So it doesn't work if you're just doing it, especially with psychosocial. And behaviorally. You have to have that practice outside. We opted to not have a friend when we this was an option to have a friend know what was happening and to cue her. And we opted not to do that because we didn't want to change Any of those relationships So if we needed something someone to be monitoring that, then we could have done that, but we didn't seem to need that. And then lots and lots of education to help her to get her arms around what had happened and what had happened what you need to do about it.

And for for all of you, for professionals the ACL's behavioral health guide is really good this is The focus is on behavioral health. But then it also mentions criminal justice, domestic violence, and homelessness. And that is because everything that I'm talking about in terms of doing that screening that Assessment for cognitive and functional changes and then the accommodations they hold across the board, no matter what setting you're in. That's the kind of thing you're doing. So I hope as you've been listening to this situation with a mental health situation You're also recognizing that how this could apply to where you are. And I brought over James is from the last time. I haven't taken his name off. I should say Amanda.

I did change out the what we used for her so we used for her The resource pages from the Tennessee Brighter Futures program, which are designed for for professionals, we use the resource pages and the infographics We use brain injury, mental health, and chronic pain, and these were given to the people working with her so So Susan, the counselor, didn't necessarily need the mental health ones as much as she needed the brain injury and the chronic pain. And then the physical therapist didn't so much need the chronic pain ones because they are the expert in that area. But you might want to go to Tennessee Brighter Futures website and print off or save electronically. I love a printed copy. Of the infographics, put them in a notebook and same with the resource pages so that when a problem comes up, someone comes into your program And they are from like they do have issues that are outside of your system of support You know the frontline places to go for for help.

So let's take a deep breath. Take a stretch if you want to, and we're going to move on to Rudy.

Rudy is 27 years old. You might recall him from last time. I'm bringing him back over because we had really set up the cognitive with Rudy. And we need that. Focus with Rudy now is going to be on the behavioral. There's some psychosocial in there as well. But we're going to focus on the behavior and we have to know about his cognition and his language. In order to treat this well. So Rudy had a severe brain injury when he was 12 from a car accident he didn't know much about it. The homeless shelter worker was able to track down her his mom and she reported that it was a severe car accident that he recovered well from He didn't know much about it because it was a family member that That was driving. And so they really kept it secret And before the accident though, everybody loved Rudy. He was fun and funny and he had lots of friends.

In school, the school wasn't notified because everything looked good. There didn't seem to be a need to when we encourage her to think back now, she said well his his grades really did drop that year. By the end of the year, they were very different because he was injured over the summer. Which is where they're often missed is the summertime and also other breaks because it's unstructured time cousins come over, siblings start getting wild with each other so Those are times to be really on the lookout when you come back from those times. He started getting in trouble for wandering around the classroom. He was being a distraction. He was not finishing his work He was getting in trouble in the lunchroom and in recess, which are also unstructured times. And at that point, really, he became a behavior problem where the behavior became the focus And they weren't focused on his schoolwork or his grades. Unfortunately. And in school he seemed to be alone a lot by ninth grade, stopped liking school by high school, dropped out in the 11th grade, became too much to handle, lots of fights with his mother, and he left home six months later. And she lost track of him and he was still at this point really just a behavioral problem. That was the focus So the caseworker at the homeless shelter did get him into a group home and it was a a home where there was a husband and wife and two other people like him living there.

So there were five people in total there. And she got him a cognitive linguistic evaluation by a speech language pathologist with experience in neurological disorders because a neuropsych eval wasn't available for another four months and they really needed this Home placement to work and to get track get under control some of his behaviors and they did keep that appointment to get more information later, but usually the SLP is a quicker route initially. But again, it's not going to be helpful unless you go to somebody who has experience in Neurological disorders. They used all of the information that they had to fill out the brainstorming solution tool And so this is where you're bringing everybody's thoughts together, anybody who's working with them and any any information that you have from any source Including the mom. And this time we're going to focus on the psychosocial and behavioral aspects. Last time we focused on the cognition I'm just going to quickly summarize the cognition findings for you. So these are the areas that that the brainstorming solutions tool, I tend to call it the BST, Looks at for cognition. And language and we provided Rudy, lots and lots of education that I won't go through this time more than to remind you about it because you can go back and see that But we went through brain health with him.

