

Brain Injury is Behavioral Health: NATIONAL DIALOGUES ON BEHAVIORAL HEALTH 2024 CONFERENCE

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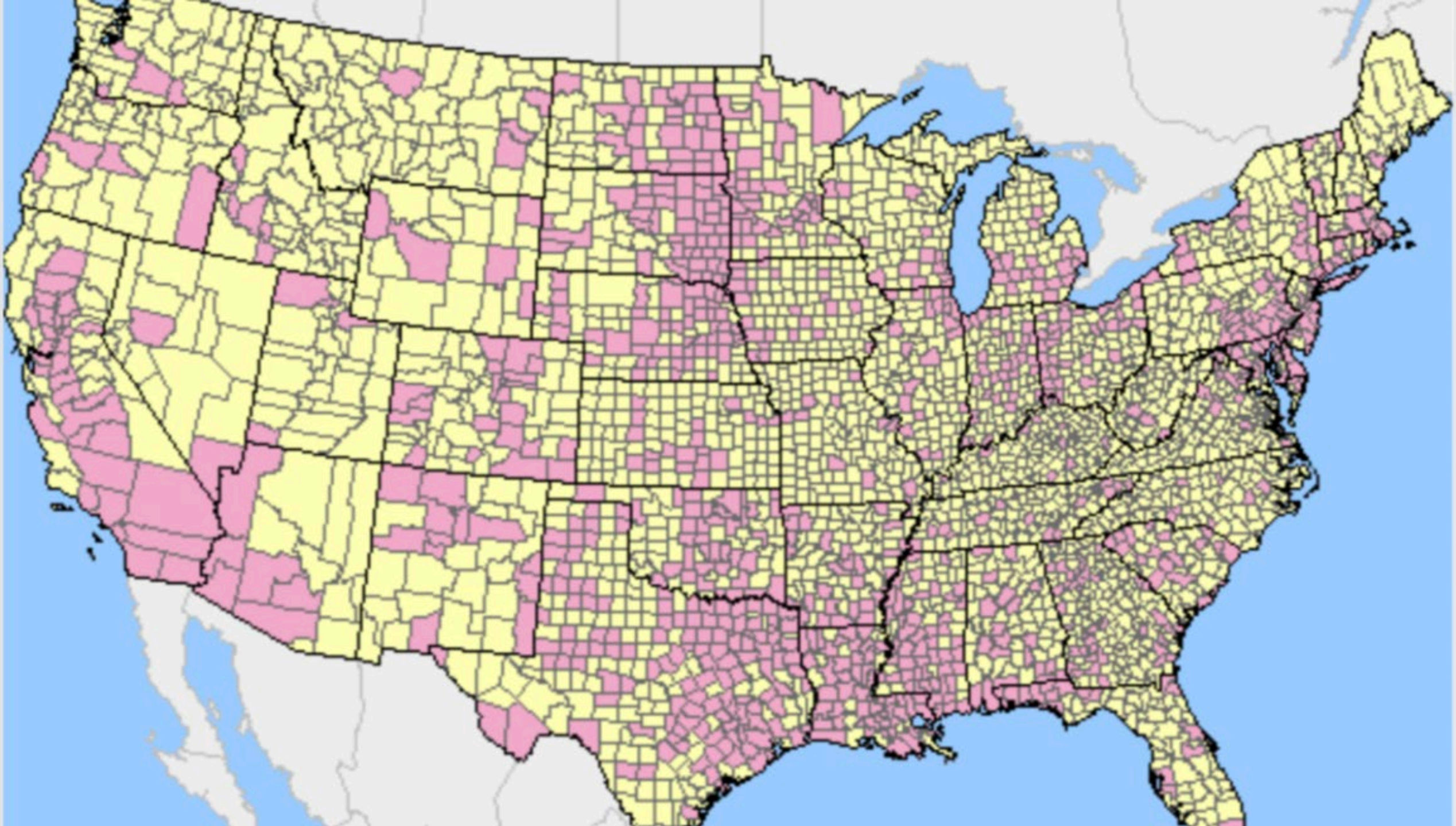
Brain Injury



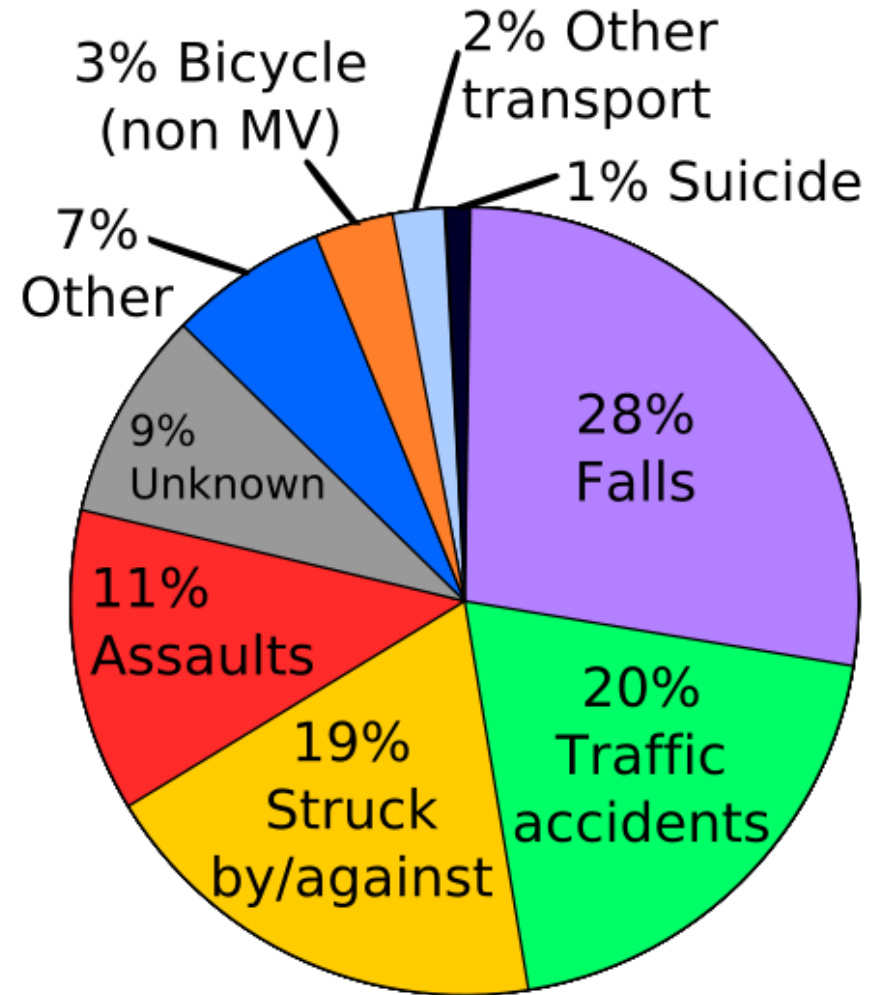
Common Causes of Anoxic Brain Injuries

- Strangulation
 - Near-lethal overdose
 - Infections
-





Traumatic brain injury causes



Common Sequelae of Injury

- Physical
 - Post traumatic headaches >95%, fatigue, dizziness
- Cognitive complaints
- Psychological
 - Almost half of young adults with BI who have no pre-injury history of mental health problems develop mental health problems within 1 year
 - Suicidal ideation is 7x higher in people with TBI
 - *Attempts* at suicide post-TBI=17%
 - Increased suicide risk persists 15+ years post-injury
 - Other preventable deaths
 - 90% of poisonings are related to drug overdose (67% narcotics, 14% psychostimulants, 8% alcohol)
 - Substance abuse

