Traumatic Brain Injury & Homelessness

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SOAR Fox Cities TBI Support Program

Community Education	• TBI 101 • Accommodations Training • Targeted Presentations
Resource Navigation	• Resource navigation and connection • 1-on-1 problem solving
Expanding Support Services	• More support groups • Develop Peer and Family Support Networks
Resource List for Survivors	• TBI-specific

What is a TBI?

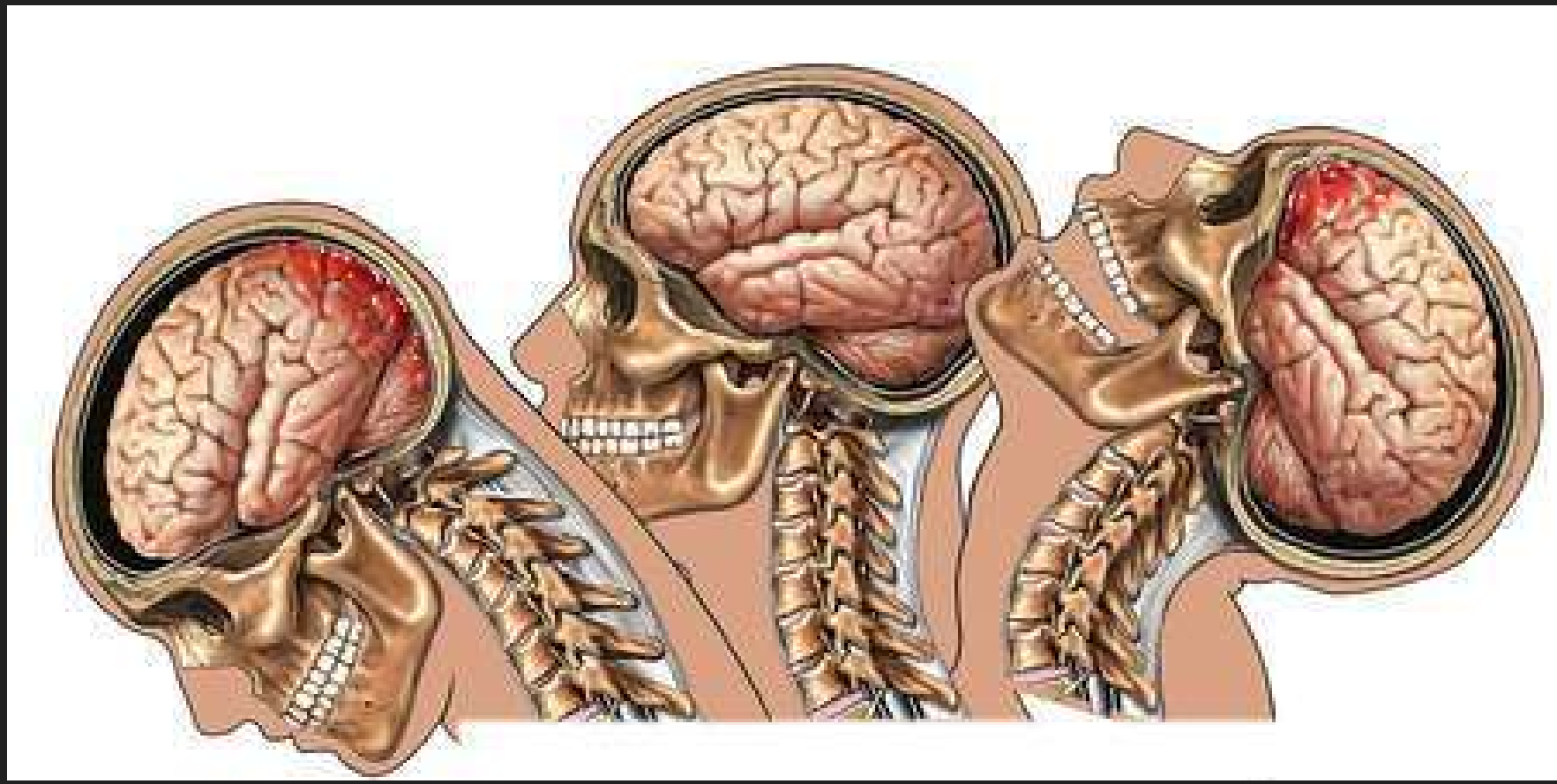
- "A disruption in the normal function of the brain that can be caused by a **bump, blow, or jolt to the head**, or **penetrating head injury**."
- Not all blows or jolts to the head result in a TBI.
  - The severity of a TBI may range from
    - "mild" (i.e. a brief change in mental status or consciousness)
    - "severe" (i.e. an extended period of unconsciousness or amnesia after the injury) – CDC
- The effects of a TBI can be brief or life-long

