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HHSC Family Violence Program: Survivors & Traumatic Brain Injury

November 14, 2019

Agenda

Part I

- HHSC Office of Acquired Brain Injury

Part II

- Fort Bend Women's Center – Neurofeedback Project

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Objectives

1. To provide an understanding of what a traumatic brain injury is and how it relates to work with survivors of family violence.

2. To highlight resources to help survivors with a traumatic brain injury.

3. To share an innovative project to help survivors with a traumatic brain injury and inspire other project ideas.

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Part I: Acquired Brain Injury 101

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Office of Acquired Brain Injury

Overview

- Office of Acquired Brain Injury (OABI)
- Brain injury basics
- Causes of brain injury
- Severity of injury
- Effects
- Resources

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Office of Acquired Brain Injury (OABI)

Serving and Supporting Individuals with a Brain Injury

Office of Acquired Brain Injury

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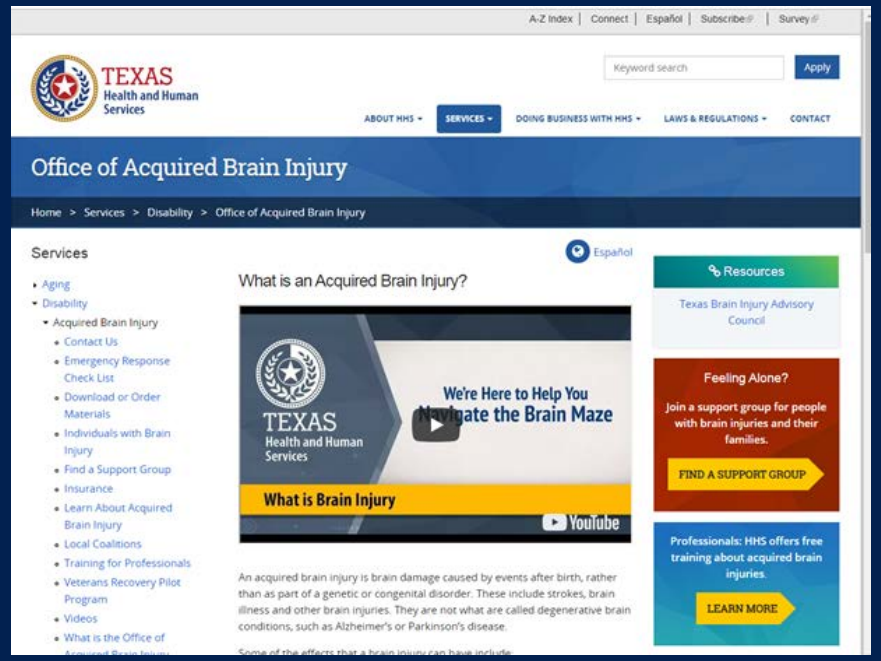
The Office of Acquired Brain Injury is the center for awareness and education on brain injuries in Texas. OABI's goal is to help connect people to resources and services, raise awareness and prevent brain injuries.

For brain injury related resources, contact OABI at:

- OABI@hhsc.state.tx.us
- *hhs.texas.gov/services/disability/office-acquired-brain-injury*