We went through the personal guide tailored to Rudy. We went through the guide to personal changes so that and we left this with staff as well so that they knew what kinds of things to be looking for. Throughout time. And this is the strategies and accommodations tool we used to kind of just really jar, provoke our thinking about strategies And the team brainstormed and Rudy was a big part of the team you've got to have that and then we modified as needed. You want to try to give something time to work because he's going to need More repetition than someone who doesn't have an injury. But we then would modify things over time.

So in the communication areas, some strategies that we gave him were to slow down when he when we were talking to him. Shorten our sentences and our information but being very careful not to talk down to Rudy because that was a big trigger for him We used visuals whenever possible. We demonstrated things. For him and then his job was to ask questions and and why a lot of the burden was on us was because Rudy didn't know when he wasn't getting something you know he was understanding every word that you were saying But he wasn't always putting everything together. Or remembering it So a lot of the burden at least initially fell to us to handle the communication aspect, but then he was encouraged and we would ask him, you know, Rudy, do you have any questions about that What didn't I do a good job explaining for you? Things like that. So it didn't feel like we were talking down to him.

Uh let's go to the next area. And then for the chores we hung up a chore chart. We put his chores on his calendar And his chores went into his phone with a reminder alarm. So there's lots of of areas where he can be reminded what he needs to do. And then for his messiness, this were other issues that he had. We set up systems of where things went And we put pictures of what goes where And then for planning, which was difficult for him He had a calendar and then we involved Rudy in developing the steps for his chores and for anything else. Because there were often things that were often we thought would be thought either straightforward or straightforward um easy And they weren't that way for Rudy. So we always had to make sure that really had a good idea of what has to happen first Then what comes next? Then what comes next after that And so this is what we did for some of what we did for cognition And then we use that same approach to develop strategies for behavior. So we use that brainstorming solutions tool Filled out the behavioral portions of it use the strategies SAT, the strategies and accommodations tool and pulled Rudy in. And used a lot of team brainstorming for what would work.

And with the staff. Um we use So this, I'm also including the couple lifted that onto the house. As staff. Talk to them about having curiosity and problem solving when it came to looking at any behavior that Rudy was having to not be not react to it, not have judgment and anger about it But to say, huh, I wonder…Why this is happening, because we explained that there's always a reason. So let's get curious about it. And let's problem solve it rather than blaming him or being mad at him or we're not liking him. And then we also encourage them to find something that they liked about and this is in quotes because this is what I always say to Find something to like about the person. In Rudy's case, that was really easy but we told them this overtly so that they would have that thing and they'd be able to hold on to that that thing, that quality that they liked about him When he was doing something that maybe they didn't like. So these are, we've skipped those cognitive sections and we're coming now the behavioral portions, the things that impact behavior as well.

So his emotional state was sometimes he does seem sad And sometimes he seems angry. He seems to have pretty good stamina, but sometimes he does seem tired in the afternoon. I mean, in the evening and after later he begins to volunteer And so after volunteering, he would tend to be a little more tired He seems to do better in a quiet environment with fewer people. And less noise around. And keep in mind that this is meant to be like a living document where you're going to come back to it and you're going to cross off things that you might have been wrong about cross off things that Rudy says, no, that's not it it's this And as you learn more about him. You might write in some other things. And then eventually this can become kind of like an internal template. It's still good to have it external Because there might be people who are part of the team that that haven't gotten as good as you at this And they need to see something in In writing, but eventually it can become we're hoping that it's a kind of a template that It's what you're thinking about. It's what you're a mental checklist that you're going through. But again, you can always write it down.