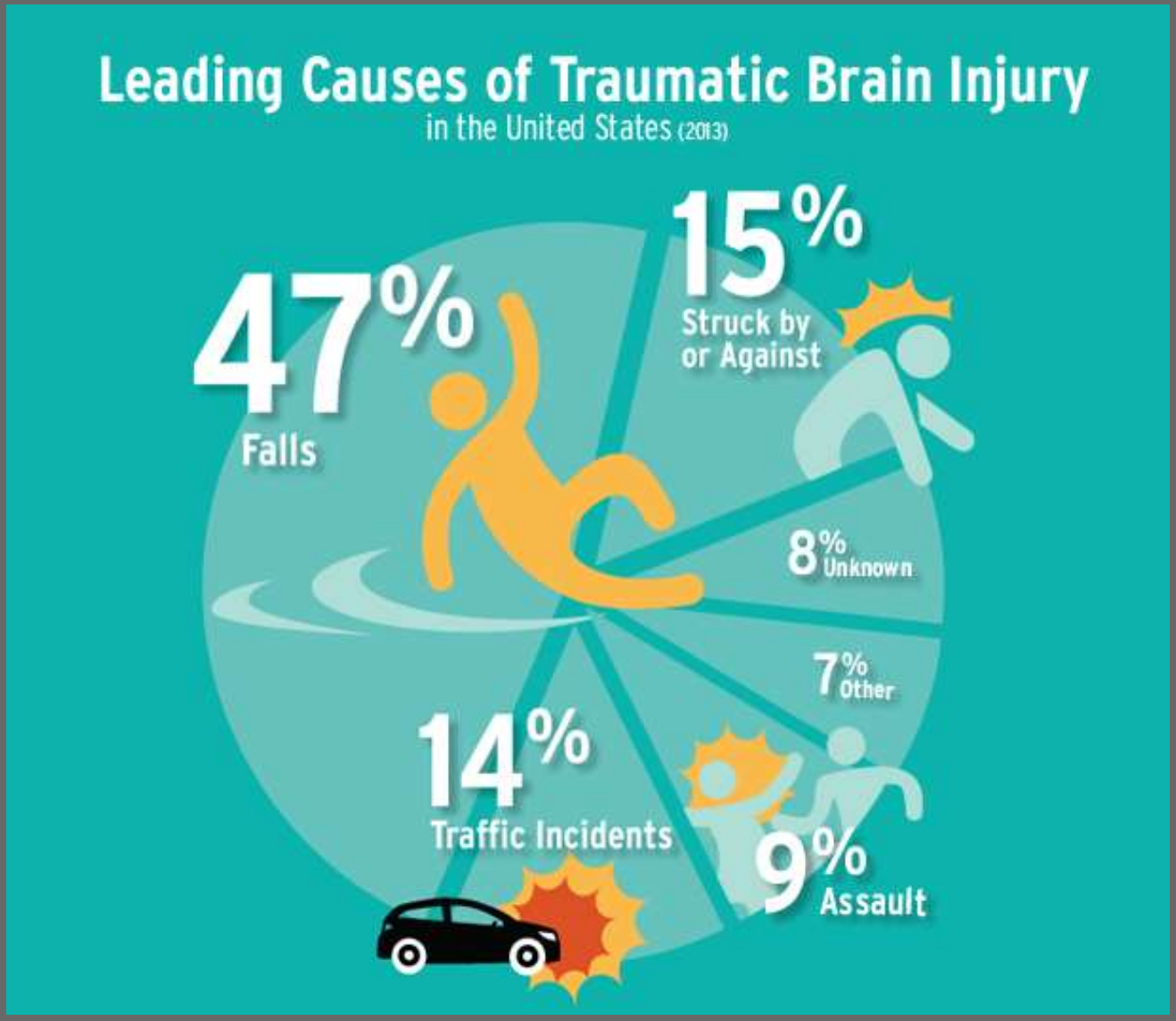
Acquired Brain Injury

- Any brain injury that occurred *after* birth
  - Not hereditary, congenital, or degenerative
  - Includes
    - Non-Traumatic Brain Injury (ex: Stroke, Anoxia, Infection)
    - AND Traumatic Brain Injury

