

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



- **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.

Definition adopted from *Virginia Brain Injury Council*, 2010; updated by Meixner and O'Donoghue, 2014.

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 ABl.
- 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)



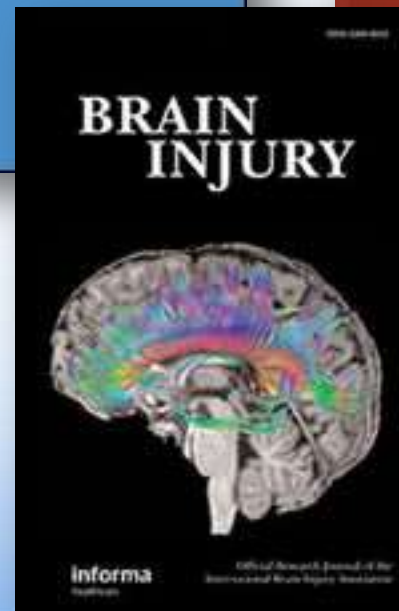
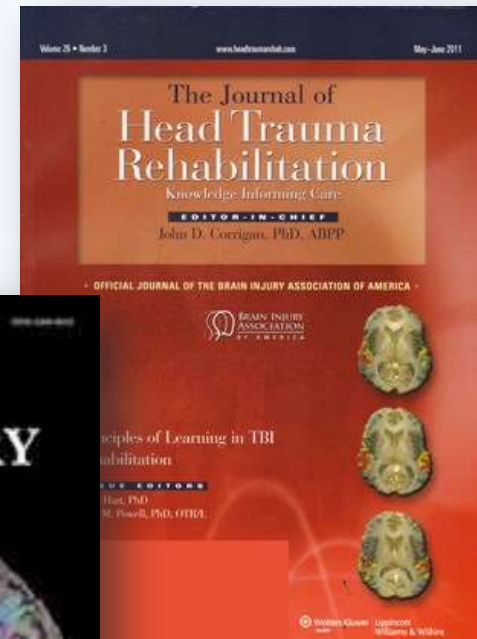
Our Research