So with behavior, here are the things that we saw with him that he would get verbally aggressive when someone comes into the room and turns the lights on he would often stand up and would be physically intimidating just because he's a big guy. So when he would stand up and be A little bit agitated, that would feel very intimidating He would throw things sometimes. He was socially isolating himself, spending a lot of time in his room alone and not following the House rules. So we found that what helped these things were quiet environments they had a question. He maybe seemed quieter, calmer with women but that was They weren't really sure about it at that point. Being well rested certainly helped him His triggers, they felt like sometimes noise was a trigger feeling of absolutely feeling like he's being talked down to was a big trigger for him. And not being able to do something and feeling stupid about it. Being tired, coming home from volunteering it was remarkable that they were able to figure out that someone turning on the lights seem to be, especially if he wasn't expecting it, seemed to be a trigger. That they were going to be kind of looking at They weren't sure what helped him to calm himself.

Being alone seemed to do it, but not sure what else because he would usually just kind of storm off and go to his room after an out kind of an outburst or some something where he got angry. And then we really encourage them to think about what is the person attempting to communicate? What's Rudy trying to say through this Because that's really important behavior is really important a form of communication. What is it saying? Well, sometimes they thought he's saying I'm not stupid. I'm frustrated. Sometimes he was saying, I'm angry sometimes they thought maybe he's saying I'm tired and I'm overwhelmed you're talking too fast. I don't know what you mean. I need a minute and other times they weren't sure.

Sometimes Rudy wasn't sure what he was trying to to say through that. And I love this too because in getting them to think about what's he trying to say. In the moment, they're beginning to reinterpret his behavior as ah Rudy's frustrated not he's doing whatever thing he's doing right now. And then so we wanted to work on helping him to communicate those things in a different way. We couldn't give him the words when he was already agitated. We need to give him the words when he was calm. And just to back up a minute you can see where In order to be doing these things, being able to intervene with him. That building a relationship and building trust showing up when you're going to show up, doing the things that you say you're going to do. Would all be really, really important especially with someone like Rudy Kind of doesn't seem to be 100% trusting with us at least initially with us initially And if he's feeling like we're talking down to him, he's got to understand us and our relationship with him enough to know that that's not at all what we're doing.

But it is my job to sometimes think of different ways that you might be doing that you might be able to do something and having conversations about I notice sometimes you do this Would you mind if I did this? And then being able to respond in the moment when he gets upset with you for doing the thing you agreed upon to saying, oh. No big deal. I was just trying to help you with this thing Would you like me to do it in a different way? This is what you had said would be good. And most of the time, I always felt like people would say. Oh, no, no, that's fine. They just had to get over that past that feeling of you're trying to control me. You're trying to to be the boss of me. Anything like that, or you're trying to make me feel stupid. So then the other thing to consider is what changes, what other changes are going on in this person's life that may be contributing to this behavior.

Rudy hadn't had any sort of medication change. And keep in mind with medications Some of them don't become therapeutic don't reach their therapeutic levels in the body. It can be for weeks. And they might also be stepping up to something which is going to create a longer period for until you get to therapeutic levels so it's not just, oh, well, he went on that three weeks ago. You got to talk with the doctor and say, well, when When is this going to reach therapeutic level and is there anything I need to be looking out for? He hadn't had any new injuries But thinking about illnesses did make them realize that he had a much harder time when he was sick. Besides like moving to the house, which was a huge change there wasn't there wasn't there wasn't there weren't any other changes.

For Rudy that seemed to be going on. And then the final page, we go through solutions that we're going to try And we'll do that in the subsequent slides and then giving really suggestions and modifications looking at how did it go and then what are we going to change for next time. So for um just with behavior challenges in general. Like I said, behavior is saying something. It is a communication and we've got to figure out what it's trying to say. It can reflect an unmet need, a need for safety, a need for calm, a need for reassurance. And it can be based in trauma or in their culture and their background. This is how I was raised. This is what I saw. So that's therefore that's what i do And it can be brought about by cognitive or linguistic demands.