Causes of Traumatic Brain Injury

- Penetrating
  - Object causes damage to specific area
- Closed
  - Motor vehicle accident
  - Falls
  - Assaults
  - Active duty / Blast injuries
  - Sports
  - Etc.





https://www.brainline.org/slideshow/infographic-leading-causes-traumatic-brain-injury

TBI Symptoms

- Cognitive
  - Attention / concentration
  - Processing / understanding information
  - Language / communication
  - Learning / remembering new information
  - Planning / organization
  - Reasoning and problem solving
  - Decreased self-awareness
- Social
  - Inappropriate
  - Isolation
  - Often lose friends because:
    - They don't understand
    - Unable to do activities
    - Not understanding of changes

TBI Symptoms

- Behavioral and Emotional
  - Verbal/physical outbursts
  - Poor judgement/disinhibition
  - Impulsivity/risky behavior
  - Negativity
  - Intolerance
  - Apathy/Lack of empathy
  - Egocentricity
  - Rigidity/inflexibility
  - Lack of motivation/initiation
- Physical
  - Sleep disturbances
  - Fatigue
  - Headaches
  - Sensory changes
  - Balance / dizziness
  - Seizures

**Note: depression and anxiety are widely common and can result from neurological injury as well as a combination of other factors at play

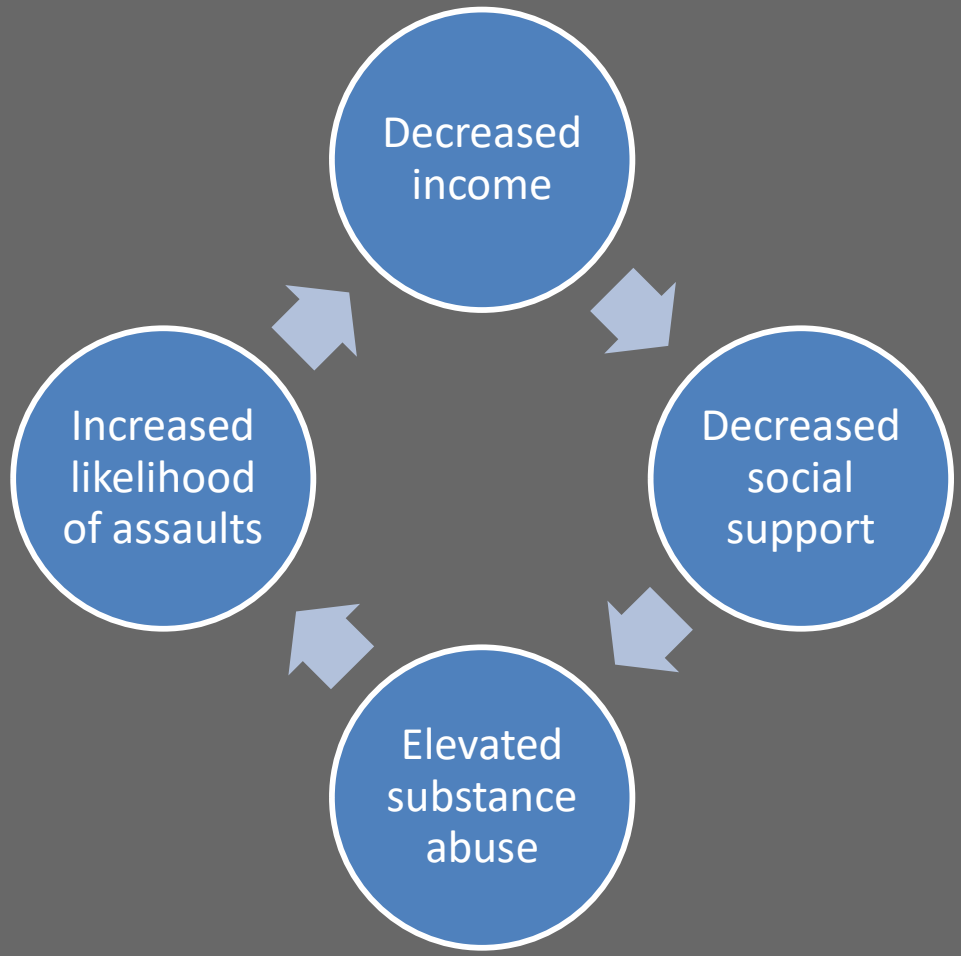