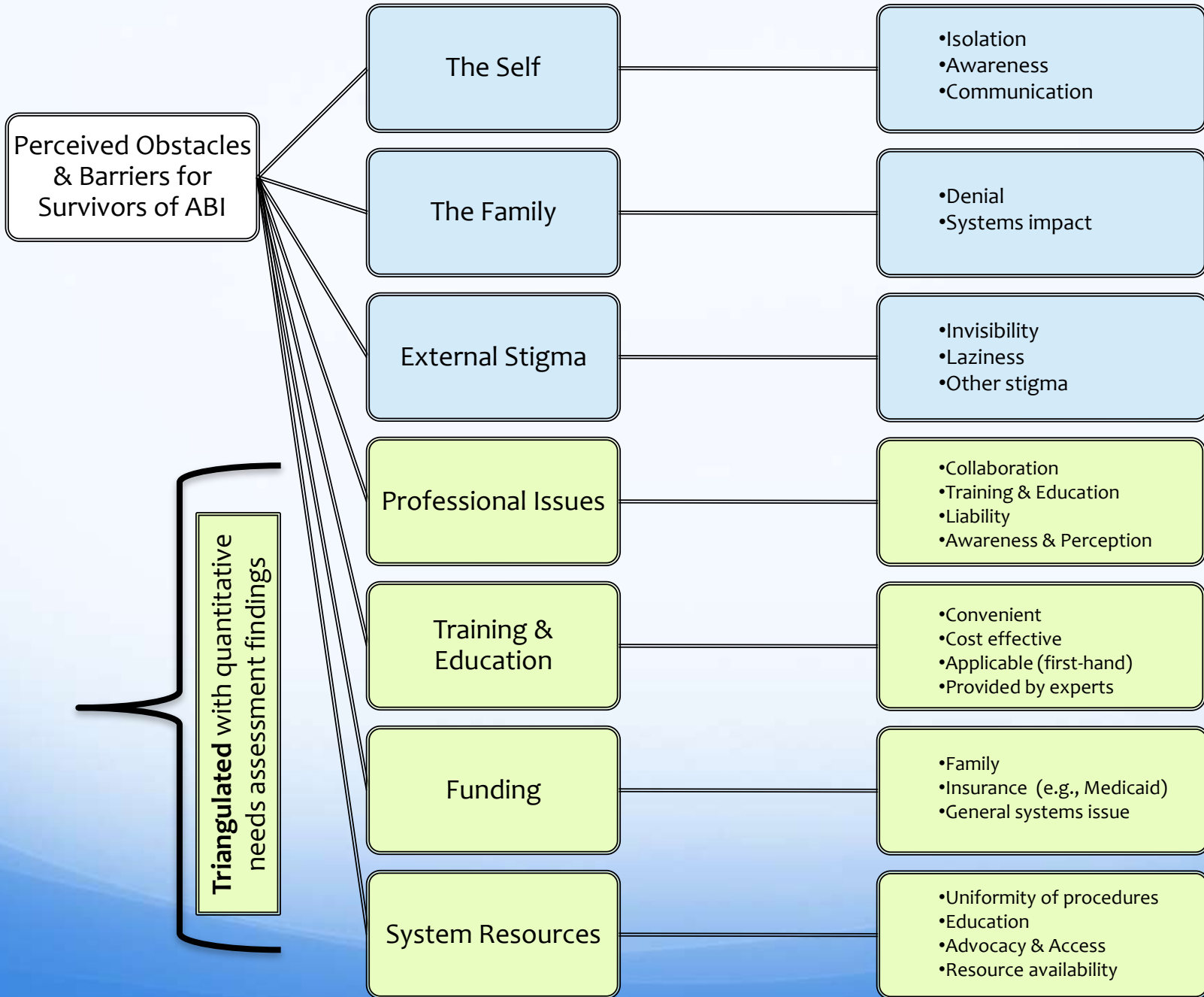
What are the barriers to accessing crisis intervention services for individuals with brain injury?

Meixner, C., O'Donoghue, C.R., & Witt, M. (2013). Accessing crisis intervention services after brain injury: A mixed methods study. *Rehabilitation Psychology, 58*(4), 377-385.

Meixner, C., O'Donoghue, C., Hegyi, S., Witt, M., & Lincoln, E. (2012). Community-based crisis intervention: A descriptive intercept model for survivors of acquired brain injury [Abstract]. *Brain Injury, 2012*, 1-484, *Early Online*. 242-243.

O'Donoghue, C., Meixner, C., Witt, M., & Bowman, E. (2011). Community-based crisis intervention for survivors of ABI: An interagency initiative [Abstract]. *The Journal of Head Trauma Rehabilitation, 26*(5). 423.





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?