And again, let me just say again that that is our focus. A behavioral specialist may look at Rudy's case with different eyes. And so that's another lens. We are trying to focus on the brain injury lens of the cognitive demands of the situation and the linguistic demands of the situation so we're not trying to say that this is the only way you should be looking at But it's a way to put in your tool belt and to bring into the situation And then to remember that People are complicated. And that's why we wanted to bring the cases in here to show that like sometimes it's more than one thing going At a time. And certainly for Rudy, it was really his trauma of living on the streets this trauma of feeling stupid for years the way he was raised, his culture and his background made contributions as well as, you know, he didn't always feel Safe or reassured. And there are cognitive linguistic demands that were often much too much for him.

So going through his behaviors one by one. Sometimes that he could become verbally aggressive when someone comes into the room and turns the lights on. Stands up physically, it's intimidating. Well, what we talked with Rudy right off the bat and he said. I don't know. They just made me mad. So then when he was calm, we would offer other situations. Well, what do you think? Do you think maybe they startled you? Did you just want to be alone and you and you got mad at them because you weren't alone anymore And so we went through just anything that we could think of Because Rudy wasn't able to generate it. And then we tried warning him and say, okay, I'm going to turn on the lights right now. Okay, this is okay.

What we're working on now. We want to try to figure out a little bit more about it. Try turning on the lights He said it hurt his eyes hurt And it hurt his head. And there was a bit of a startle factor for him. But it wasn't in all rooms. An easy fix didn't cure all of it, but we changed out some of the light bulbs made them just a lower wattage And that helped tremendously. And he said he actually wanted the company. He feels alone and he really likes talking And he's tired of being alone. So he wants people around him. That wasn't it at all.

So with this idea of they just made me mad. We helped him to understand that it wasn't actually them so much as it was this physical response that he was having that was making him have that feeling of startle and being mad And we asked others in the house to warn him. Rudy, I'm going to turn on the lights. Is that okay? To get and then having him to take a deep breath Just to give him that moment to kind of steady himself. And again, once the light bulbs were changed, this did change a lot, but it still was a factor. And because he actually wanted the company and he felt lonely.

We worked on developing topics that he could talk about with the other folks and with them with him And we developed activities of common interest and we planned those activities. Both inside the house and outside. And they kind of practiced asking questions as a way of engaging someone new, someone that you don't know much about.

This throwing thing sometimes. He also wasn't sure why'd you throw some things? I don't know. They just made me mad. He didn't ever want to hurt someone. And we reviewed some of the current past situations, the recent ones and he was able to really think it through and find that he was often angry because he felt stupid. Because of their words. Their choice of words because they were speaking too fast because he was feeling overwhelmed.

Or because he just didn't understand. They weren't really doing anything to make him saying anything in a way that was making him feel stupid, but the fact that he didn't understand made him feel stupid.

So we discussed with Rudy how the other person feels. When he's doing his behavior.

What does that make someone else feel so this we're again we're going after increasing awareness, and we also want them to understand natural consequences this happens this happens this is the result So we help them to understand that people often felt threatened They felt scared. They didn't want to be around him. Not what he's going for. For the decreased, we wanted to try to decrease his frustration in the situation He had to rate himself and now notice that his chart is different than Amanda's. These were the emojis that he wanted. And we wouldn't have to use emojis we could put him making faces, we can do however we want to do this or just words it often helps the pairing of the words with the faces often helps. And so he would rate himself, I'm a one, I'm a two, or I'm a three. We would try to avoid the three in any way possible and trying to get them to stop at the two he would take deep breaths. He would walk away if needed, although we wanted to try to get away from that. Eventually.

