

## **Stop Preaching to the Choir!**

Tools & strategies to educate and elicit collaboration & support from human service professionals and other potential community partners

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## **Workshop Overview**

- Maryland Mental Hygiene Administration's training activities
- Critical ingredients to an effective presentation
- Impact of enhancing awareness of brain injury among human service professionals
- Resources to share

## **MHA's Training Activities**

- A consistent component of MHA's brain injury services, initiated by Maryland's Federal TBI grants
- FY 06-FY 10, conducted/participated in 154 workshops/ trainings in a variety of settings.
- New data base as of FY10 provides more concrete analysis of training evaluations
- Collaborations with a variety of partners; extending education about brain injury to new audiences.

## **Why we should...**

### **Stop Preaching to the Choir!**

- Individuals with brain injury, family members and professionals in the field possess a wealth of information that needs to be shared with those outside of the brain injury community
- Individuals with brain injury who are still dealing with negative sequela, especially years post injury are populating the public mental health system, addiction & homeless services, domestic violence programs and the criminal justice system.
- Professionals working within these systems are open to learning about brain injury

## **Ingredients**

Content examples from MHA's trainings over the years

## **Ice Breakers**

- Ask how many have worked with individuals living with BI,
- Ask how many have worked with individuals they suspect may be living with BI
- If these questions generate discussion, go with it for a few minutes

### Which one of these prominent Americans has NOT had a brain injury?

- George Clooney-actor/director
- Mike Wallace-Journalist (60 Minutes)
- Ben Roethlisberger-Pittsburgh Steelers Quarterback
- Bob Woodruff
- Anne Hathaway-actress

Those above who have had a brain injury can then be used to illustrate several points:

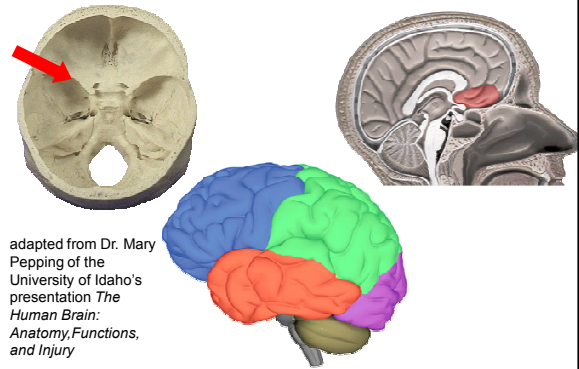
- The growing number of elderly Americans suffering BI and why
- The growing awareness of the risk of concussion and multiple concussions among athletes
- Hidden "mild" BI
- Blast related BI

What might it feel like to be living with a brain injury?

### Writing and processing exercise

### Provide the Nuts & Bolts of Brain Injury.....

### The Skull and Brain

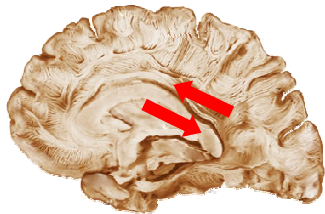


adapted from Dr. Mary Pepping of the University of Idaho's presentation *The Human Brain: Anatomy, Functions, and Injury*

### Diffuse Axon Injury

is a very serious injury, as it directly impacts the major pathways of the brain. *Point out that DAI is not always evident on a CAT scan*

adapted from Dr. Mary Pepping of the University of Idaho's presentation *The Human Brain: Anatomy, Functions, and Injury*



### The Developing Brain

I will often make this point several times during a presentation

- Children's brains do not reach their adult weight of 3 pounds until they are 12 years old
- The brain, and most importantly, the brain's **frontal lobe** region does not reach it's full cognitive maturity till individuals reach their mid twenties

## The Developing Brain

- The Frontal Lobe houses our executive skills, these include; judgment, problem solving, mental flexibility, etc.
- The Frontal Lobe is very **vulnerable** to injury
- Damage to the Frontal Lobe any where along the developmental continuum can impact executive skill functioning

**This is important to keep in mind because.....**

*The Adult Consumer you are serving in your program may have suffered a brain injury as a child*