Tech & Science

Culture

Autos

Sports

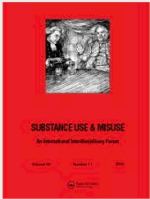
Health

Opinion

Experts

People Suffering Traumatic Brain More at Risk of Opioid Abuse

/21 AT 3:36 PM EDT



Substance Use & Misuse >

Volume 59, 2024 - Issue 11

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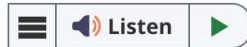
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Commentaries

Overdose Risk and Brain Injury (Traumatic Brain Injury/Acquired Brain Injury), A Commentary

Samuel I. Martin , Alex S. Bennett , Luther Elliott  & Kim A. Gorgens 

Pages 1656-1659 | Published online: 27 May 2024

 Cite this article

 <https://doi-org.du.idm.oclc.org/10.1080/10826084.2024.2359722>



 Full Article

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 Citations

 Metrics

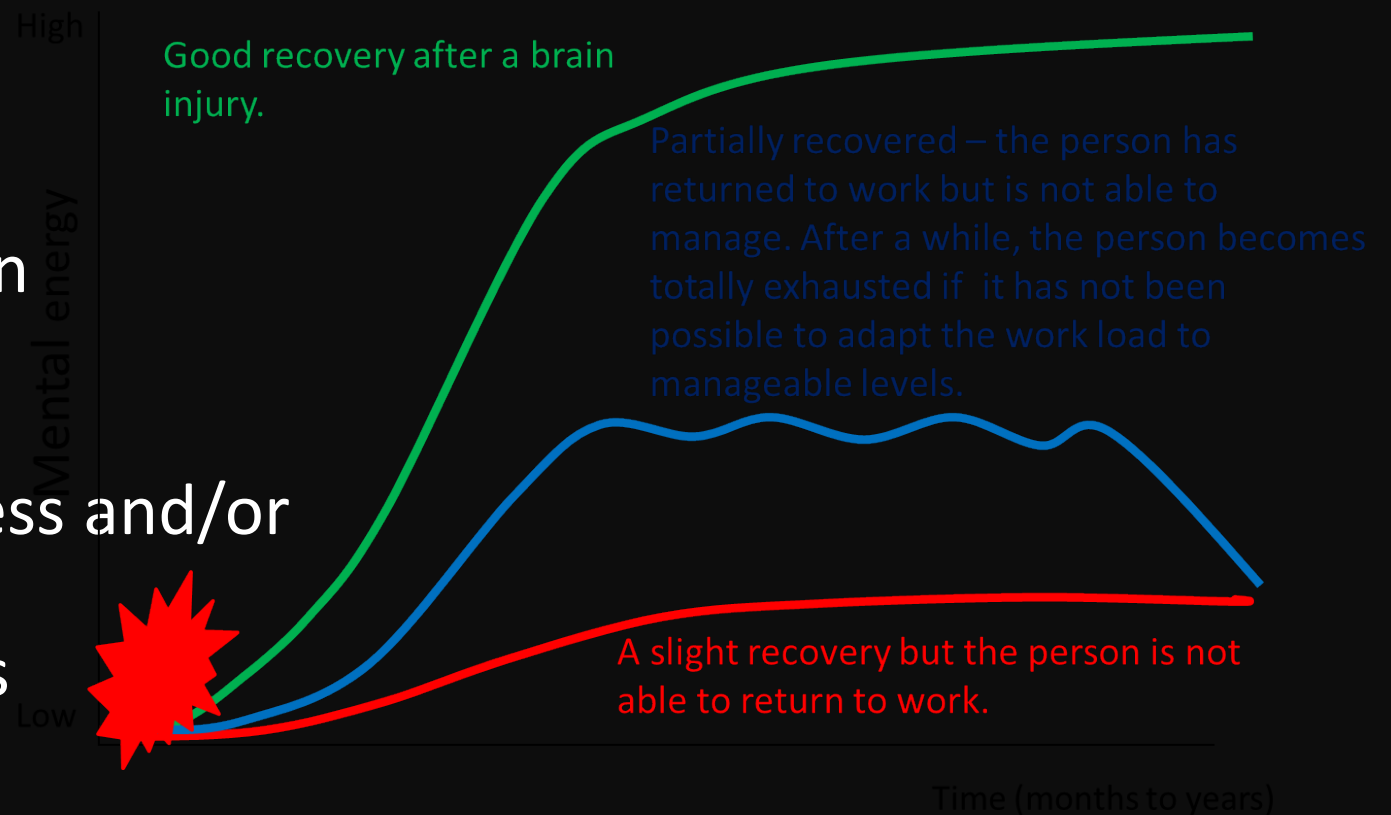
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Recovery from Injury

- Vulnerable brains
 - Young or older
 - Other health condition
 - Victim of violence
 - History of trauma
 - History of mental illness and/or substance abuse
 - Previous brain injuries



Prevalence

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Article

Information for

Correlates of Acquiring a Traumatic Brain Injury by Homelessness: An Exploratory Study

by Stephanie Chassman^{1,*}, Katie Calhoun¹, Blair Bacon², Emily Goodwin³, Kim Gorgens³ and Daniel Brisson³

Impact Factor

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Research article | First published online April 29, 2021

Brain Injury in Community Corrections: Prevalence

comes Among Men and Women on Probation

Soc. Sci. 2022, 11(8), 276; <https://doi.org/10.1177/00376>

[Laura Meyer](#), [...], and [Hollis Lyman](#) [View all authors and affiliations](#)

