Responding Holistically to Neurobehavioral Challenges in Persons with Brain Injury

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Session Objectives

- List 5 barriers known empirically to exist for individuals with neurobehavioral issues post brain injury when accessing care;
- Identify 3 strategies to enhance care coordination across systems for persons with brain injury; and
- List 1 action objective within your agency to facilitate best practices in neurobehavioral care or improve access to such care.
Acquired Brain Injury (ABI) is a global term that refers to any damage to the brain that is not of a developmental or neurodegenerative cause.

The main causes of ABI are traumatic injury (e.g., TBI) and stroke. ABI can also be caused by oxygen deficiency, infectious disease, toxic chemical exposure, electrical shock, and brain tumor.


Graphic designed for this presentation by Christopher Katalinas.
Defining Neurobehavioral (NB)

- **Neurobehavioral** refers to the way the brain affects emotional, behavior, or learning.

- Needs and issues refer to the **compromising cognitive, behavioral, physical, and/or social changes** that result from an ABI.

- May experience changes in personality, find problem solving difficult, experience a lack of motivation, and/or act impulsively.

- **Persistent issues** often stem from compromised functional abilities that limit ability to engage in professional, social, and educational activities, leading to:
  - Underemployment
  - Institutionalization (e.g., judicial, medical)
  - Need for financial assistance

Sources: Wood, 2001; Zasler, Martelli, & Jacobs, 2013; Baddley, 1986; Evans, 2001; deGuise et al., 2008.
Neurobehavioral (NB)

Reminds me of Joe...
Our Research

What are the barriers to accessing crisis intervention services for individuals with brain injury?


Perceived Obstacles & Barriers for Survivors of ABI

- The Self
  - Isolation
  - Awareness
  - Communication

- The Family
  - Denial
  - Systems impact

- External Stigma
  - Invisibility
  - Laziness
  - Other stigma

- Professional Issues
  - Collaboration
  - Training & Education
  - Liability
  - Awareness & Perception

- Training & Education
  - Convenient
  - Cost effective
  - Applicable (first-hand)
  - Provided by experts

- Funding
  - Family
  - Insurance (e.g., Medicaid)
  - General systems issue

- System Resources
  - Uniformity of procedures
  - Education
  - Advocacy & Access
  - Resource availability
Cases (Prototypes)

Guiding questions:

- What are the issues core to managing this case?
- How do we respond in an integrated, cross-systems way to the neurobehavioral challenges faced by the individual in this case?
- In what ways can we improve crisis intervention and neurobehavioral services while supporting client independence and strengthening relationships across agencies?
Prototypical Narratives

Persona: “Grace”
- Age: 55
- TBI: age 43 (motor vehicle accident)

Persona: “Mike”
- Age: 22
- TBI: age 17 (rooftop fall)
- Bipolar I: age 16
Cases (Grace)

- Guiding questions:
  - What are the issues core to managing Grace’s case?
  - How do we respond in an integrated, cross-systems way to the neurobehavioral challenges Grace is facing?
  - In what ways can we improve crisis intervention and neurobehavioral services while supporting Grace’s independence and strengthening relationships across agencies?

Age: 55
TBI: age 43 (motor vehicle accident)
Cross Systems Mapping with Work Group Feedback

Crisis Intervention for Persons with Acquired Brain Injury
Developed 7-26-11

Diagram showing the flow of crisis intervention for persons with acquired brain injury, from community pre-crisis to community post-crisis, with various intercepts and services involved. The diagram includes symbols for movement of clients through the system and exchange of information between systems.
Cases (Mike)

- Guiding questions:
  - What are the issues core to managing Mike’s case?
  - How do we respond in an integrated, cross-systems way to the neurobehavioral challenges Mike faces?
  - In what ways can we improve crisis intervention and neurobehavioral services while supporting Mike’s independence and strengthening relationships across agencies?

Age: 22
TBI: age 17 (rooftop fall)
Bipolar I: age 16
Mike’s Map

Crisis Intervention for Persons with Acquired Brain Injury
Developed 7-26-11

Intercept 1
Community Pre-Crisis

Intercept 2
In Crisis: Crisis Services

Intercept 3
Inpatient Hospitalization/Crisis Stabilization

Intercept 4
Community Post-Crisis

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“MIKE”

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Movement of client through system

Exchange of information between systems
Next Steps: Three Priority Areas

- Risk Assessment Protocol
- Community-Based Neurobehavioral Treatment
- Training and Education
Discussion and Questions

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