TBI Can Look Like…

- Commonly miss appointments
- Frequently misplace items and important paperwork
- Struggle to follow sequential directions
- Have frequent outbursts
- Have a hard time remembering
- Seem to fatigue quickly
- Do not initiate tasks
- Have a slow response time
- Difficulties with grooming
- Persistent “rule violations”
- Have problems with substance abuse (alcohol or drugs)
- Experience frequent mood swings
- Complain of headaches often
- Appear uncoordinated or dizzy
- Lack empathy for others
- Have a history of seizures
- Are sensitive to lights or sounds, or are easily distracted
- Lack impulse control
- Social conflicts

TBI & Homelessness

- Up to 53% of those experiencing homelessness have sustained a TBI
  - 70% sustained TBI prior to becoming homeless
  - Five times greater than the general population
    - Hwang et al (2008). Topolovec-Vranic et al (2014).
- Seem to share a bidirectional relationship
  - Factors associated with TBI increase risk of homelessness, and Vice Versa
    - Barnes, Russell, Hostetter, et al (2015).

Relationship of TBI & Homelessness



Conditions Associated with TBI

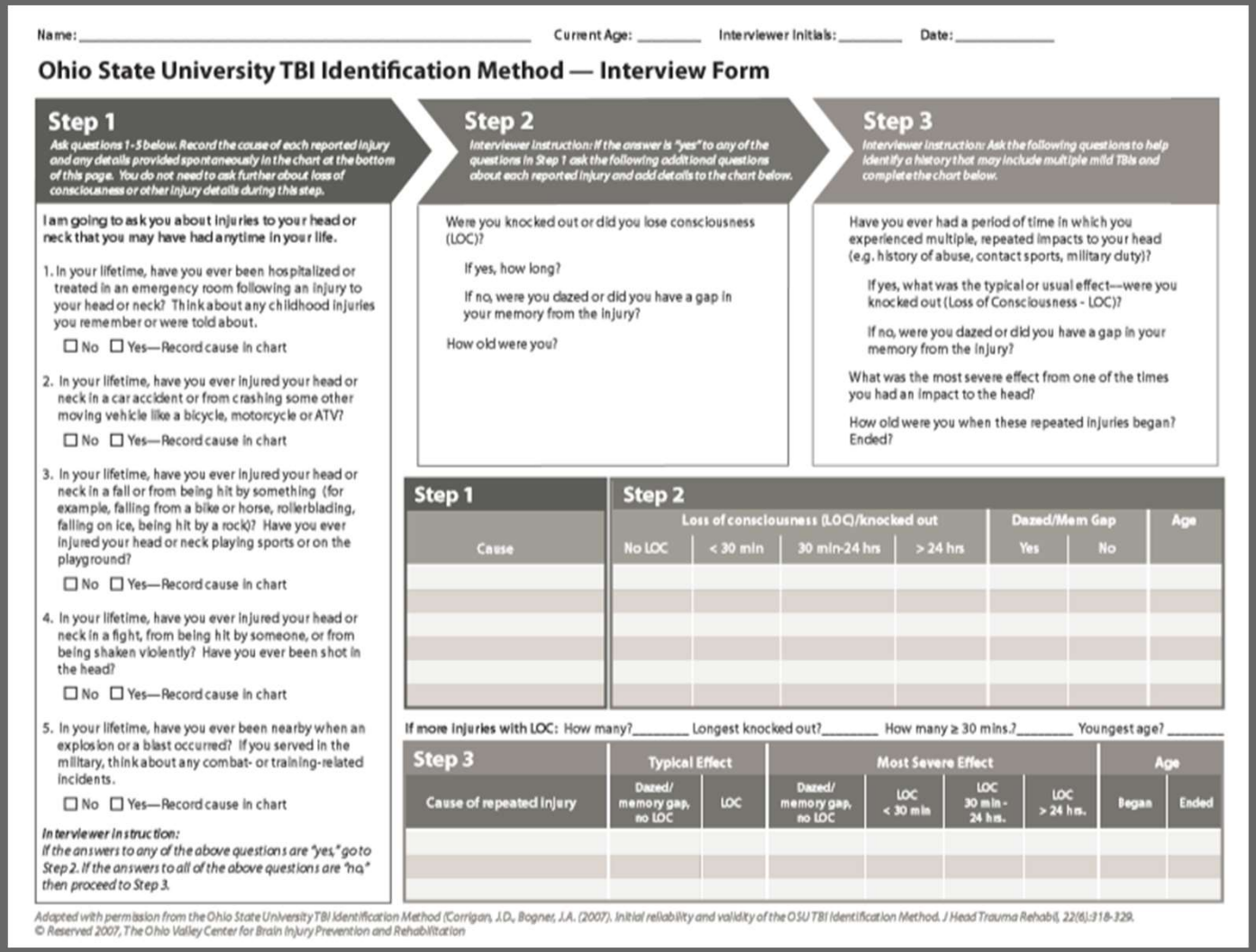
- PTSD
- Generalized anxiety disorder
- Major depression
- Suicidal ideation
- Addiction (Drug and/or Alcohol)
- Poor affect