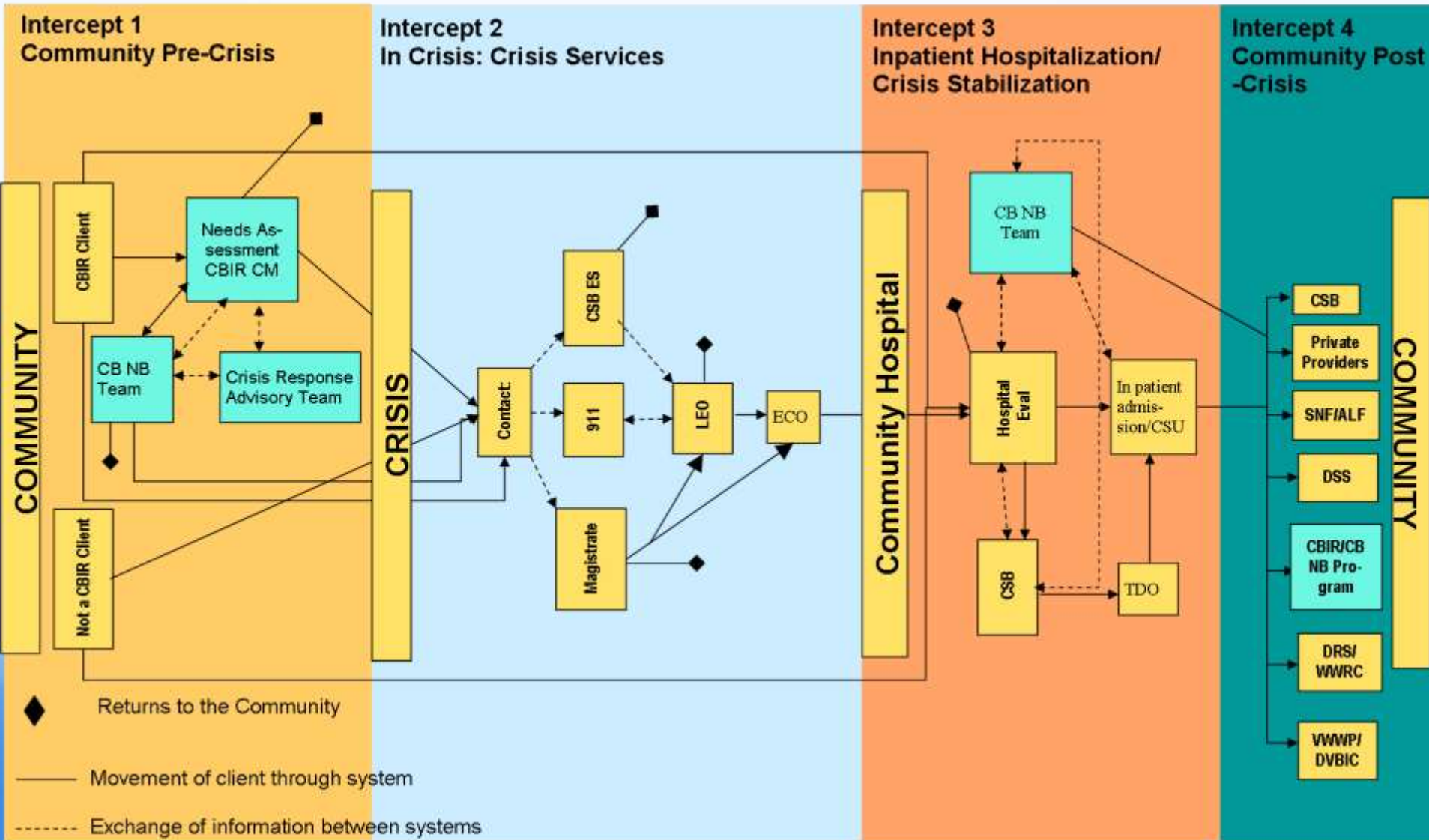
Age: 55

TBI: age 43 (motor vehicle accident)