And then if you've ever seen me talk before, you know that I love the puffer fish from the headache Relief Guide. This is just a great way to change your physiology so you deep breathe in with him and then you exhale with him It's a great visual. So you have that that you can tune into when you're When you don't have it in front of you, but it's also something that you can use in front of you. And they would put this on in the house and have everybody sit around for a few minutes. And just do the deep breathing. And so everybody knew about it and could reinforce it. However. Rudy, for some strange reason, didn't like the pufferfish. She loved hot air balloon. So there are five different avatars there on… Oh, and this one is, oh, it's going to go. Okay. So he loved this one. And so that's the one that we used with 3D. There we go. So that's one that we used with him because we want to tailor it to that person as much as possible. So he loved thought air balloon.

He would think of that. So more on throwing things. We decreased the distractions in the environment because he too realized that when there was too much going on that alone was that heightened everything for him. Helped to organize everything. We helped him develop the language that he could say Instead, when he was angry and they were short. Sentences because he didn't have the ability to have the ability really sit and explain it to us. We needed to go from the throwing instead to short sentences give me a minute I need to stop at holding his hand up or just plain old stop. I'm getting angry. And at this point, the early point, we didn't even care if he yelled like stop Not ideal. Still was going to have, we would need to talk through the natural consequences of that.

But it's better than throwing something. So we recognize that. That was okay. We still continue to work on things And again, he was still getting angry and throwing things but Then we kind of started putting some rules around that. He could throw a pillow, but only at the floor. He could throw a stress ball. We had them around the house, but only at the floor. He could yell into a pillow He could just squeeze the stress ball. And again, we talked about natural consequences and he had natural consequences for it where he would have to go back and apologize to the person because it wasn't appropriate behavior. And then he had to clean up whatever mess he made if he threw something, he'd have to pick that up. And then the staff, though, rather than just letting him go off to his room, they did let him do that. Go calm down. But then the staff would always follow up with him after each instance so that Rudy had support So he knew like he knew you know, we don't hate you because you did that. Like, listen, we understand You did a good job at not throwing something.

And what can we do better next time? What's going to help you next time. What can I change? All those things. So not following the rules was the next thing we looked at. So here were the house rules there were simple things like everybody does the chores. They had quiet out hours everyone had to clean up after themselves They had to keep their common areas tidy turn the lights off, all very, you know, household things if something's getting low or you take the last one, write it on the shopping list Because there were five people in the house, everybody had their own day to do laundry and he needed to make sure that he did his His laundry at the right time and that his sheets got washed. He had lots of reasons why he didn't do his house tours as a lot of us do. He didn't feel like it. It was too hard. He couldn't remember.

And keep in mind that sometimes don't feel like it was a cop-out for some other reason. We discussed natural consequences. Garbages are going to overflow and rooms are going to be a mess and We can reinforce with him, what does it feel like when you're room is messy when the area is messy. So again, just from a behavioral perspective, we did some of the same things that we did from a cognitive perspective. Last time that the last time So they were kind of reinforcing each other.

We put the chores on a calendar with a specific date and time so If it's just this list of things you have to do, sometimes that can be harder to organize for yourself than to put it on with a specific date and time. So he contributed to what those Dates and times were. And someone did his chores alongside him for a few times because they were not as easy. Like I said earlier, they were not as easy for rudy as they might have thought they might have thought That someone might have thought that they were. And that's So the directions then were posted when… I'm just trying to move something here. Would spot where he was having difficulties and then help him To… maybe put steps in place so that he knew what to do or to do a little bit of queuing until he did know what to do. And it was a new laundry machine for him washing machine so Those directions were posted where he could check it off and wipe it off and really it helped other people in the house as well.

And then there was a house list with everyone's chores on it in the kitchen, which reinforced that everybody has a job. It's not just you, Rudy. They were color coded to help everybody to tune into what were theirs. And then there were just kind of some random reminders, not some not so random so during house meetings it was always brought up and then there were some casual reminders throughout the day that, hey, you know, it's your sheet day, it's your laundry day. Things like that. We also use Blink Center's tips to manage triggers, and it just gave us one more tool to be able to discuss more deeply in the deeply going through the behavior. So just know that that's another tool available to you.