Andersen et al (2014)

TBI Diagnosis

- CAT/MRI scans often don't show TBI
- Emergency rooms & "concussion"
  - Mild → Moderate → Severe
- Delayed symptoms of TBI

OSU TBI Identification Method



Name:_____ Current Age: _____ Interviewer Initials:_____ Date:_____

Ohio State University TBI Identification Method — Interview Form

Step 1

Ask questions 1-5 below. Record the cause of each reported injury and any details provided spontaneously in the chart at the bottom of this page. You do not need to ask further about loss of consciousness or other injury details during this step.

I am going to ask you about injuries to your head or neck that you may have had anytime in your life.

1. In your lifetime, have you ever been hospitalized or treated in an emergency room following an injury to your head or neck? Think about any childhood injuries you remember or were told about.
   ☐ No ☐ Yes—Record cause in chart
2. In your lifetime, have you ever injured your head or neck in a car accident or from crashing some other moving vehicle like a bicycle, motorcycle or ATV?
   ☐ No ☐ Yes—Record cause in chart
3. In your lifetime, have you ever injured your head or neck in a fall or from being hit by something (for example, falling from a bike or horse, rollerblading, falling on ice, being hit by a rock)? Have you ever injured your head or neck playing sports or on the playground?
   ☐ No ☐ Yes—Record cause in chart
4. In your lifetime, have you ever injured your head or neck in a fight, from being hit by someone, or from being shaken violently? Have you ever been shot in the head?
   ☐ No ☐ Yes—Record cause in chart
5. In your lifetime, have you ever been nearby when an explosion or a blast occurred? If you served in the military, think about any combat- or training-related incidents.
   ☐ No ☐ Yes—Record cause in chart

Interviewer instruction:
If the answers to any of the above questions are "yes," go to Step 2. If the answers to all of the above questions are "no," then proceed to Step 3.

Step 2

Interviewer instruction: If the answer is "yes" to any of the questions in Step 1 ask the following additional questions about each reported injury and add details to the chart below.

Were you knocked out or did you lose consciousness (LOC)?

If yes, how long?

If no, were you dazed or did you have a gap in your memory from the injury?

How old were you?

Step 3

Interviewer instruction: Ask the following questions to help identify a history that may include multiple mild TBIs and complete the chart below.

Have you ever had a period of time in which you experienced multiple, repeated impacts to your head (e.g. history of abuse, contact sports, military duty)?

If yes, what was the typical or usual effect—were you knocked out (Loss of Consciousness - LOC)?

If no, were you dazed or did you have a gap in your memory from the injury?

What was the most severe effect from one of the times you had an impact to the head?

How old were you when these repeated injuries began? Ended?

Step 1	Step 2						
	Loss of consciousness (LOC)/knocked out				Dazed/Mem Gap		Age
Cause	No LOC	< 30 min	30 min-24 hrs	> 24 hrs	Yes	No	

If more injuries with LOC: How many?_____ Longest knocked out?_____ How many ≥ 30 mins.?_____ Youngest age? _____

Step 3	Typical Effect		Most Severe Effect				Age	
Cause of repeated injury	Dazed/ memory gap, no LOC	LOC	Dazed/ memory gap, no LOC	LOC < 30 min	LOC 30 min - 24 hrs.	LOC > 24 hrs.	Began	Ended

Adapted with permission from the Ohio State University TBI Identification Method (Corrigan, J.D., Bogner, J.A. (2007). Initial reliability and validity of the OSU TBI Identification Method. J Head Trauma Rehabil, 22(6):318-329.
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Putting this into Practice

What kinds of prompting questions might draw more information out of a client?