Office of Acquired Brain Injury

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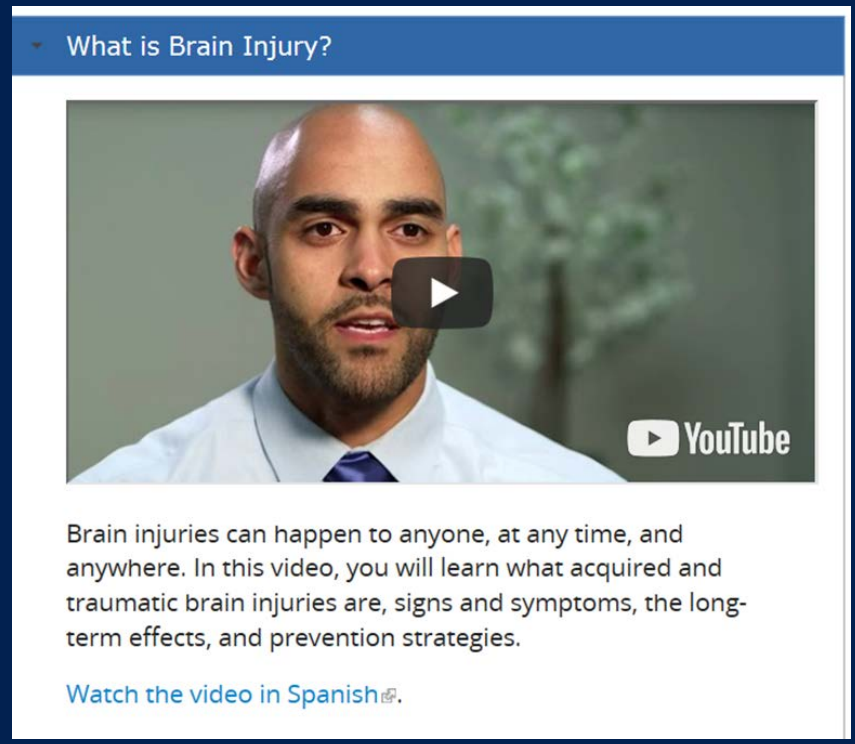
Some of resources available on the OABI webpage are:

- List of support groups
- Navigate the Brain Maze Video Series
- Educational information on brain injuries
- Information on other HHS programs and services that could assist brain injury survivors and/or caregivers
- Free downloadable resource material



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Brain Injury Basics

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Acquired Brain Injury

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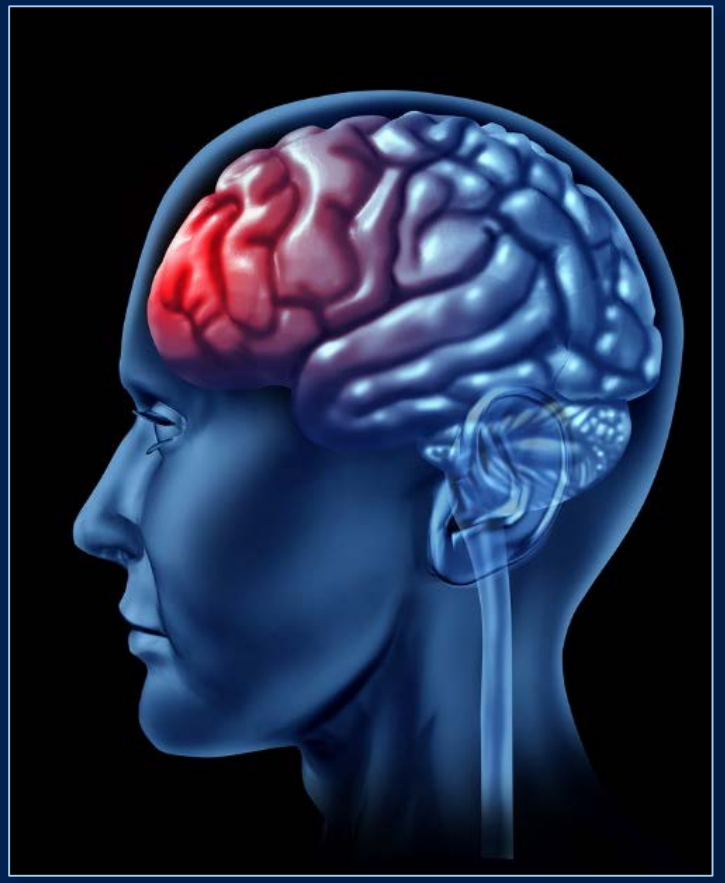
An acquired brain injury is an injury to the brain which:

- Occurs after birth
- Is not related to a congenital (present at birth) or degenerative (progressive) disease
- Can cause temporary or permanent impairments that result in physical, emotional, and intellectual difficulties.