<https://doi-org.du.idm.oclc.org/10.1177/00938548211010316>

Received: 24 June 2022 / Revised: 1 August 2022 / Accepted: 4 August 2022

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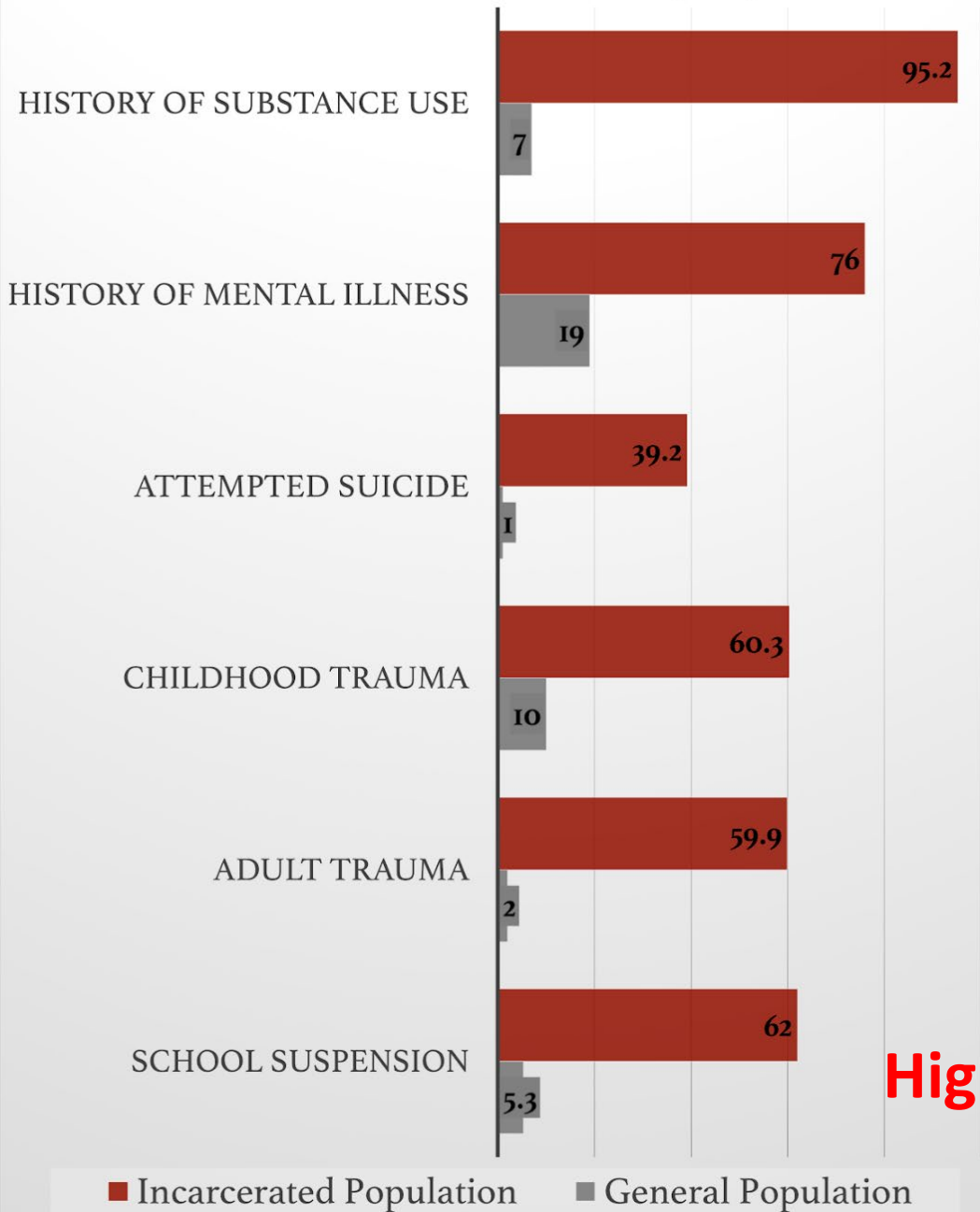
Version

- This room?
- Help-seekers
 - Outpatient Psychiatry=19%
 - Inpatient Psychiatry=29%
- Safety Net Systems
 - IPV resource centers=87%
 - Homeless shelters=70%
 - Criminal legal system=45.8%
 - Juvenile Probation=30%
 - Youth Corrections=51%
 - Pre-trial Competency=90%
 - Probation and Jails=45-97%



Colorado Jail and Probation Research

Justice Involved with Traumatic Brain Injury



ORIGINAL RESEARCH

Behavioral health is brain health among men with brain injury in the criminal legal system

Kim A. Gorgens^{1,*}, Susan Mingils², Maddy Pontius¹, Jennifer Gallagher¹, Rakyung Park¹

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²Human Dynamics Laboratory, Ritchie School of Engineering, University of Denver, Denver, CO 80208, USA

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Abstract

Cognitive impairments are associated with poor outcomes for persons in criminal justice. Traumatic brain injury (TBI) causes cognitive impairments, but cognitive impairments are also associated with other behavioral health comorbidities like mental illness, substance abuse, trauma history and suicidality. Research has not yet quantified the relative risk for cognitive impairments conferred by behavioral health and traditional brain injury-related vulnerabilities. This study examined clinical interview and computerized cognitive test data from 156 men in the criminal legal system with a reported history of traumatic brain injury that included a loss of consciousness (LOC). To identify which factors best predicted cognition, three hierarchical linear regressions were conducted with measures of learning, attention and inhibition as the independent variables. Age, history of mental illness and history of suicide attempt emerged as significant predictors of poor performance on measures of learning and attention. Men with a history of mental illness exhibited poorer impulse control. Overall, behavioral health comorbidities were significant predictors of cognitive outcomes and outperformed brain injury-related characteristics. Results from this study suggest that, while TBI is a risk factor for cognitive impairment, the adverse behavioral health comorbidities associated with TBI are even more critical. In this way, behavioral health is critical to brain health. Importantly, this group of vulnerable men is characterized by a history of substance abuse (97.1%), mental illness (77.6%) and attempts to die by suicide (37.8%) which is almost 10 times higher than the general population base rate of suicidal behavior. Understanding the vulnerabilities of these men, including the contributions of behavioral health comorbidities to cognitive impairment, can help prioritize interventions in systems where resources and staff time are limited.

Keywords

Traumatic brain injury; Jail; Probation; Mental illness; Behavioral health; Cognition

Highest risk for poor outcomes OR....

Six-month post-release outcomes for inmates with traumatic brain injury in supported community programming

By Ahlers, E (Ahlers, Elizabeth) ; Gorgens, K (Gorgens, Kim) ; Lehto, M (Lehto, Marybeth) ; Dettmer, J (Dettmer, Judy)

[View Web of Science ResearcherID and ORCID](#) (provided by Clarivate)

Source

BRAIN INJURY

Volume: 38 Issue: 3 Page: 202-209

DOI: 10.1080/02699052.2024.2309269

Published

FEB 23 2024

Early Access

FEB 2024

Indexed

2024-02-15

Document Type

Article

Abstract

Objective: The goal of this study is to examine the effectiveness of case management services for a population of justice-involved individuals with TBI history. **Methods:** Two thousand three hundred and eighty-nine records from statewide behavioral health and brain injury program databases were used in two studies. **Results:** Participants with a reported TBI history were more likely to have experienced trauma and to have a behavioral health diagnosis relative to incarcerated persons without TBI. Six months after

**COLORADO BI MODEL:
Screening, Identification,
Referral, and Support**



MINDSOURCE

BRAIN INJURY NETWORK



VistaLifeSciences

Best Practice

1. Screen for BI
2. Screen Cognitive and Psychosocial Functioning (to make recommendations for care and to modify delivery of treatment to accommodate cognitive needs*)
3. Education and Self-Advocacy



*in a 2-page neuropsych report!



The Transformative Power of Self-Advocacy



Suicidal Inmate Facing Life After Robbing A Denver, Co Papa John's Pizza, Making History By Launching Mental Health Challenge From County Jail

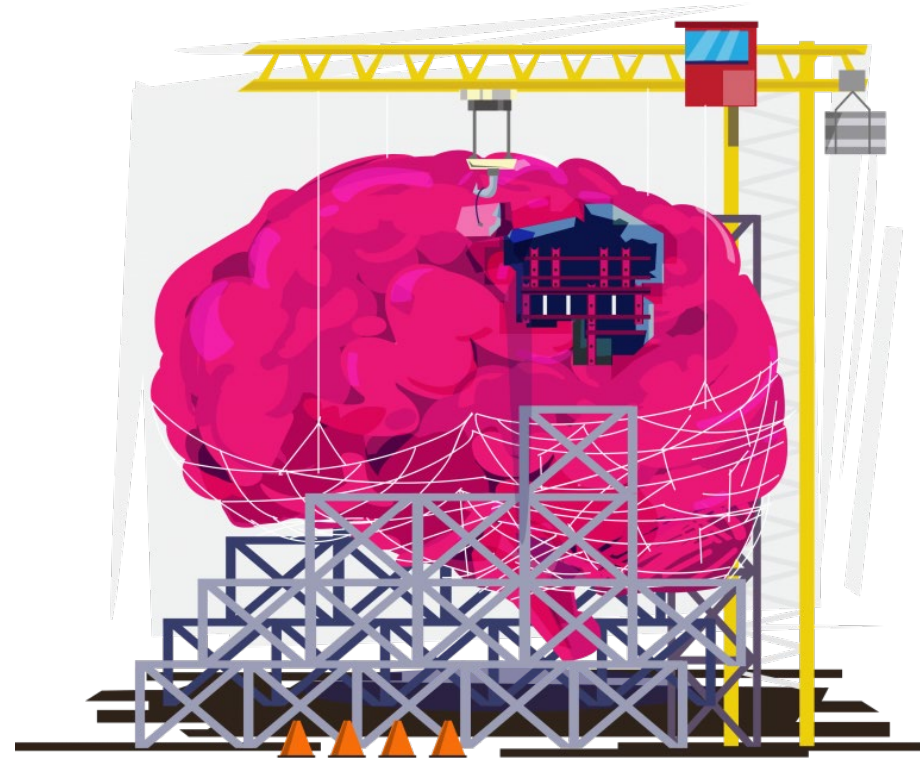
All Marchell Taylor could remember prior to his January 2016 break down, was hearing voices in his head saying, "No one valued him anymore, he wasn't important, all his relationships were damaged, he was a financially