**Provide some, but not too many statistics**



## **Incidence of TBI CDC 2010, 2002-2006 data**

In the United States, *at least*  
**1.7 million sustain a  
TBI** each year...  
**275,000** are hospitalized

**Incidence of TBI<sup>CDC 2010</sup> of  
those 1.7 million..**

**52,000 die of their  
injuries This equals the  
approximate number of  
people needed to fill  
Yankee Stadium**

## **In Maryland..... 2008/2009 data**

- Nearly 7,000 Maryland residents were discharged following inpatient TBI treatment
- 40,725 TBI related emergency department visits
- 701 Maryland residents lost their lives to a TBI

*It is estimated that 61,970 Marylanders are living with long-term disability secondary to a disability*

**2010 MD TBI Advisory Board Report**

**What about those with unidentified TBI?**

Adapted from MCHB webcast, Wayne Gordon, Ph.D 5.21.08

- 425,000 people treated by MDs in office visits Langlois 2004
- 90,000 treated in other types of outpatient settings Langlois, 2004
- Uncounted injuries on the playground, on the playing fields, from falls in the home, assaults, domestic violence, returning veterans, etc. etc. etc.....

***“Unidentified traumatic brain injury is an unrecognized major source of social and vocational failure”***

Wayne Gordon, Ph.D of the Brain Injury Research Center at Mount Sinai School of Medicine

Quoted in the Wall Street Journal  
1.29.08

**Don't Forget....**

- Brief discussion of distribution of severity of injury, mild, moderate, severe....
- Define and discuss post traumatic amnesia (this is important especially if you are discussing concussion)

***“That first morning, wow, I didn't want to move, I was thankful that nothing's broken, but my brain was all scrambled”*** Ryan Church, NYT

3/10/08

*“All he remembers from the collision with Anderson is the aftermath, being helped off the field by two people, although he said he did not know who they were until he saw a photograph later”* Ben Shpigel NYT reporter

***Beyond the Invisible:  
Living with Brain Injury***

Produced by The Brain Injury Association of New York State

**Possible Changes-** relate to film

- Physical
- Cognitive/Thinking
- Personality and Behavioral

## How life with a brain injury can appear to others

### A memory deficit might look like trouble remembering or it might look like.....

(Capuco & Freeman-Woolpert)

- She frequently misses appointments-avoidance, irresponsibility *(for example...)*
- He says he'll do something but doesn't get around to it *(for example...)*
- She talks about the same thing or asks the same question over and over-annoying perservation
- He invents plausible sounding answers so you won't know he doesn't remember *(for example...)*

### An attention deficit might look like trouble paying attention or it might look like ...

(Capuco & Freeman-Woolpert)

- He keeps changing the subject
- She doesn't complete tasks
- He has a million things going on and none of them ever gets completed *(for example...)*
- When she tries to do two things at once she gets confused and upset

### A deficit in executive skills might look like the inability to plan and organize or it might look like... (Capuco & Freeman-Woolpert)

- Uncooperativeness, stubbornness
- Lack of follow through
- Laziness
- Irresponsibility

### Unawareness might look like...

(Capuco & Freeman-Woolpert)

- Insensitivity, rudeness
- Overconfidence
- Seems unconcerned about the extent of her problems
- Doesn't think she needs supports
- Covering up problems ("everything's fine...")
- Big difference in what he thinks and what everyone else thinks about his behavior
- Blaming others for problems, making excuses

### Provide information on the following topics depending on time constraints and the composition of the audience

- Brain Injury & Mental Health
- Brain Injury & Domestic Violence
- Brain Injury & Homelessness
- Brain Injury & Substance Abuse
- Brain Injury & the Criminal Justice System
- Brain Injury & Returning Service members
- Brain Injury & Children
- Strategies and Supports
- How to Screen for a possible history of brain injury

## Spot the Strategy

Watch this scene from the 2007  
Movie *The Lookout*

**What are the character's  
barriers/strengths?**

**What are the strategies he is  
using to compensate?**

## The HELPS Brain Injury Screening Tool (see handout)

The original HELPS tool developed by M.  
Picard, D. Scarisbrick, R. Paluck, 9.1991  
Updated by the Michigan Department of  
Community Health

