The Impact of Brain Injury

www.ndbin.org
855-866-1884
Welcome!

• Todays training is the third in a four part series on brain injury.

• Todays training will cover:
  – The long term impacts of brain injury
  – The incidence of brain injury in support services
Recovery After Brain Injury

There is no cure for brain injury……..

• Recovery is
  – A multi-stage process
  – Continues for years
  – Differs for each person

• More similar to a chronic condition that has ever changing needs
Brain injuries are like snowflakes...

...every one is unique.

Outcomes effected by:

- Pre-injury abilities
- Type of injury
- Level of injury care/rehab
- Level of support
How the brain works.
Possible Impairments after a Brain Injury

- Physical
- Cognitive
- Emotional/Behavioral
- Lack of Awareness, Inconsistency, and Fatigue
Lack of Awareness

A common and difficult to remediate hallmark of a brain injury
Unawareness might look like...

- Insensitivity, rudeness
- Overconfidence
- Seems unconcerned about the extent of deficits
- Doesn’t think they needs supports
- Covering up problems (‘everything’s fine…’)
- Big difference in what they thinks and what everyone else thinks about their behavior
- Blaming others for problems, making excuses
Inconsistency

• Following a brain injury performance can be inconsistent and unpredictable

• What works today may not work tomorrow, but may work the following day
Fatigue

• Takes the brain more effort to function than before.
• Over-stimulation has a big impact on functioning
• Sleep disturbances
Energy Pie

BEFORE BRAIN INJURY ENERGY PIE
- Cognitive Energy
- Emotional Energy
- Physical Energy
- Reserve Energy

AFTER BRAIN INJURY ENERGY PIE
- Cognitive Energy
- Reserve Energy
- Emotional Energy
- Physical Energy
Physical Impairments

- Motor skills/Balance
- Hearing
- Vision
- Spasticity/Tremors
- Speech
- Fatigue/Weakness
- Paralysis
- Seizures
- Taste/Smell
Cognitive Impairments

- Memory
- Attention
- Concentration
- Processing
- Aphasia/receptive and expressive language
- Initiation/Motivation
- Executive skills
- Problem solving
- Organization
- Self-Perception
- Perception
- Inflexibility
- Persistence
A memory deficit might look like ......

• Frequently misses appointments-avoidance, irresponsibility
• Saying they will do something but doesn’t get around to it
• Talks about the same thing or asks the same question over and over-annoying preservation
• Invents plausible sounding answers so you won’t know he doesn’t remember
  – Confabulation
An attention deficit might look like ...

- Keeps changing the subject
- Doesn’t complete tasks
- Has a million things going on and none of them ever gets completed
- Gets confused and upset when interrupted or distracted
A deficit in intitation might look like...

• Uncooperativeness, stubbornness
• Lack of follow through
• Laziness
• Irresponsibility
Changes in Executive Functioning

Impairment in Executive Function

- Unable to Prioritize
- Difficulty Problem Solving
- Reduced Flexibility in Thinking
- Difficulty Planning/Setting Goals
- Problems with Organization
Emotional/Behavioral Impairments

• Impulsivity, Irritability, Impatience
• Social skills problems
  – Inappropriate behavior
  – Inability to inhibit remarks
  – Inability to recognize social cues
• Reduced self-esteem/over inflated sense of self
• Stress/anxiety/frustration and reduced frustration tolerance
Combined, TBI changes may result in:

- Difficulty remembering or learning new information
- Inconsistent in performance
- Poor judgment and decision making
- Difficulty generalizing to new situations
- Lacking awareness of these difficulties
Often there is a pattern of.....

- “Burned bridges”
  - Family
  - Friends
  - Community

- Loss of services
- Legal problems
Depression

• Studies show depression rates is 38-61% in individuals who were one or more years post injury

• The risk for depression remains this way for decades post injury

• Difficulty distinguishing depression from deficits from injury
Anxiety

• Anxiety or anxiety disorders have been reported to occur in 4 to 28% of those with a brain injury
• One study looked at anxiety diagnosis post BI found:
  – 19% diagnosed with PTSD
  – 15% with OCD and
  – 14% with panic disorder
"Substance abuse is a risk factor for having a traumatic brain injury and traumatic brain injury is a risk factor for developing a substance abuse problem." –Dr. John Corrigan
Substance Use Disorder

Studies estimate:

Half of those accessing SUD Services have a history of TBI

AND

Half of those requiring inpatient rehab have a history of SUD

Between 10% and 20% of individuals with TBI will develop SUD for the first time after their injury
Suicide

• The risk for committing suicide is **two to four** times greater for individuals with TBI than for the general population.

• When a behavioral health Dx co-occurs with TBI, the risk for attempted or completed suicide is further increased.
Studies show prevalence of history of TBI in prisoners is as high 60-87%—7 times higher than the general public.

Minnesota study:
- Males 82%, Females 90%, Juveniles 99%
- MN also found TBI prisoners used psych & med services more and had a higher recidivism rate
Homelessness

45% of homeless men found to have history of TBI
87% prior to losing home
70% sustained as a child or teen

Causes:
- Assaults 60%
- Sports and Rec 44%
- MVC 24%

➢ Topolovec-Vranic, J et. al. 2014
Domestic Violence

In 167 women reporting to ERs for injuries associated with DV:

- 30% experienced a loss of consciousness on at least one occasion

- 67% reported residual problems that were potentially TBI related

  - Corrigan et.al., 2003
Upcoming Training

• Treatment Approaches with Brain Injury
  May 11\textsuperscript{th} 11am-12:30pm

Sign up at:
https://und.qualtrics.com/jfe/form/SV_6SvWY6TYk1KAVRb
Training Recorded

A recording of this training will be available after April 28\textsuperscript{th} at:

http://state.video.nd.gov

Email = guest@dhs.com

Password = dhs1
Contact us today!
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