Incidence of Brain Injury

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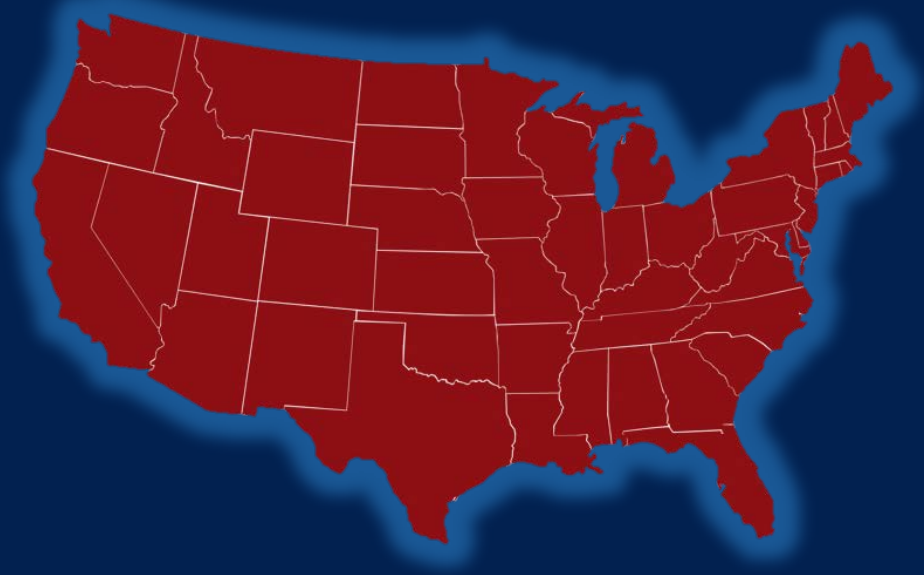
According to the Centers for Disease Control and Prevention, each year in the United States:

- Over **2.8 million** individuals sustain a traumatic brain injury
- Over **795,000** individuals sustain a stroke
  - About **610,000** of these are first or new strokes



How Does that Compare?

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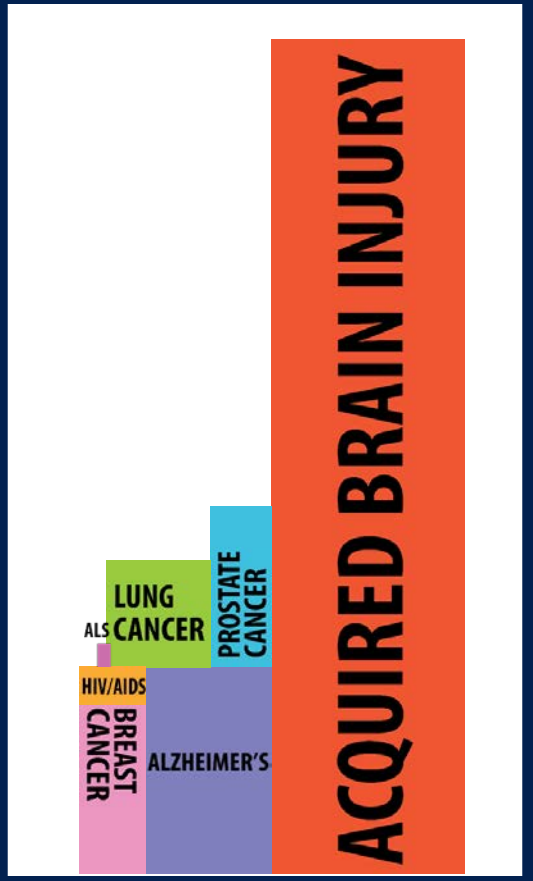
Each year in the U.S., more people are diagnosed with a brain injury than the number of people diagnosed with Alzheimer's, breast cancer, HIV/AIDS, prostate cancer, lung cancer, and amyotrophic lateral sclerosis **combined.**[1,2,4]