## HELPS

- **H**ave you ever **H**it your **H**ead or been **H**it on the **H**ead?
- *Prompt individual to think about; TBI at any age, MVAs, Assaults, Sports injuries, Service related injuries, Shaken baby and/or adult*

## HELPS

- Were you ever seen in the **E**mergency room, hospital, or by a doctor because of an injury to your head?
- *Explore the possibility of "unidentified traumatic brain injury" many do not present in medical settings*

## HELPS

- Did you ever **L**ose consciousness or experience a period of being dazed and confused because of an injury to your head?
- *Remember, a LOC isn't required for someone to develop symptoms subsequent to a blow to the head. "alteration of consciousness" AKA post traumatic amnesia (PTA). At this point, the interviewer may consider asking the individual if they have had multiple mild TBI*

## HELPS

- Do you experience any of these **P**roblems in your daily life since you hit your head?
- *You want to know when any problems began (or began to be noticed) Remember, lack of awareness is a hallmark of brain injury, you might ask if anyone close to the individual has made any observations regarding changes in function.*

## HELPS

- Headaches
- Dizziness
- Anxiety
- Depression
- Difficulty concentrating
- Difficulty remembering
- Difficulty reading, writing, calculating
- Poor problem solving
- Difficulty performing your job/school work
- poor judgment (being fired from job, arrests, fights, relationships affected)

## HELPS

- Any significant **Sickness**?
- Acquired Brain Injury (ABI) can result in many of the same functional impairments as traumatic brain injury (TBI). For example, brain tumor, meningitis, West Nile virus, stroke, seizures, toxic shock syndrome, aneurysm, AV malformation, any history of anoxic injury, e.g. heart attack, near drowning, carbon monoxide poisoning can all result in multiple deficits

## Scoring the HELPS

**Positive for a possible Brain Injury when the following three are identified:**

- An event that could have caused a brain injury (YES to H, E, **or** S), **and**
- A period of loss of consciousness or altered consciousness after the injury or another indication that the injury was severe (YES to L **or** E), **and**
- the presence of 2 or more chronic problems listed under **P** that were not present before the injury.

## Scoring the HELPS

- A positive screening is **not sufficient to diagnose TBI** as the reason for current symptoms and difficulties—other possible reasons need to be ruled out
- **Some individuals could present exceptions** to the screening results, such as people who do have TBI-related problems but answered “no” to some questions
- Consider positive responses within the context of the person’s self-report and documentation of altered behavioral and/or cognitive functioning

## Additional comments and observations of the interviewer

- Any visible scars?
- Walks with a limp?
- Uses a cane or walker?
- Has a foot brace?
- Limited use of one hand?
- Appears to have difficulty focusing vision?
- Difficulty answering questions?
- Answers are unorganized and/or rambling
- Becomes easily distracted, agitated or is emotionally labile

## What you are looking for.....And Why

- Any reported or suspected functional difficulties that are interfering with home, work or community activities
- With the identification a history of brain injury, professionals can better support the individuals served and make informed referrals to brain injury specialists when appropriate

### FY10 Trainings: Evaluation & Feedback

- 39 trainings 7.09-6.10
  - 335 MHA training evaluations collected & entered into the data base
  - Top 4 topics; *TBI Overview, Veterans & TBI, Vocational Issues After TBI, Children & TBI, and Substance Abuse & TBI*
  - Categories of agencies trained; Community Mental Health, Developmental Disabilities, Health Depart. State Psychiatric Hospitals, Community Vocational Programs, College/Universities, Brain Injury Programs, County Core Service Agencies.
- \* evaluations not collected for trainings & workshops conducted at state and regional conferences where the sponsoring agency had their own evaluation forms.