Cross Systems Mapping with Work Group Feedback

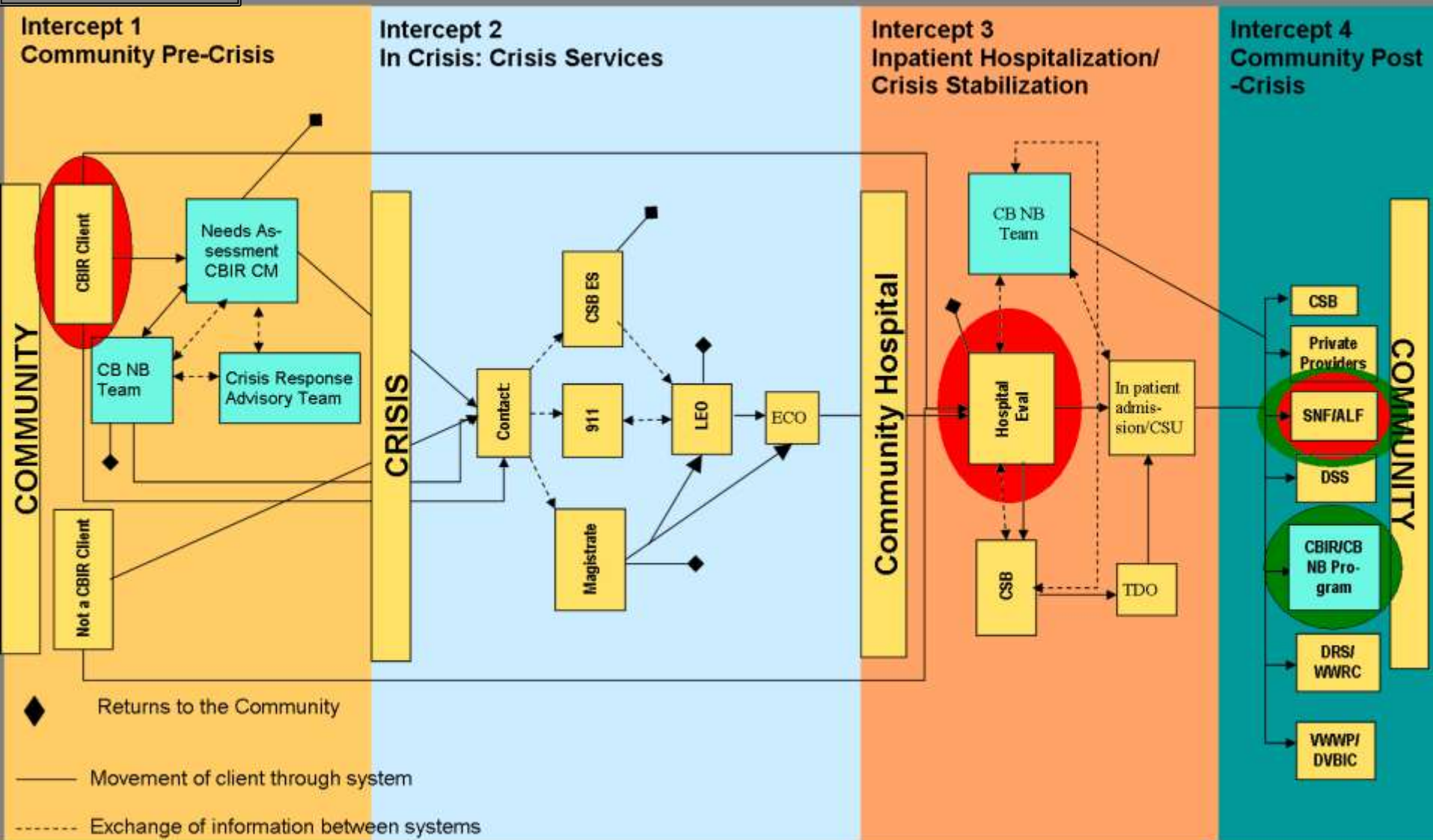
Crisis Intervention for Persons with Acquired Brain Injury Developed 7-26-11



Grace's Map

“GRACE”