SOURCE AYBOS Marketing

Source: AYBOS Marketing LLC (Denver, CO) - AYBOS Marketing co-founder Marchell Taylor's next move after being in county jail for the Papa John's robbery was to commit suicide by saving up his psychotropic medication. He attempted it, he took enough Elavil to put himself to sleep for five days straight and thought, "Just a few more pills and no more problems." The traumatic events led to the current launch of the Rebuild Your Mind Mental Health Challenge & Initiative.

DENVER, Feb. 4, 2020 /PRNewswire-PRWeb/ -- All Marchell Taylor could remember prior to his January 2016 break down was hearing voices in his head saying, "No one valued him anymore, he wasn't important, all his relationships were damaged, he was a financially broke business founder." He says he remembers feeling he couldn't deal with life and needed to escape that that prison would be easier than dealing with failure. Taylor had been free from prison for 4 years, however none of his business ideas from prison had flourished. He said he pleaded for help, at least in his own maladaptive way, when he called A. Shively. Shively, another co-founder of AYBOS and confidante of Taylor, listened on multiple occasions, however, he quietly damaged himself by small business stress. Four days later or on January 16th, 2016, he committed another aggressive robbery but this time with a second-degree kidnapping charge for robbing a Papa John's Pizza.

Taylor called Shively and told him that he was in the county jail again for the third time in two years, to which he responded sarcastically, "I see your home again, what the hell is wrong with you bro, I don't understand!" Taylor responded, "It's not these damn demons!" and the 20- second phone call ends. Taylor's next move was to commit suicide by saving up his psychotropic medication. He attempted it, he took enough Elavil to put himself to sleep for five days straight and thought, "Just a few more pills and no more problems."



REBUILD YOUR MIND



First Regular Session | 73rd General Assembly

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SB21-138

Improve Brain Injury Support In Criminal Justice System

Concerning measures to improve the support of persons in the criminal justice system with a brain injury.

SESSION: 2021 Regular Session

SUBJECT: Crimes, Corrections, & Enforcement

[BILL SUMMARY](#)

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SB22-057

Violent Crime Victim Brain Injury Screening Program

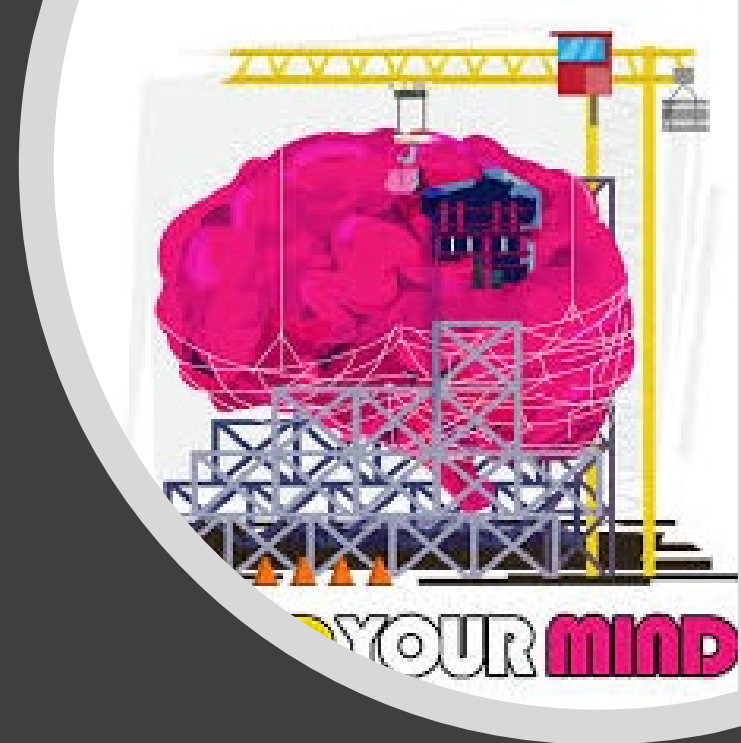
Concerning measures to support victims of violent crime who suffer brain injuries as a result, and, in connection therewith, making an appropriation.

SESSION: 2022 Regular Session

SUBJECTS: Courts & Judicial, Crimes, Corrections, & Enforcement, Health Care & Health Insurance

BILL SUMMARY

The act creates the victims of a violent crime brain injury task force (task force). The purpose of the task force is to develop a plan for the creation and implementation of a pilot program for the identification, screening, support, and services of victims of violent crimes for brain injury and providing those who screen positive with the appropriate support and services. The act describes the necessary elements of the plan, the membership for the task force, and reporting requirements.



Colorado BI Model IRL



AYBOS MARKETING



AYBOS mission is to develop the safest Nation! By reducing the imprints of trauma in our community and returning them back to base line states of safety. TRAUMA-INFORMED, TRAUMA-CONSCIOUS AND TRAUMA-RESPONSIVE.



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Amplify Stakeholder Voices

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—CARMEN MARIA MACHADO, author of *Her Body and Other Parties*