### FY10 Trainings: Evaluation & Feedback

- *"The information will be useful/applicable to my work life"* 55% strongly agree, 43% agree, 2% disagree, .03 strongly disagree.
- *"Is there an individual or individuals you or your agency is currently serving who you believe will benefit from the information and resources presented today?"* 34% responded "yes"

### Sample responses as to how the information shared will help individuals the attendees work with who have TBI

- "Understand what the pt. is feeling"
- "Strategies to decrease frustration & thus decrease agitation"
- "We can look at situation in a new light& look for different, more suited help"
- "remind co-workers about symptoms of TBI pts."
- "more understanding leads to more patience in dealing with these individuals"
- "I will be more patient to repeat and explain situations"
- "strategies/compassion"

### FY10 Trainings: Evaluation & Feedback

212 training attendees offered 240 comments regarding what was most helpful about the training

- 29% of comments related to the handouts and resources provided and the DVD's shown
- 18% of comments cited the discussion of supports and strategies
- 15% of comments regarded the information on brain injury education and statistics helpful
- 15% comments on speaker's attributes (these comments typically revolved around the use of case studies from speaker's experience in the field)
- 9% of the comments said it was "all helpful"
- 4% appreciated the information conveyed regarding Hidden TBI and Screening Tools

### FY10 Trainings: Evaluation & Feedback

37 (17%) training attendees offered comments regarding what was least helpful about the training they attended

- 14% felt there was too much information covered, and/or the speaker spoke too fast
- 11% could have done without the TBI statistics
- 8% had content related negative feedback ("*Substance Abuse*", "*medical/anatomy review*", "*specific job related ideas*")
- 8% felt the training was either too long, or too short
- Remainder of the comments didn't fall into specific categories, examples include; "*movie sound poor*", "*children*" "*list of resources*" "*% of abuse*" "*what the lobes do*"

### FY10 Trainings: Evaluation & Feedback

144 attendees rated how familiar they are on the topic of TBI, of those..

- 5% rated themselves as not familiar
- 85% rated themselves as "somewhat" or slightly more than somewhat familiar with the topic of TBI.
- 10% rated themselves as "very familiar" with the topic of TBI



### **FY10 Trainings: Evaluation & Feedback**

215 attendees rated how much the training increased their understanding of TBI.....

- 10% felt the training increased their understanding a little or not at all
- 41% felt the training had increased their understanding of TBI somewhat or slightly more than somewhat
- 49% felt the training had increased their understanding of TBI very much.

### **FY10 Trainings: Evaluation & Feedback**

256 attendees provided an overall rating of the training attended

- 64% rated training “Excellent”
- 32% rated training “Good”
- 3% rated training “Average”
- .3% rated training “Poor”

### **Observations and Lessons Learned**

- At roughly 90% of trainings conducted, the trainer is approached by one or more attendees seeking TBI information/resources for themselves or a loved one.
- Try to get a sense of the knowledge of the training attendees so that you neither bore them with the basics, or overwhelm them with technical details
- Back up or illustrate clinical and statistical information with stories from your career/experiences
- Be sensitive, (see bullet #1) you never know what the attendees life experiences are regarding brain injury, be sure to share success stories!

### **Suggestions for Speaking Opportunities**

- If you are a student or graduate from a college or university’s education, psychology, social work, allied health etc. program, contact your professor(s) and offer to speak to a class about brain injury.
- If you are a BI professional, investigate organizing a in-service exchange. For example if the organization you work for receives and/or makes referrals to a substance abuse program, invite someone from their staff to talk to yours about addictions, and likewise send one of your staff to educate theirs on brain injury.

### **Suggestions for Speaking Opportunities**

- When the call for papers comes out for your professional organization (ASHA, APTA, ATRA, AOTA, NASW, ANA etc....) submit a proposal to conduct a workshop on TBI.
- If you are a family member or an individual living with brain injury, connect with community organizations, churches, professional groups, tell your story.
- Be an ambassador for brain injury awareness!!