Does anyone (client or other) come to mind when you think about what we've talked about?

Addressing ABI vs. TBI

Examples of prompting questions:

- What about when you were a child?
- Did you ever fall off the playground?
- Did you play sports where you may have knocked into someone else or fallen often? Skateboarding, roller blading?
- Did you ever fall off an ATV, snowmobile, snow tube? Other snow sports (snowboarding, skiing, etc)?
- What about water skis, tubes, or jet skis?
- Have you ever fallen down the stairs?

You've done the OSU. So what now?

Interpreting the findings

- Worst
- First
- Multiple/Repeated
- Recent
- Non-TBI

Discussing the findings with the client

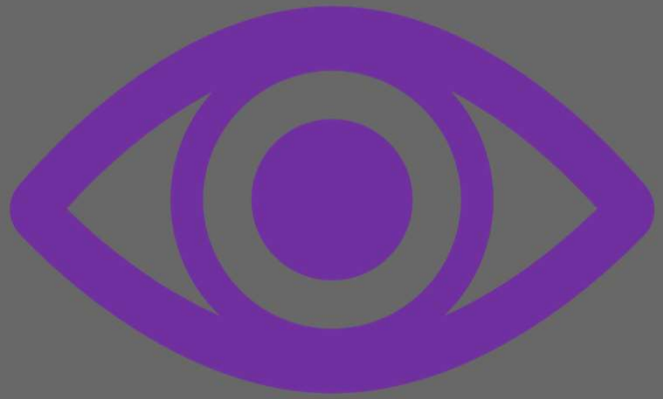
- NOT a diagnosis
- Resources and accommodation

Let’s Take a Break!

When we come back:
Accommodations and Panel

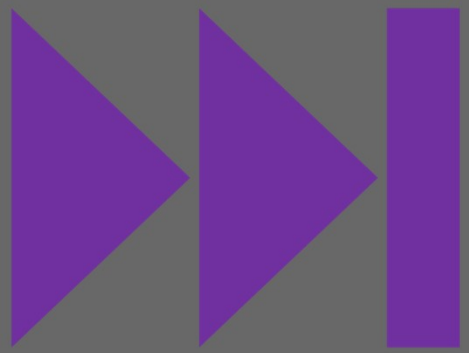
Accommodations

Visual Challenges



- Light sensitivity
  - Reduce use of florescent lights
  - Allow use of sunglasses or hats with brims
- Vision difficulty
  - Reduce use of screens, provide paper copies
  - Use larger font
  - Magnifying glass for small/fine print

Initiation & Sequencing



- Initiation
  - Use of technology for alarms & reminders
  - Enlist the help of support persons
  - Allow for flexibility in schedule
- Sequencing
  - Write out all tasks involved in completing goal
    - E.g. brush teeth, brush hair, eat breakfast, grab planner, then out the door

Fatigue & Overstimulation

- Take frequent breaks during long activities
- Find a quiet environment, free from distractions
- Block excess noise with earplugs or headphones
- Visit public spaces at non-peak times
- Encourage open communication when fatigue begins OR provide feedback to help identify fatigue
  - Slurred speech
  - Loss of focus

Communication and Behavior

- Difficulty controlling emotions: journal, talk to trusted people, body scan/inventory of needs
- Slow/slurred speech or unsure of what to say/how to respond: suggest they take a break, remind them it's OK to ask for a break or to communicate to others that they are tired
- Difficulty paying attention or understanding what they are told: take notes, clarification, remove distractions, record conversation

Sleep Difficulties

- General sleep hygiene
- Regular sleep schedule
- Sound machine
- Weighted blanket

Other Executive Functions

- Impulsivity
  - Practice the Pause
- Planning & Organization
  - Set the agenda in advance
  - Predictability
- Mental Flexibility
  - Demonstrate thinking through plan B

General Accommodations

- Simplify! Use language they will understand. Keep sentences brief and direct. Make recommendations as uncomplicated as possible.
- Speak slowly and provide extra time for the individual to process information. Provide simple, written instructions (all in one place, if possible).
- Check comprehension by asking for a summary of your discussion. If they have a hard time recalling information, repeat it for them. Discourage guessing, which perpetuates incorrect information.
- Help build routine. Schedule appointments on the same day, at the same time, when possible.
- Review information together often. Prioritize needs and avoid scheduling multiple appointments at one time.
- Repeat, Review, Rehearse.

