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:

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<tr>
<th>Traumatic Brain Injury:</th>
<th>Non-Traumatic Brain Injury:</th>
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<td>alteration in brain function, or other evidence of brain pathology, caused by external force, such as falls, assaults, motor vehicle crashes, sports injury</td>
<td>damage to the brain by internal factors, such as lack of oxygen, stroke, or brain tumor</td>
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SAMSHA Publication NO. PEP21-05-03-001, 2021

Brain Injury Association of America, www.biauso.org

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 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

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.

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

Dreer, L.E. et. al. 2018

33%

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.

Fazel, et al. 2014

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

NSDC, Corrigan, 2003

SUBSTANCE USAGE

50
40
30
20
10
0

Individuals with BI
Gen Population

Alcohol Abuse
Illicit drugs
Either
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


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

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

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