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



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

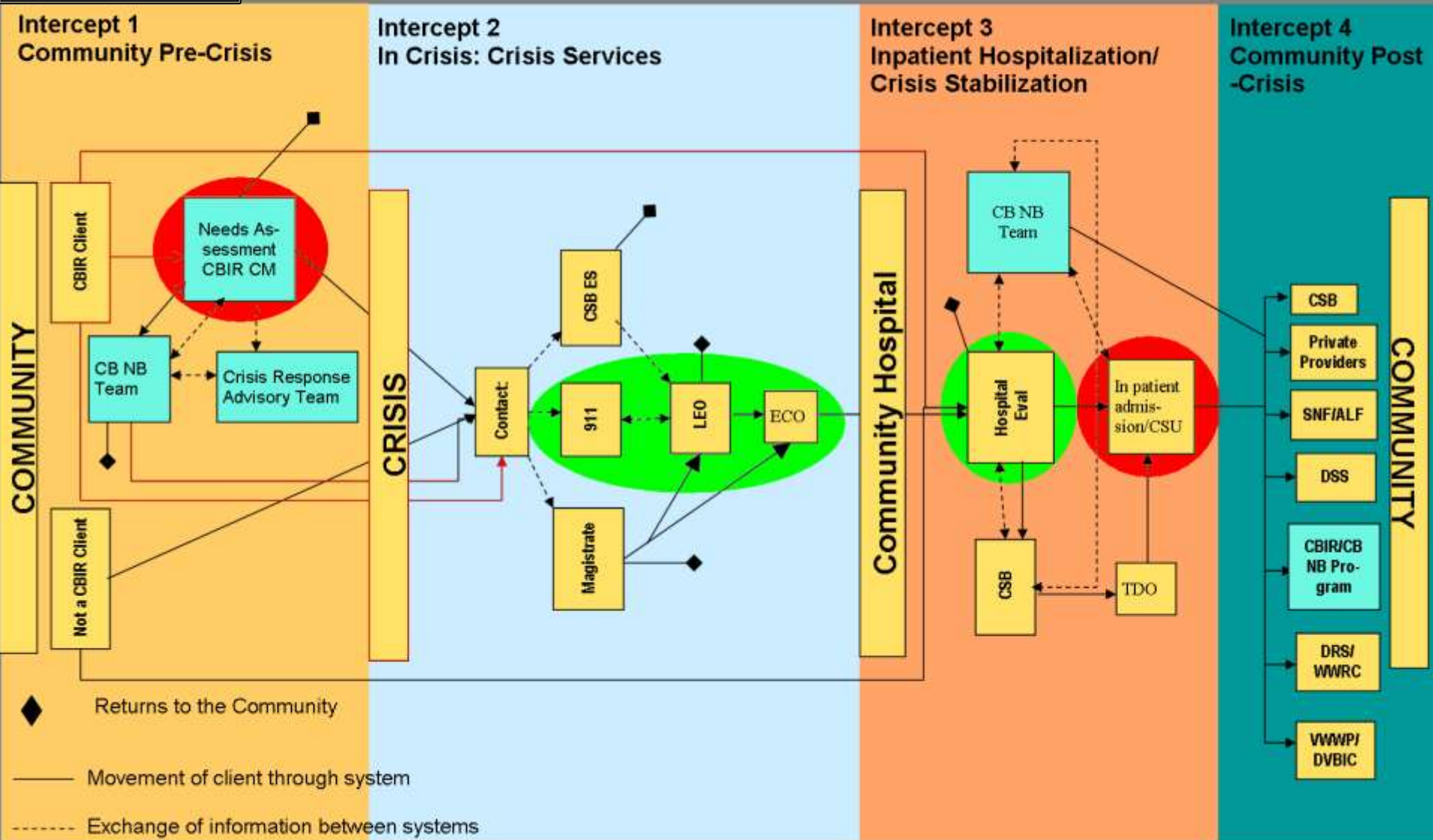
TBI: age 17 (rooftop fall)