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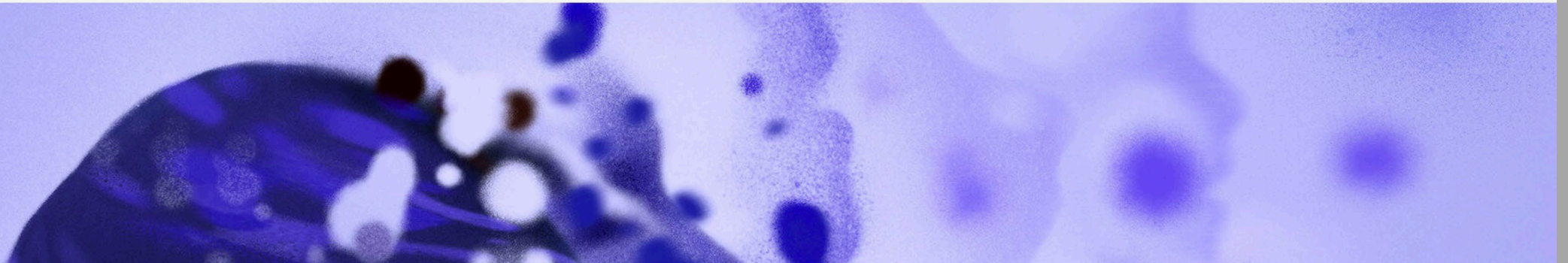
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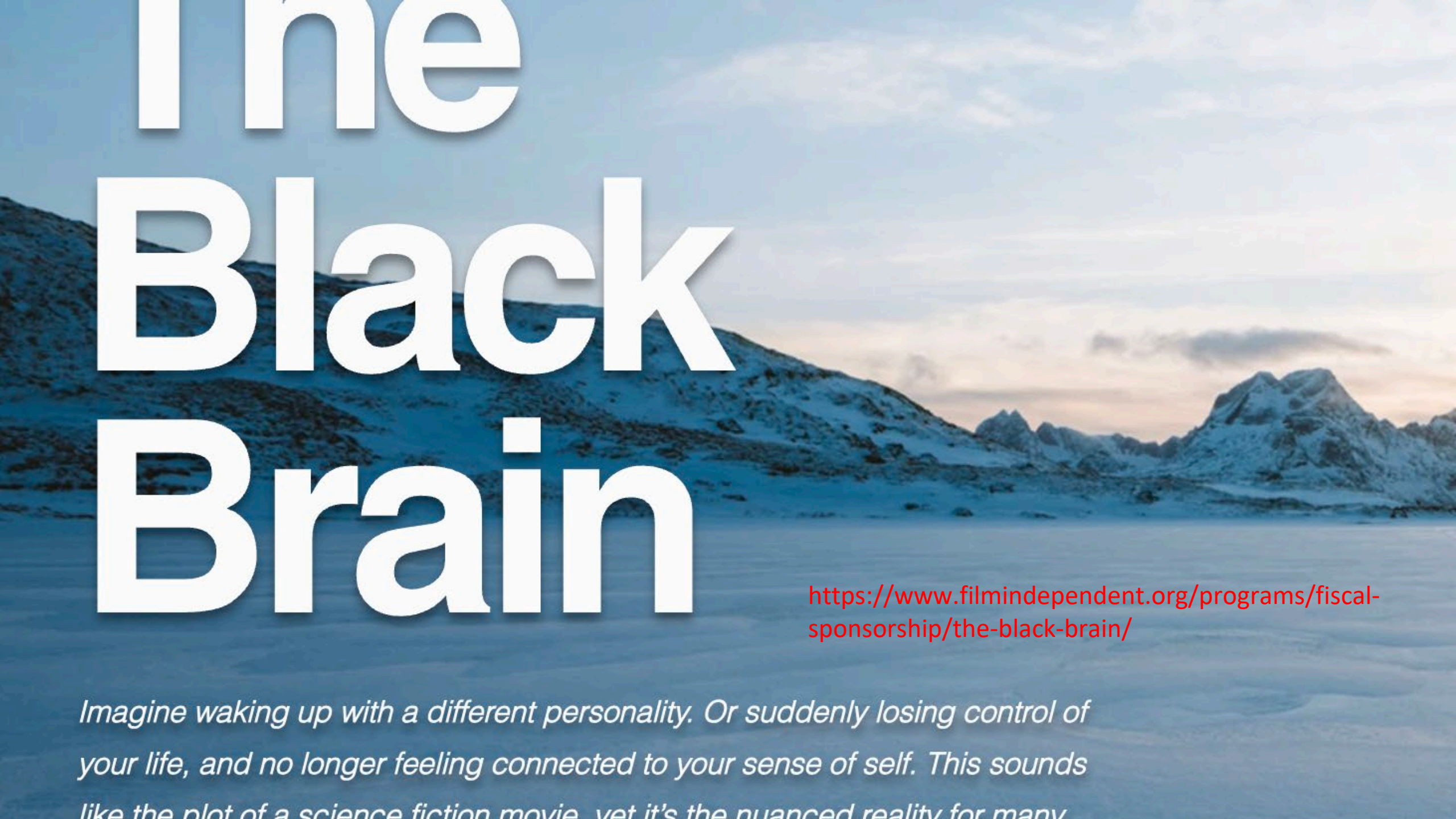
01.06.2022

LIFE INSIDE

The Criminal Justice Issue Nobody Talks About: Brain Injuries

I know firsthand what it's like to navigate the criminal justice system with a brain injury caused by domestic violence. I also live with the fact that an injury like mine can turn a victim into a perpetrator.





The Black Brain

<https://www.filmindependent.org/programs/fiscal-sponsorship/the-black-brain/>

Imagine waking up with a different personality. Or suddenly losing control of your life, and no longer feeling connected to your sense of self. This sounds like the plot of a science fiction movie, yet it's the nuanced reality for many.

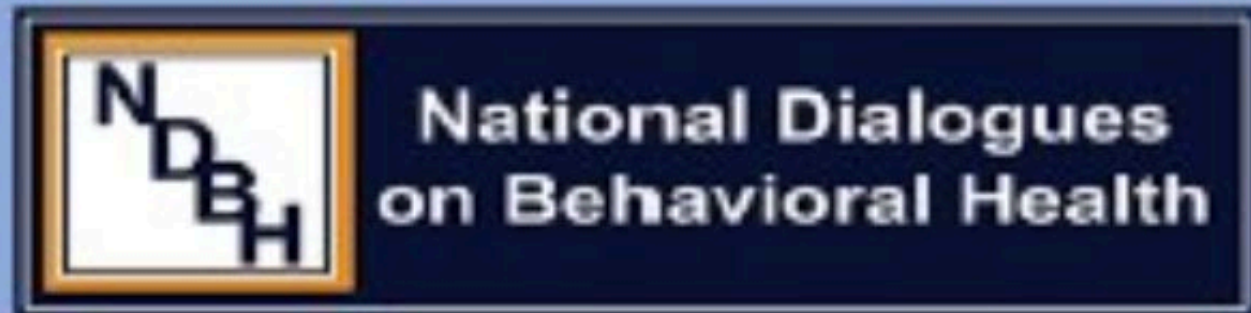


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The 65th Annual Conference



NATIONAL ASSOCIATION
OF STATE HEAD INJURY
ADMINISTRATORS

Brain Injury is Behavioral Health:
NATIONAL DIALOGUES ON
BEHAVIORAL HEALTH 2024
CONFERENCE

Rebeccah Wolfkiel
Executive Director
rwolfkiel@nashia.org

Support States.

Grow Leaders.

Connect Partners.



NASHIA'S MISSION

NASHIA is a nonprofit organization created to assist state governments, and their partners, with enhancing collaboration and strengthening capabilities to address the needs of individuals with brain injury and their support systems.