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Causes of Brain Injury

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Types of Brain Injury

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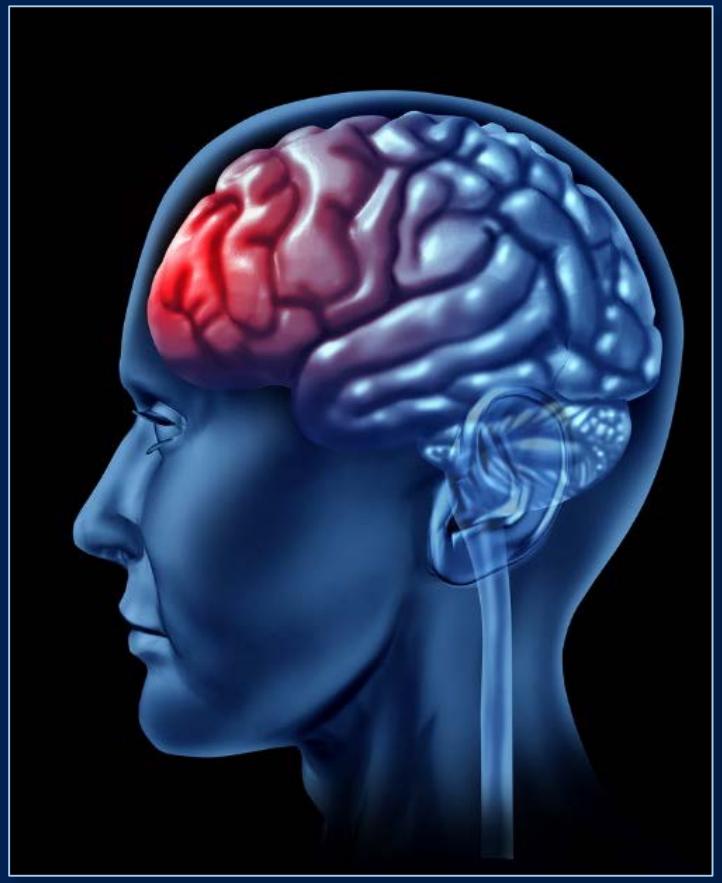
Acquired brain injuries can be broken down into two categories:

- Traumatic brain injury
- Non-traumatic brain injury



Traumatic Brain Injury

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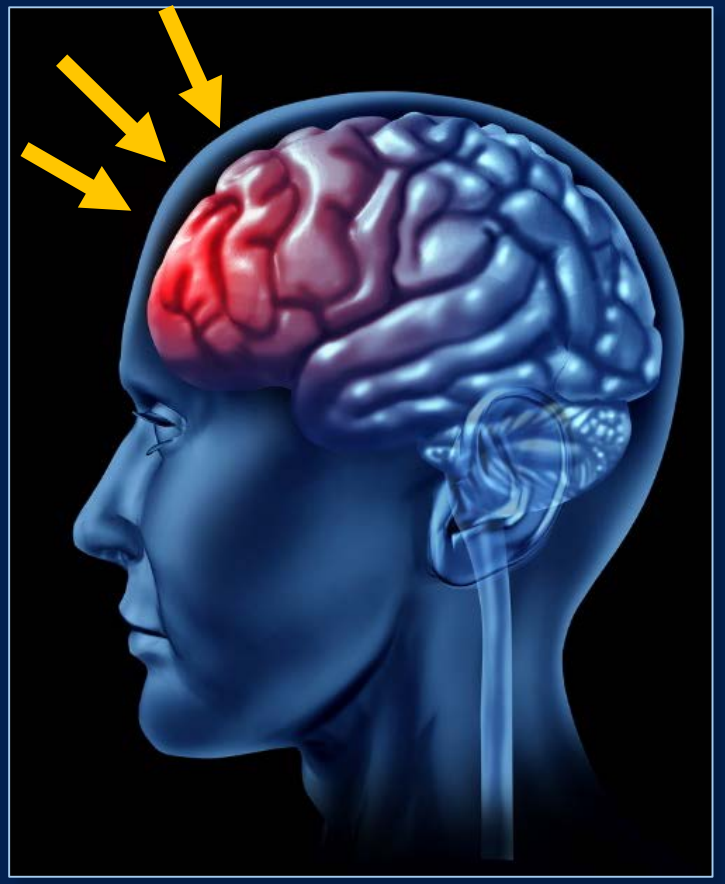
A TBI is a type of acquired brain injury that disrupts the normal function of the brain and is caused by:

- A blow or jolt to the head
- A penetrating head injury



Traumatic Brain Injury

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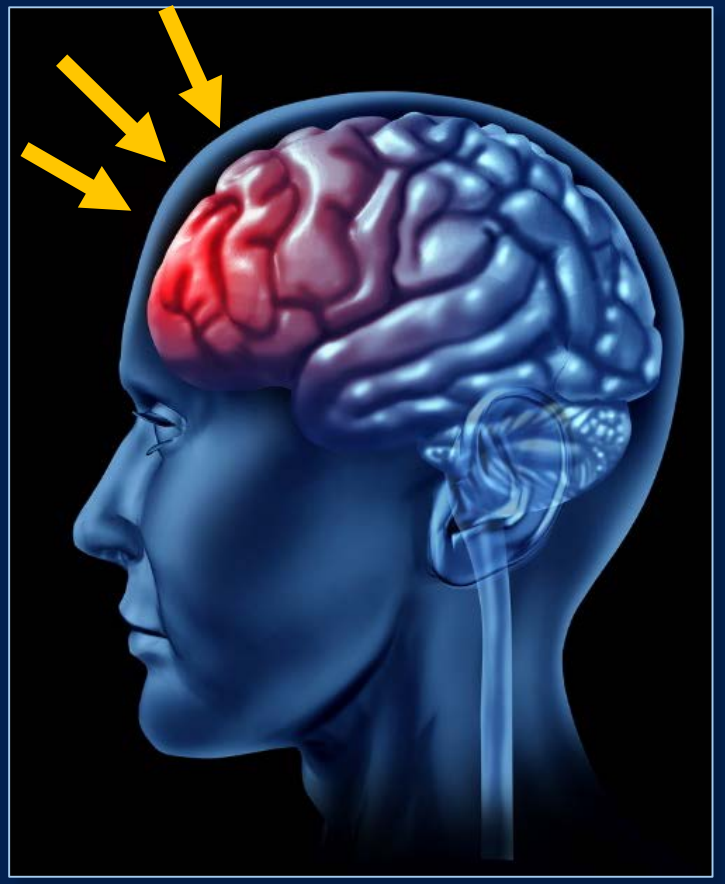
The injury may be a closed or open head injury.

- **Closed**: skull stays intact
- **Open**: an object penetrates the skull and enters the brain



Common Causes of TBI[4]