And for the behavior of being socially isolating. They're They did the icebreaking activities for everybody to get to know them so that he didn't feel like uncomfortable because he's sitting in this room. Nobody's talking. Nobody knows what to say to each other. They plan fun things to do in the house, fun things to do outside of the house. And they made a list of things, we made a list of things for him to do in his free time. And then we put them on his calendar. Obviously he didn't have to do it but he didn't have to it would be, oh, yes, I do like that thing. I'm going to do that now. And then his volunteer job also helped him to not socially isolate and I'll talk more about that. We also ended up putting a lock on his closet door because he was in part he was staying in his room because he was afraid that people were going to Take things and that came from his time on the street. So we gave him a safe place where he could lock his is some of his things, not that least So we talked about his volunteer job last time where he was able to Take on more and more responsibilities.

He would learn one, then add another. So he was able to make boxes, restock them for the sorters, the people who are sorting the food at the food bank he used the pallet jack to move The loaded boxes and then he wanted to get paid for working there eventually And the behavior there really was generally good. He generally worked by himself. But occasionally he would throw things or yell sometimes when he was corrected sometimes when he was corrected not. And it was better if he was pulled aside by the person that was to be his boss.

And sometimes they could normalize that behavior. You know, you know what i Sometimes I forget to stock that too. Would you mind restocking over there and so kind of to normalize it, being careful not to talk down to him. But then Rudy also had to understand that He's in a work environment. Even if it wasn't the person that is considered the boss, there were certain other people who had that right to say that right hey do you mind helping out? And to also help them to understand that It's it's not like someone telling you what to do it's telling you what here are all the jobs that make this thing flow better so we have that kind of ability to talk to each other in a work site and say Hey, do you mind doing this and I'll do that. He was allowed also to walk away when there was a big group of volunteers or when things were getting too noisy and then he'd kind of regroup and come back When he could. He was also allowed to use to use headphones without noise.

And it was headphones versus earplugs because they needed to see when he when he wouldn't be able to see because there's a lot going on and he was not allowed to use them when he left the um the box making station because again there was It's a working warehouse and it had to be safety was first So what worked with Rudy patients with him developing trust with him, him with us and us with him consistency, lots of review practicing the same things role playing, building his self-awareness. It was harder with him. He didn't have as much self-awareness so building that up With him, education about his injury, it really helped him to understand that he had an injury it wasn't He wasn't stupid. He had an injury and that created a lot of challenges for him. The brain calming activities that we did, like some deep breathing and like the hot air balloon Helped him a lot. And then recognizing the underlying cognitive issues that impacted the behavior really made a big a big impact as well.

So what worked for the staff? Because remember, they're people too they're human too They have feelings in all of this. So helping them to understand that It's the brain. It's the brain creating these challenges for him. Understanding the cognition and the language was helpful for them. They could look at the situation, determine what might be impacting When they were in a new situation, when they were planning an outing, thinking ahead to what was that situation going to be like. Understanding that Rudy was not trying to make it a bad day for them. He was having a bad day. And recognizing when we were having a bad day coming in and we're not looking to make it a bad day for anybody else, but we could. And so it goes both ways. So that was really helpful as well. He's just having a bad day. Help him out.

Understanding that this one I think was really important for Rudy. He had had a long time without treatment. And he was out on the streets And he had a long time to develop bad behaviors. So it was going to take some time to undo them. Understanding that his impulsivity makes it so that He needs clear rules from the environment. That his brain wasn't creating the rules of do this, don't do that. So we needed to have those rules in the environment. Focusing on the things that they liked about Rudy, especially when he's having a tough day. And then working with Rudy, Rudy being a big ally in this whole thing getting agreement about the types of feedback we were going to give them, how we were going to do it, when we could do it, when we needed to hold All of that working with Rudy because rudy it wasn't going to change if Rudy wasn't a big part of all of this.