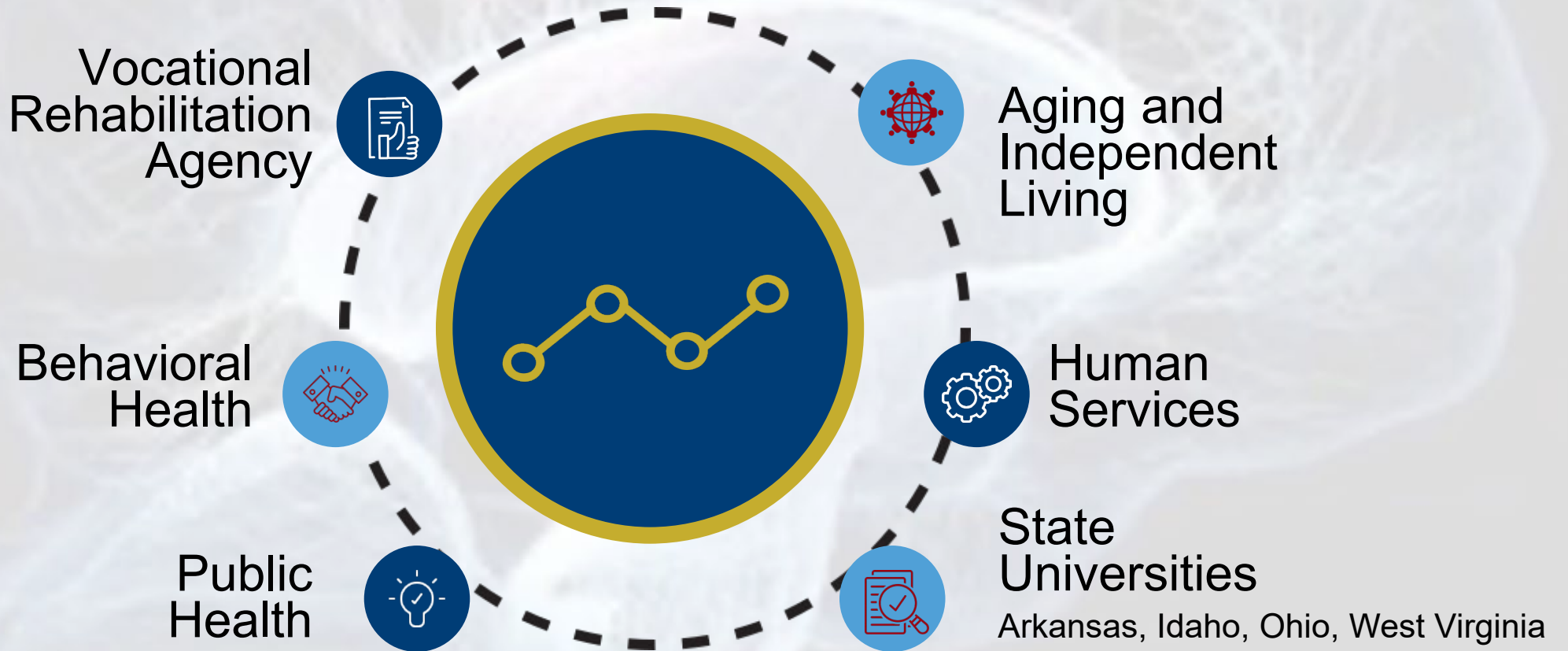
Support States.

Grow Leaders.

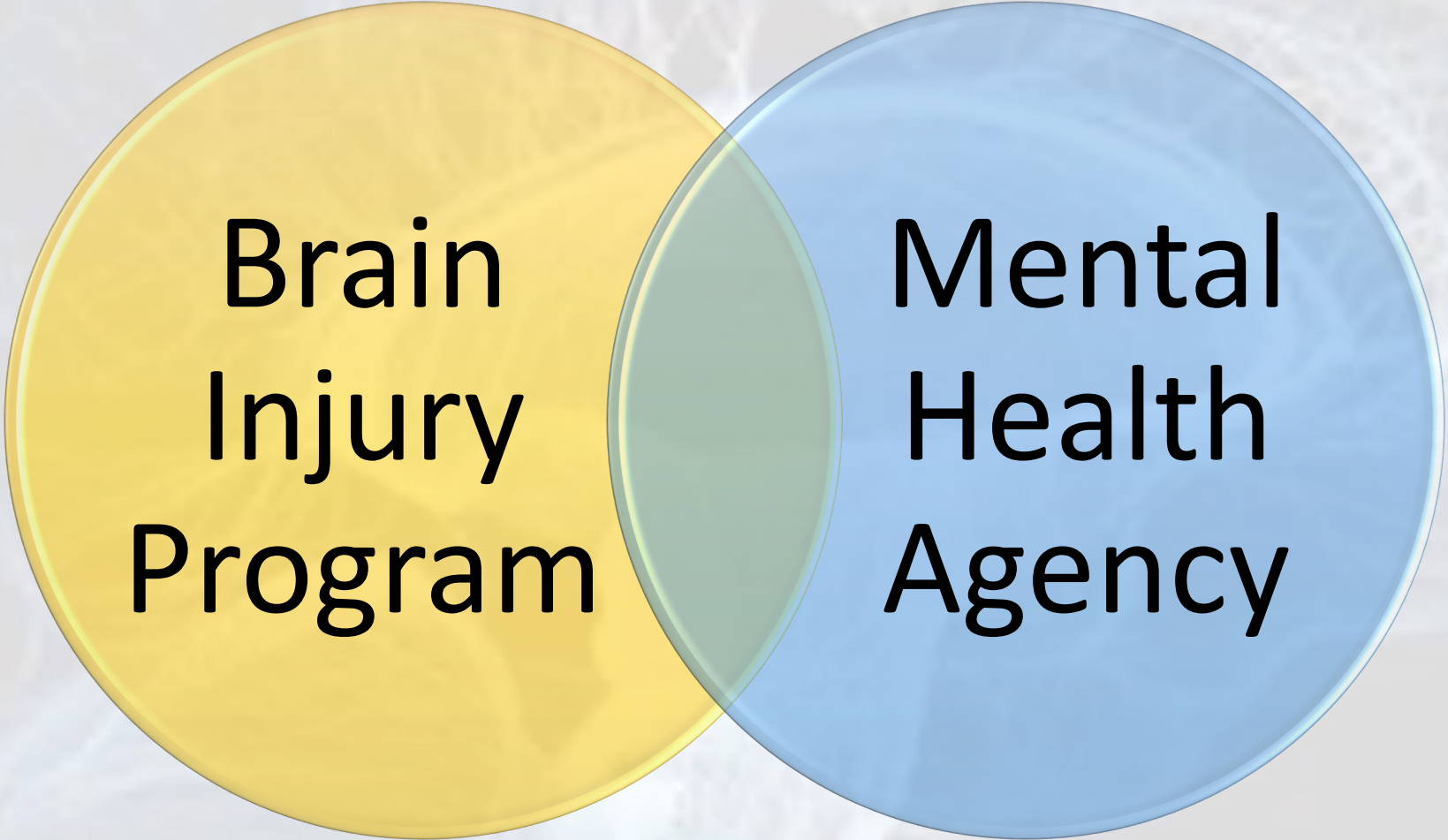
Connect Partners.

State Government Brain Injury Programs

Focused on Community Support



State Government Partnerships are Essential



Brain
Injury
Program

Mental
Health
Agency



Mental health agencies are already serving people with brain injuries.

This includes those individuals who:

- Do not yet know they have a BI.
- Do know but are unaware of the extent of the challenges they are experiencing related to BI, how it interacts with their behavior, or even how to disclose it.
- Do know but have not disclosed it due to concerns about becoming ineligible for services.

What Brain Injury Looks Like in Treatment

- Non-compliance
- Missed appointments
- Forgetting coping strategies
- Inability to tolerate group settings
- Cannot generalize
- Requiring extended services due to lack of modification
- Incomplete assignments
- Inability to follow medication plan
- Inattention
- Emotional outbursts
- Slow rate of response
- Difficulty making decisions
- Easily overwhelmed
- Fatigue
- Ignoring emotional or social cues
- Inappropriate sexual behavior
- Depression and/or anxiety



Tangible Solutions

01

Train on
brain injury

02

Screen for
brain injury

03

Identify
current
challenges

04

Adjust
supports to
address
impairment

05

Refer to
community
supports, if
needed

IMPORTANT: The majority of people with brain injuries need very few accommodations or modifications to service to be successful!