Other / Unknown 15%

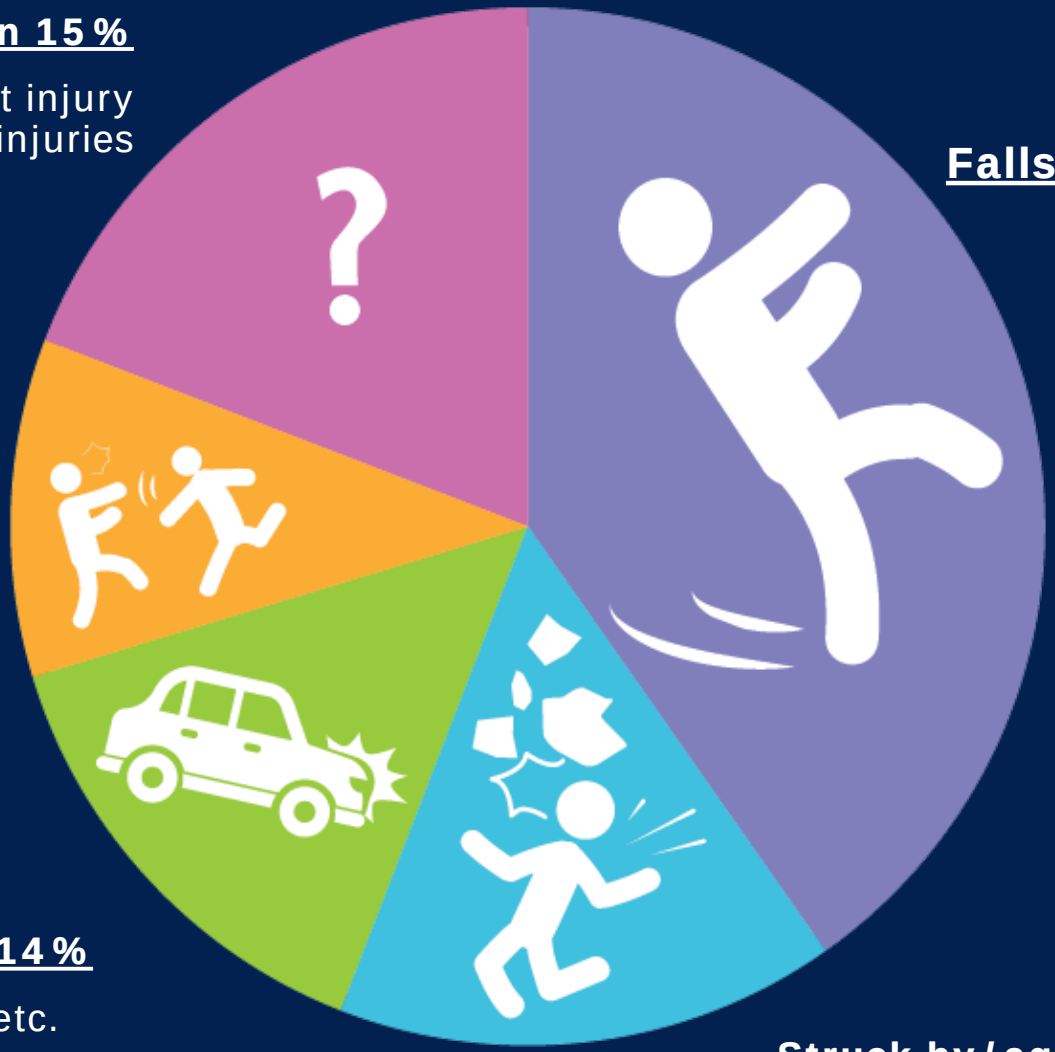
Explosion/blast injury
Sports related injuries

Assault 9%

Domestic violence, gang violence, shaken baby syndrome, etc.

Motor Vehicle Accidents 14%

Cars, motorcycles, ATVs, etc.



Falls 47%

Falls from heights like buildings, trees, ladders, bicycles, etc.

Small falls like slips, tumbles down steps, lost balance, etc.

Struck by / against 15%

Falling debris, motor vehicles, etc.

Non-Traumatic Brain Injury

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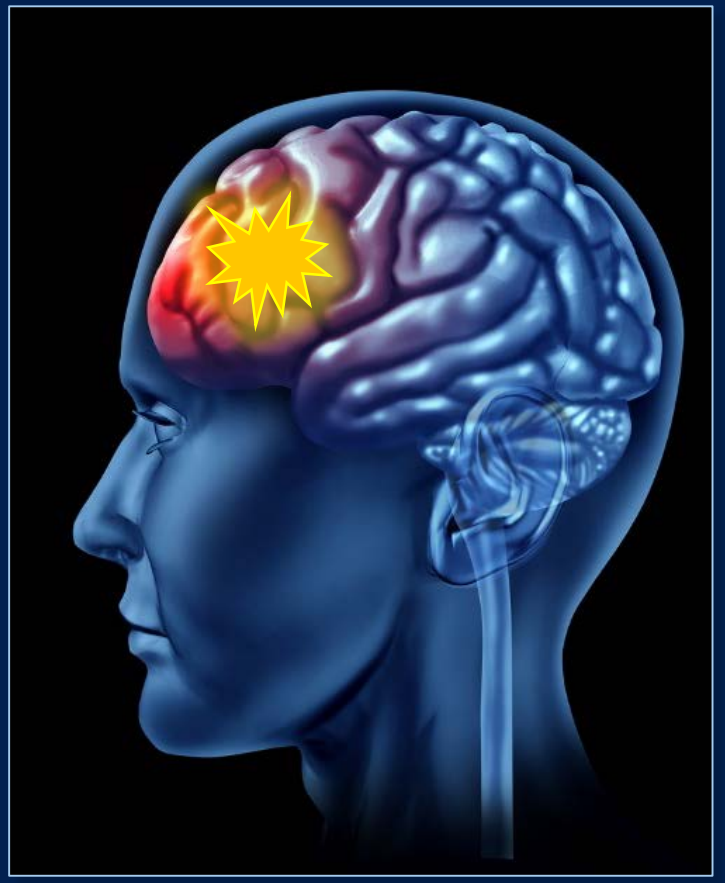
A non-traumatic brain injury is a type of acquired brain injury that disrupts the normal function of the brain and is caused by:

- An internal, rather than an external, event
- Non-traumatic brain injuries are just as serious and life altering as TBIs.