### **Partnerships and Training Opportunities Developed over the Years**

- Developmental Disabilities Administration
- Police and public safety departments and agencies and opportunities to provide training to judges and public defenders
- Maryland Commitment to Veterans
- OETAS Trainings for the Maryland Alcohol and Drug Abuse Administration
- McDaniel College (every semester since 2003)

### Partnerships and Training Opportunities Developed over the Years

- Training coordinator for the Maryland Division of Rehabilitation Services' Acquired Brain Injury Employment Program (2006-present)
- Faculty of the Maryland Department of Health and Mental Hygiene's Co-Occurring Academy (2009-present)
- Faculty for Pre-Services Training of statewide health department staff, University of Maryland School of Social Work (2009-present)

### Resources

- Anyone is welcome to the power points, resource and fact sheets and professional handbooks developed by the Mental Hygiene Administration's TBI Projects. Go to:
- <http://www.dhmd.state.md.us/mha/tbi.html>
- For additional and updated training materials, contact Anastasia Edmonston at [aedmonston@dhmd.state.md.us](mailto:aedmonston@dhmd.state.md.us) 410-402-8478

### RESOURCES

- Brain Injury Association of America 703-236-6000, [www.biausa.org](http://www.biausa.org)
- Brain Injury Association of Maryland 410-448-2924, [www.biamd.org](http://www.biamd.org)
- Ohio Valley Center For Brain Injury Prevention and Rehabilitation, 614-293-3802, [www.ohiovalley.org](http://www.ohiovalley.org). Excellent SA TX resource & information
- [www.headinjury.com](http://www.headinjury.com). Good resource for memory aides and tips

### The Michigan Department of Community Health Web-Based Brain Injury Training for Professionals

[www.mitbitraining.org](http://www.mitbitraining.org)

*This free training consists of 4 module that take an estimated 30 minutes each to complete. The purpose of the training is twofold, to "ensure service providers understand the range of outcomes" following brain injury and to "improve the ability of service providers to identify and deliver appropriate services for persons with TBI"*

### Resources

The University of Alabama Traumatic Brain Injury Model System has created the UAB Home Stimulation Program. This program offers many activities for use by individuals with brain injuries, their families and the professionals who work with them. The activities are designed to help support cognitive skills and can be done in the home setting. The Home Stimulation Program can be accessed from the Internet at <http://main.uab.edu/show.asp?durki=49377>. For further information contact: Research Services, Dept. of Physical Medicine and Rehabilitation, University of Alabama at Birmingham, 619 19<sup>th</sup> St. S SRC 529, Birmingham, AL 35249-7330/ 206-934-3283. [Tbi@uab.edu](mailto:Tbi@uab.edu)

### Resources

Rehabilitation Research and Training Center on Traumatic Brain Injury Interventions & New York Traumatic Brain Injury Model System at the Mount Sinai School of Medicine and the Mount Sinai Rehabilitation Research and Training Center [www.mssm.edu/tbinet](http://www.mssm.edu/tbinet)

## Resources

### Centers for Disease Control Wonderful, free tool kits

- Heads Up: Concussion in high school sports- a tool kit for for coaches, parents and athletes  
[http://www.cdc.gov/ncipc/tbi/Coaches\\_Tool\\_Kit.htm](http://www.cdc.gov/ncipc/tbi/Coaches_Tool_Kit.htm)
- Head Up: Concussion in Youth Sports Tool Kit  
<http://www.cdc.gov/ConcussionInYouthSports/default.htm>

## Resources

- "Brain Injury Partners: Navigating the School System "a collaboration of the National Institute of Child Health and Development and the Brain Injury Association of America.
- "Brain Injury: A Guide for Families About School" Published by the BIA of New Jersey, includes an excellent discussion on how the IEP and 504 plans can support students with brain injury <http://www.bianj.org/publications-on-brain-injury>

## Resources

- <http://www.bianys.org/learnnet/>. A website full of information on strategies for children, teachers and clinicians on how to problem solve around various brain injury related issues. Created by the Brain Injury Association of New York State
- Brain Injury Resource and Information Network of Tennessee  
[www.tndisability.org/brain](http://www.tndisability.org/brain)

## Recommended Reading

- *I am the Central Park Jogger: A Story of Hope and Possibility* by Trisha Meili, 2003
- *Every Good Boy Does Fine: A Novel* by Tim Laskowski, 2003
- *Over My Head: A Doctor's Own Story of Head Injury from the Inside Looking Out* by Claudia Osborn, 2000

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### Living with Brain Injury as illustrated by Gary Trudeau