Importance of Screening (Lifetime History)

- 42% of persons who indicated they had incurred a TBI, as defined by the CDC, **did not seek medical attention** (Corrigan & Bogner, 2007)
- Research indicates that knowing a person's lifetime history of TBI is **useful for judging current cognitive and emotional states**, particularly behavior associated with the executive functioning of the frontal parts of the brain (e.g., planning, impulsivity, addiction, interpersonal abilities)
Retrieved on 4/16/21: <https://wexnermedical.osu.edu>
- Brain injury **increases risk for problem behaviors** (Williams, Mewse, Tonks, Mills, Burgess & Cordan, 2010)



Importance of Screening (Impairment)



- Understanding both the history of injury as well as current impairment allows for effective adjustments/accommodations to be implemented
- Identifying the current impairment will help increase the persons ability to advocate for themselves





The Online Brain Injury Screening and Support System (OBISSS)

- Utilizes evidence-based screening tools
- Identifies history of traumatic and non-traumatic brain injury
- Self-administered but setting driven
- Collects additional demographics
- If positive, identifies related challenges and shares strategies
- Refers back to your system of support
- Contributes to national dataset
- Provides strategies for professionals to support their client with a brain injury



Massachusetts Rehabilitation Commission



The “So What”: Adjustments/Accommodating Framework for Support



We are NOT treating the brain injury, we ARE treating the behavioral health concern in the context of brain injury.



Demystifies brain injury for non-brain injury professionals.



Empowers individuals with brain injury and families to advocate for appropriate supports.



Strategies for People in Treatment



Organization Problems

Organization is the ability to use your time, energy or resources in a helpful way to finish goals or tasks. People who have a hard time with organization notice they have problems keeping a schedule, prioritizing, starting tasks, switching from one activity to another, or keeping up with time-sensitive tasks (for example, paying bills, completing paperwork, etc.). Using and practicing the following tips can be helpful:

1. To help master your schedule, you can use a notebook, planner, or digital calendar and reminder app on your phone or watch. Review weekly and monthly schedules frequently.
2. If you have trouble prioritizing duties, use a system of organization. For example, highlight important events, bill due dates, and other deadlines.
3. If you have a hard time remembering important activities or appointments, set up a routine by asking that your regular appointments be scheduled on the same day and at the same time when possible.
4. To help yourself switch between tasks, set a timer or use a watch to alert yourself when to wrap up what you're doing, and when to get ready for your next task.²
5. If you have a hard time finishing projects on time or correctly, break them down into smaller, simple tasks and cross off each step as it is completed.
6. Poor sleep can add to organizational problems. You can review the attached sleep to help improve sleep habits.

Compiled by H. Allo, D. Daugherty, & H. Schuveiller March 11, 2019



Inhibition Problems/Impulsivity

Impulsivity is when you find it hard to think before you act or say something. You might notice yourself cutting someone off before they finish talking or doing the first thing that comes to mind. You may also find it hard to control your emotions and show them in a way that others will understand. Even though these behaviors are not on purpose, it can be frustrating if you find yourself getting in trouble for your actions. Using and practicing the following suggestions can be helpful:

1. **Stop → Think → Act!** When you notice yourself acting on the first thing that pops into your mind, STOP and count to 3 while you think about the possible outcomes of what you are about to do before you do it.



2. Breathing techniques can help you relax when you are feeling out-of-control. A simple exercise that you can do is focus on your breathing for 60 seconds. Breathe in through your nose, hold your breath for 6 seconds, and then breathe out through your mouth.
3. Wait until others have finished talking before sharing your thought. If you find yourself disrupting conversations, try silently repeating the question(s) to yourself before offering an answer. This can help you avoid cutting others off when they are speaking.
4. If you find it hard to stay focused in any setting, physical or mental breaks can help. For example, try going for a short walk to take a break and refocus.
5. When working with others in a group setting, bring a notepad with you to write down your thoughts as they pop into your head. This can help avoid any interruptions that may have been caused by speaking out of turn.
6. Write down step-by-step instructions or create a checklist to help yourself complete tasks or instructions.
7. Poor sleep can contribute to impulsivity. You can review the attached sleep checklist to help promote better sleep habits.

Compiled by E. Halbert, K. Janicke, & T. Morgan March 11, 2019



Attention Problems

There are different kinds of attention. One kind allows you to think about one thing for a short period of time, another type helps you ignore distractions and another type allows you to shift your attention from one thing to another. People with attention problems have a hard time staying focused during meetings, may get off-topic during conversations, and may have trouble remembering important details. Having trouble finishing tasks, especially when it is noisy or you are distracted, is a common problem. Using and practicing the following suggestions can be helpful:

1. Recording information can be helpful. To help you remember important details, you can take notes or record voice messages after important meetings.
2. To help you complete tasks, break them into small steps, create a list and work on only one step at a time.
3. Distracting places can make these problems worse (for example, spaces that are noisy, full of clutter, have busy views, or frequent interruptions). As much as possible, work in quiet, non-distracting places.
4. When possible, wear earphones to drown out excess noise.
5. To help you remember meetings or important dates, use the calendar or reminders on your phone/watch/computer or use a regular paper planner or calendar.
6. During important meetings, take a minute to repeat or summarize important points to help you remember.
7. Attention can get worse as the day goes on. When possible, try to schedule important appointments earlier in the day.
8. Attention can get worse if you don't sleep well. Using the attached sleep guide to help you practice better sleep habits.

Compiled by N. Amundson, M. Aud, & Q. Kais March 11, 2019



Neuropsychological
Screening:
Using Brain Injury and
Cognitive Screening to
Inform Treatment Planning
Across Settings

By Dr. Kim Gorgens

On-demand training
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Masters level clinicians



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NATIONAL ASSOCIATION
OF STATE HEAD INJURY
ADMINISTRATORS



Resources



A TREATMENT COURT TOOLKIT FOR Supporting Individuals with Acquired Brain Injury

Judy Dettmer
Director of Strategic Partnerships
National Association of State Head Injury
Administrators (NASHA)

November 2023
Justice for Vets, in Collaboration
with NASHA

Justice
for Vets



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

Prepared by the
Administration for Community Living TBI State Partnership Grant
Ad Hoc Workgroup on Child Welfare

This project was supported, in part by Funding Announcement number 1815-2021-ACL-AOD-T65G-0070 05/27/2022, from the U.S. Administration for Community Living, Department of Health and Human Services, Washington, D.C. 20201

February 2022



SAMHSA ADVISORY

Substance Abuse and Mental Health
Services Administration

TREATING PATIENTS WITH TRAUMATIC BRAIN INJURY

Each year in the US traumatic brain injury (TBI) results in approximately 2.8 million emergency department visits, hospitalizations, or deaths.¹ TBIs account for almost 2% of all emergency department visits, and more than one-quarter million Americans are hospitalized each year with a TBI. Heightened public awareness of sports-related concussions and TBIs incurred in combat in Iraq and Afghanistan have contributed to a marked increase in emergency department visits over the past two decades; however, the greatest increase has been in the rate of fall-related TBIs among older adults. Potentially hundreds of thousands more individuals sustain TBI each year but are not included in the data sets used to form these estimates because they do not seek medical treatment or because they are treated in physicians' offices, urgent care clinics, or Federal, military, or Veterans Affairs hospitals.²

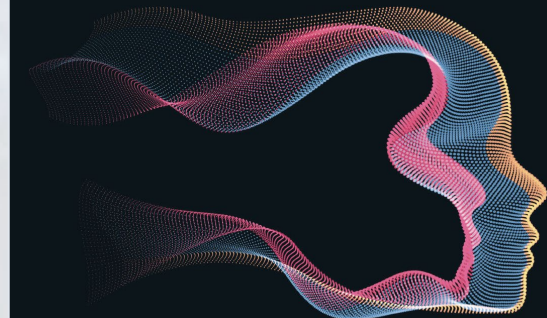
Public awareness of TBI has shifted dramatically since it was dubbed "a silent epidemic" in 1980; however, appreciation of its effects has not garnered the attention of professionals outside of medical rehabilitation. Particularly among behavioral health specialists, a gap remains in knowledge about TBI, understanding its implications for behavioral health conditions (i.e., mental illness and substance use disorders), and active consideration of treatment implications.³ This Advisory briefly summarizes key elements of TBI and describe its relevance to behavioral health, including recommendations for how behavioral health professionals can better meet the needs of patients who have a history of TBI.