So I promised I would talk about what about the schools and about what could have been done earlier. So really the first breakdown was the communication between the hospital and the school. Normally, we would say if it was a concussion to send home the CDC's return to school after a concussion. But this wasn't a concussion. This was a bigger deal. We would have wanted the hospital to send home the guide to possible changes after brain injury. Just to send. So his mom had this thing that says, listen, it was a brain injury And she also had, if things were starting to pop up. It goes through who do you go to. She also could have given that through the school We have a hospital to school transition protocol just to help the hospitals and the schools are very different. I know that from working at a hospital And then later for working a little bit in the school they don't always speak the same language. They are not approaching goals the same way. So this was to help the hospital to to know more about the school, to know what to say and what to do And what they needed. Just because you're an an SLP, a speech pathologist doesn't mean that you're going to understand this person with a brain trauma coming in.

And it would have helped that handoff to the appropriate professionals and then a school lingo to help the hospital understand how the school say things differently The school should have told everyone, and this is a great forum that helps to do that, a document that helps people to understand that everybody within that school system needs to know what's going on. We would love for every school nurse to have the traumatic brain injury toolkit for them. Which has lots of great tools in there for them. That they can use for the family they can give to the teachers and the teachers and also having the school have the traumatic brain injury toolkit for survivors, families, and caregivers so they can give out Anything else that might be needed the school, we would also want them to have, this is a great accommodations tool for schools by the Center for Brain Injury Research and Training, or CBERT, Great, great, great tool. And then this one for sample iep goals For students with TBI because there's kind of a paradigm shift when you're working with someone with a traumatic brain injury. So in a school, you might be looking at something like to read a paragraph with 90% accuracy in answering the questions whereas with a person with a brain injury, we're really going to focus on the strategy to get there.

The person will underline key points within the topic. Within the paragraph. In order to comprehend with 90% accuracy because it's all about how are we doing this differently? So what might have been done earlier, also the school, we would want them to use concussion and brain injury alert and monitoring form we don't care what it looks like. This is one that we developed for you. It doesn't have a lot to fill out. It's really just to travel from grade to grade and from school to school with the student so that it very often even if it's identified in one school year. It's lost by the next school year. It's all brand new And if we have this in the medical and or the the academic charge. We wanted it in both. Then somebody may come across it and go, hey, this is what I found. So we need to be looking differently.

So what if the hospital never told the school, right? They didn't in this case. Well, the school who've done their own yearly brain injury screening. Prior history and it kind of look like within their own their own intakes their yearly intakes and they could also do this if they had something they could send it home if they were having some difficulty, seeing difficulties maybe after Christmas break. And now the changes that they're seeing or the difficulties that they're seeing may not be the brain injury. It might be that they were physically abused over the summer, that there was some traumatic event that happened over the summer and that's what's causing it. But we want brain injury to at least be considered. And had this been we could have potentially changed that entire trajectory of not just Rudy's life but his family's life.

A tool for you all is adapting your practice and this is for homelessness. And brain injury, again, just putting the same sorts of things into another another environment. And then the resource pages from Tennessee Brighter Futures and the infographics from Tennessee Brighter Futures that we used or the brain injury ones homelessness and the minority health. And now the brain injury infographic is not yet brain injury, one is not yet available. It's going to be available really, really soon. It's looking really cool and it goes through all of the brain injury and all of the big key intersections that it has and how it impacts those areas, how brain injury is such a big part Of all of the major challenges that we're having in our, I shouldn't say all but many, many major challenges that we're having as a society these days. Like substance abuse, like mental health. All of that.

So I'm ready for Any questions that you might have?

Jen, I don't know what the Q&A was looking like. And while we're addressing that we will go to Oh, I'm going to show you this survey slide. Where you can… take this quick one-minute survey and take this then get a certificate of attendance that hopefully you can use for CEUs. And everything, the recording will be posted soon, give us a few days to do that. And all of the materials are already up there on our website And if you have any questions that don't get answered today or they come up in the future when you're working with somebody. Please feel free to email me at wendy underscore E at tndisibility.