Bipolar I: age 16

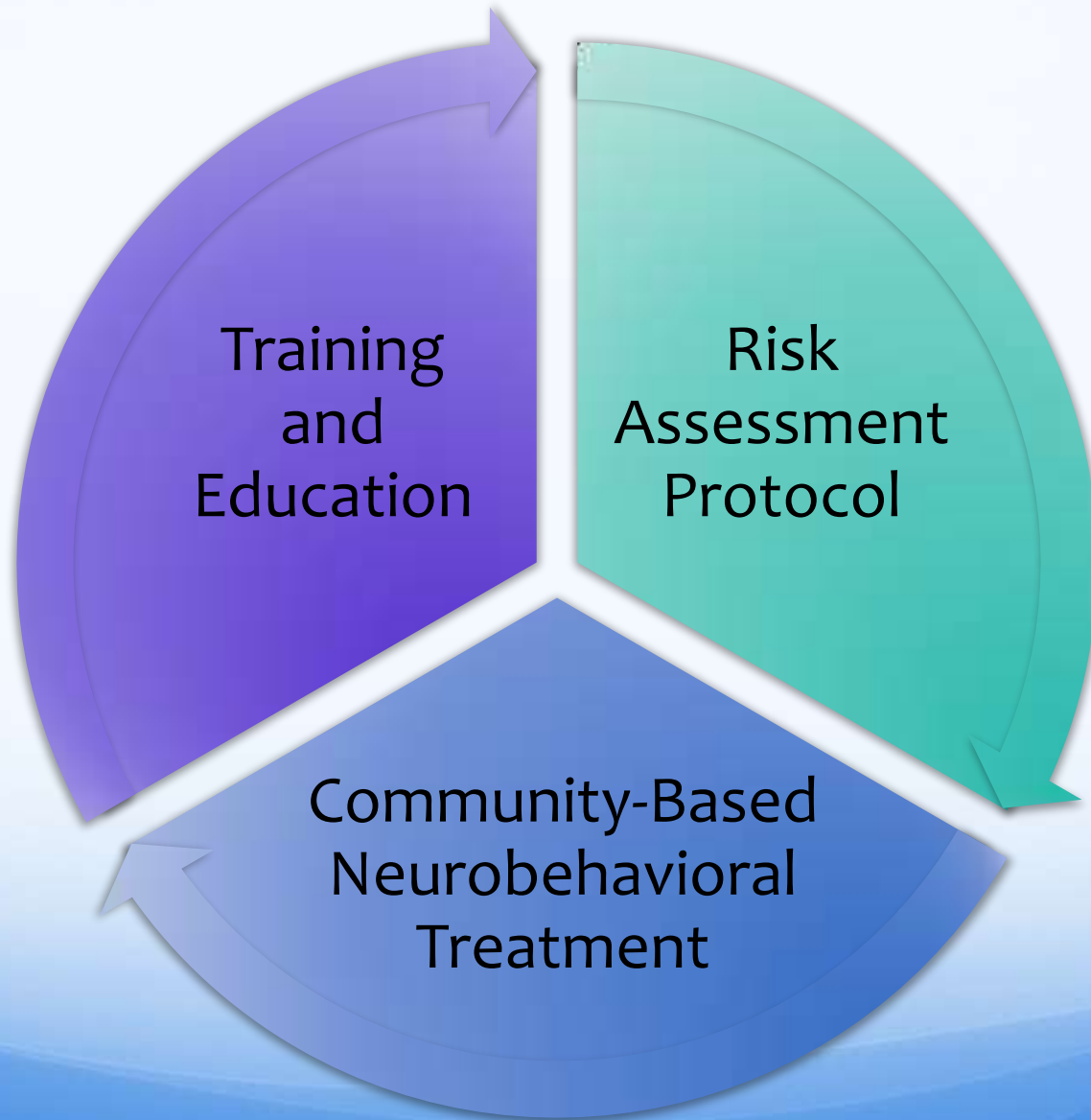
Mike's Map

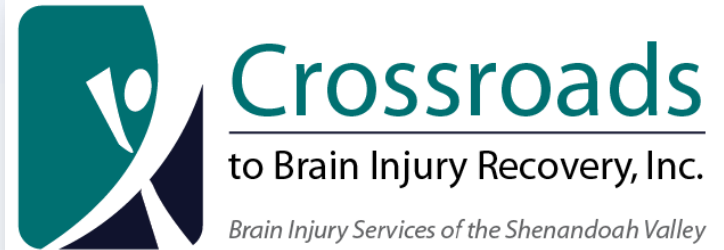
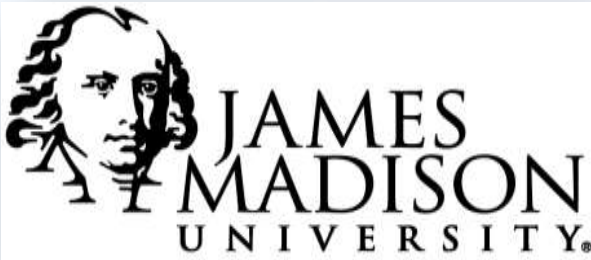
“MIKE”

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



Next Steps: Three Priority Areas





Discussion and Questions

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