Key Messages

- Traumatic brain force altering n
- TBIs vary great impact on cog
- The lasting eff they occur and function
- The fingerprint magnitude resu behavior.
- Not only does effectiveness o
- Behavioral hea
- The consequer
- The presence o to minimize the

Megan Davidson, PhD; Kate Reed, LPC

Mind Matters: Building a Justice System That Is Inclusive and Responsive to Brain Injury



SAMHSA
Substance Abuse and Mental Health
Services Administration



November 2021

Brain Injury and Substance Use Disorders: Making the Connections

Author: Carolyn Lemsky, PhD, C Psych ABPP-CN
Editors: Patricia Stilen, MSW and Thomasine Heitkamp, LCSW

Administration for Community Living

Behavioral Health Guide: Considerations for Best Practices for Children, Youth, and Adults with TBI

May 2022



CLIENT WORKBOOK

Substance Use and Brain Injury



Second Edition

BH and BI Tip Card: Found @ nashia.org

What Providers Need to Know: Behavioral Health and Brain Injury

What is Brain Injury?

Acquired brain injury (ABI): injury to the brain that is not hereditary, congenital, degenerative, or induced by birth trauma. ABI includes both of these injury types:

Traumatic Brain Injury:

alteration in brain function, or other evidence of brain pathology, caused by external force, such as falls, assaults, motor vehicle crashes, sports injury

SAMSHA Publication NO. PEP21-05-03-001_2021

Non-Traumatic Brain Injury:

damage to the brain by internal factors, such as lack of oxygen, stroke, or brain tumor

Brain Injury Association of America, www.biausa.org

What are Common Symptoms?



Motor and Sensory Effects:

- Dizziness, lightheadedness, or vertigo
- Fatigue or lethargy
- Changes in walking and coordination
- Headaches and other pain symptoms



Emotional/Behavioral Dysregulation:

- Increased likelihood of concurrent mental health issues (anxiety)
- Increased likelihood of behavioral problems (anger, irritability, socially inappropriate behavior)



Cognitive Impairment:

- Slowed thinking (inability to process information efficiently)
- Memory challenges (inability to remember things in the past)
- Issues in attention/concentration (knowing what to do in the present)
- Difficulties multitasking
- Impairments of language and communication



Traumatic Brain Injury and Substance Use Disorders, Lemsky C., 2021, attcnetwork.org
<https://attcnetwork.org/sites/default/files/2021-11/TBI%20%20SUD%20Toolkit%20FINAL%2011.05.2021.pdf>

Approximately one in five American adults have sustained a TBI severe enough to result in some loss of consciousness.



The vast majority of injuries are mild, with more than 90% released from emergency departments. Most will recover from a mild brain injury. However, there is evidence to suggest that individuals with co-occurring behavioral health conditions often have poorer outcomes following injury than those who do not.

Traumatic Brain Injury and Substance Use Disorders, Lemsky C., 2021, attcnetwork.org

Not only does brain injury cause behavioral health problems, but associated deficits can also affect the effectiveness of behavioral health treatments. Identifying and supporting those with brain injury can lead to more successful outcomes.

SAMSHA Publication NO. PEP21-05-03-001_2021

What About the Intersection with Substance Use and Behavior?

Having one or more brain injuries with loss of consciousness is associated with greater risk for behavioral health problems, including problematic substance use beginning in adolescents and more psychiatric symptoms and a significantly elevated risk of suicide.

Traumatic Brain Injury and Substance Use Disorders, 2021, attcnetwork.org.

2 to 4

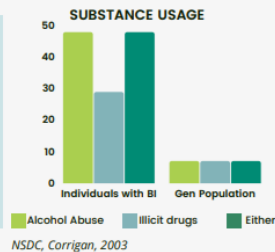
People with brain injury of any severity have 2 to 4 times the risk of attempting or having a death by suicide.

Dreer, L.E. et al. 2018

33%

One-third of individuals with brain injury experience mental health problems 6 months-1 year post injury.

Fazel, et al. 2014



What About Screening for Brain Injury?

Unless an individual has been hospitalized with a severe brain injury, they may not be aware they have a brain injury and that it could be affecting their functioning. A person who has compromised functioning in the frontal areas of the brain (common after TBI):

- Adapts less well in new or stressful situations
- Has greater problems following through on recommendations from professionals
- Has more difficulties making lifestyle changes, particularly when rewards are in the future

Ohio Valley Center for Brain Injury and Rehabilitation:
<https://wexnermedical.osu.edu/neurological-institute/departments-and-centers/research-centers/ohio-valley-center-for-brain-injury-prevention-and-rehabilitation/osu-tbi-id>

Several brief, easy to use, reliable, valid, and standardized methods are available for screening for brain injury. This information will ensure the clinician is aware of potential consequences that can affect treatment:



The Ohio State University TBI Identification Method (OSU TBI-ID) is the most widely used screening tool, typically requiring 5-7 minutes. It can be administered by any staff with interviewing skills after brief training that is available free, online: [OSU TBI ID](#)



For children and youth, Colorado State University's Life Outcomes after Brain Injury Research Center developed the Brain Check Survey to screen for brain injury in children aged 5-21. This tool is a brief screen which is intended to be completed by a parent or guardian on behalf of the youth. This tool is available free online: [Brain Check Survey](#)



For more info:
<https://attcnetwork.org/centers/mid-america-attc/traumatic-brain-injury-sud-series>

What Now?

There are simple adjustments that can be made to help support an individual with a history of brain injury.

Framework of Support:

- You are not treating the brain injury; you are treating the behavioral health concern in the context of brain injury.
- Your aim is to demystify brain injury for non-brain injury professionals.
- The goal is to empower individuals with brain injury and families to advocate for appropriate supports.



Strategies for Support Should be:

- Easy to implement and appropriate to the environment
- Person centered; the person needs to be integral in recognizing the need for a strategy, developing the strategy, and monitoring progress

Example Strategies



Initiation

Looks like: appears unmotivated, needs constant cueing
Tips: Provide small tangible steps, help the person get started, use checklist and calendars



Delayed Processing Speed

Looks like: appears confused, slow to respond, doesn't follow instructions
Tips: Additional time to review, be concise, check for understanding



Short Term Memory Loss

Looks like: can't remember details, disorganized, appear manipulative
Tips: Provide written reminders, stick to routine, summarize discussion



Sensory Motor Skills

Looks like: appears overwhelmed, emotional melt downs, irritable
Tips: Meet in a quiet, calm environment, schedule breaks, encourage rest



* **71%** of participants in a study from the University of Denver reported being **homeless** and having a **significant history of brain injury**. Chassman et.al., 2022

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MELISSA HEINEN, RN, MPH

ANASTASIA B. EDMONSTON, MS, CRC

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Thank you!