Org. Jen, were there any questions that came up?

Hey, Wendy. We've had a couple of comments with people saying that some of the symptoms in the case studies that you've covered have been reminding them of people with other diagnoses. Just making those connections and appreciating that. We have one question that's um In here right now. I'll read it to you. Sun needs similar treatment to Rudy. 25 years post-accident. Needs behavioral counseling and or more OT to live safely. Trying to work with 10 care need help communicating needs with whom to talk.

If… If you're talking about like just trying to better understand what's happening and I might be able to help with that if you want to… email me and we can maybe set up a call to If that's what you mean to kind of talk through to better understand and And pull the whole thing together, I might be able to help with that. But yeah, that is a challenge. So let's start there and then I might be able to understand more about your, if that's not the right route that i might be able to understand a little bit better. Point you in the right direction. Also, I should mention that there are, I usually mention this in every training that there are seven statewide or actually regionally based service coordinators that are free and can help you out with some of the The complications. So that actually might be where I end up. Pointing you, but if I can help you clinically to think through the case. Then I would be happy to do that. And this So what we talked about today, I was relating it to brain injury, but a lot of this will also help with developmental disabilities. Where there's cognition, cognitive issues that might be impacting behavioral and psychosocial issues.

Anything else, Jen?

I'm just going to let everybody know that I just clicked to add the link to the survey in the Q&A. So if you haven't found that yet Or didn't use the QR code, it should be there for you now in the Q&A. Our one-minute survey. Just to remind everybody is the way that you'll get your certificate of attendance. And there's the last question at the end where you need to enter your email address for it to come to that email address. So that's how you'll receive it. But I like how you answered that question earlier. That's really nice if somebody could call you if they had a question or email you your email. Is right there on the slide. And then the very same thing i would have that said the service coordination program would be the next place I would go. I'll put the link in here.

Someone asked where can we find the service coordinator for Northeast? Please.I can tell you that's Freda Roberts And I will… put, I will copy the link here in our q a for the service coordination program and i'm pretty sure that that's in the the resource list that we have for you. But just in case I'll make sure and get it here in our Q&A.

Yeah, and if it's not in this one for today, which it might not have been since I didn't have a slide on them. It is in one of the earlier ones. It's definitely in the last one and the second one. And I think, Jen, you might have had them too Yeah, one of the nice things about going back to that registration page where we put the resources for today If you check back next week sometime, we'll have the video posted from today. So if anyone else wants to go on and watch you'll get the same opportunity from the video to get the certificate at the end for doing the survey. And you can also go back and check out any of the materials from the previous webinar sessions.

And Wendy, we had someone say thank you for um Thank you for the education resources, the school resources, much appreciated. Good, good. Yes, that was a big feedback. Yeah. Was what about the schools? Yeah, we do try to cover them as well. Yes.

We do have another question. And if you all will be patient for a minute and a second, I'll go ahead and get that service coordination link in there for you. The question is Thank you for the excellent information. Can you suggest a subtle way to suggest this resource webinar to psychologists and SLPs.

Um… I don't know that i would be subtle. I would just say hey i i went to a great My word, maybe not yours, but I went to this great great webinar if you need CEUs. I just found it really helpful and you can tell them something about what piece that you found? Helpful because often people are looking for, you know, a lot of these professions need CEUs. So you're just helping them out to get to a place that um might have something on, you know. The topic that they work with. Or if they don't work with it, say, you know, it really helped me to understand how brain injury is related to a lot of the work that we do or a lot of work Soon when that brain injury infographic, what are we calling it? Brain injury and co-occurring conditions I believe infographic is ready That you can just send out a lot of different people are handed to them and show how brain injury is so interconnected With things. And you're probably trying to think of how to say it to someone who already does this stuff and there's something here that you felt would be helpful for them You can just say, hey, just had some additional key things.

Thank you for… passing the word on.