What other accommodations have you seen or personally helped implement?

Anecdotal Evidence

- “There was an individual that I met with who already thought she may have a brain injury. We were able to give her the proper resources to get an evaluation and reach out to support group. It is somewhat hard to find the time, but thankfully we have many interns who have been trained to do the assessments. The interns say that the assessments have taught them to look for things in behavior that they may not have initially noticed, or giving them ideas for further questions to ask if they notice certain behaviors.”
- “I completed an Ohio State University Brain Injury Assessment with a woman who had been in shelter … for a few weeks. She indicated numerous head injuries and had lost consciousness from a number of domestic abuse incidents. She told of being strangled about one week prior to coming into shelter. She lost consciousness and when she came to she could not move her arms and legs for a period of time. She said even her perpetrator was scared. This was information she had not shared prior to completing this assessment.”

Anecdotal Evidence Cont.

- “Another client completed the OSU screener and by completing it, it helped him make connections from his brain injuries to events in his life that lead to his homelessness. Many years ago, he had a serious injury to his head that he never received treatment for. He said that everything changed after that accident, but he never understood how deeply his brain injury may have impacted his life until taking the survey. He reported that his relationships suffered because he had difficulty managing his emotions. This impacted his relationships at home and at work, making it difficult to maintain employment and also resulting in a divorce. After completing the OSU screener, he told his case manager that he wished someone would have helped him after this accident because he believes his life may have been different if he had learned ways to understand and cope with the changes in his thought processes and emotions. He was very grateful for the screener because it allowed him to make these connections and he reported that he was going to address his concerns and questions with his primary care provider.”

Anecdotal Evidence Cont.

"John entered shelter after losing his apartment due to nonpayment of rent. In the last year John has struggled to maintain stable employment, and as a result had a difficult time paying his rent consistently. John explained to me that for the majority of his life he has worked as a self-employed painter and handyman, as he always struggled with maintaining a 40 hour per week job. As he told me about his history and after completing the OSU screener with John, it became evident that John had experienced some significant head injuries throughout his life. John disclosed that at the age of 5 he was dropped upside down onto his head, which resulted in a loss of consciousness. The following year John was hit in the side of the head with a wooden baseball bat while playing with friends, causing his left ear drum to pop and John to lose consciousness again. John also experienced a few head injuries at work, and was also in a car accident later in life as well. John reported that he experiences persistent migraines, and also disclosed a struggle with remembering things (ex: appointments) and with time management…"

Anecdotal Evidence Cont.

"… After completing the OSU screener with him, we talked about the potential connection between his past head injuries and the symptoms he had described to me. John had never considered his head injuries to be a potential source of his problems, and the OSU screener helped him look at his situation in a different light. I ended up referring John for a neuropsychological evaluation after completing the OSU screener, and John's testing revealed that he does have some significant cognitive / memory impairments that impact his ability to maintain competitive employment. As a result, John and I have filed a claim for disability benefits to help him secure a stable income and, eventually, stable housing. The OSU screening tool has been an eye opener to both our staff and our clients. Many clients that I have completed the OSU screener with have gained new insight into their past head injuries, and I have gained new insights into how I can best work with clients who have experienced traumatic brain injuries."

What Can YOU Do?

- Advocate
- Stay informed
  - Join us for the annual Wisconsin Conference on Brain Injury
- Begin a support group or peer support network
- Continue educating yourself and others
- Have compassion

Resources in Your Community

- Individually determined
- Local ADRC
- SOAR TBI Support Program
- Local Brain Injury Support Group
- Brain Injury Association of America
- Brainline.org
- Brain Injury Alliance of Wisconsin

Questions?

Thank You!!

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TBI
Traumatic Brain Injury Support Program

SOAR
FOX CITIES
EMPOWERING PEOPLE
WITH DIFFERING ABILITIES