Common Causes of Non-traumatic Brain Injury

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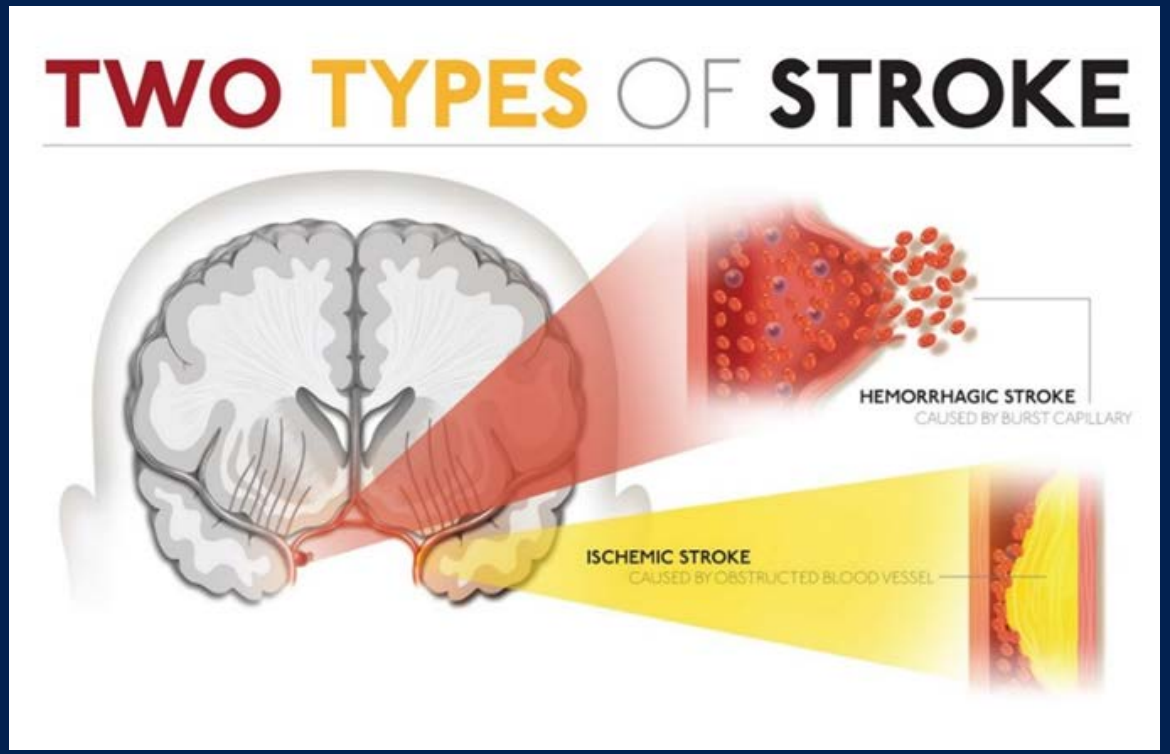
- Stroke
  - Ischemic
  - Hemorrhagic
- Aneurysm
- Anoxia / Hypoxia
- Brain tumors
- Infection
- Exposure to toxins
- Drug induced[5]



What's the Difference?

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- Both are types of acquired brain injury
- The main difference is the mechanism of injury, the cause, the "how"
  - Traumatic = external
  - Non-traumatic = internal
- While the causes vary, the effects and recovery can be identical

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Severity of Injury

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Severity of Injury

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The severity of a brain injury can range from:

- Mild
- Moderate
- Severe

Four Factors for Determining Severity of Brain Injury[9]

Factors	Mild	Moderate	Severe
Confusion/ Disorientation	Less than 30 minutes	More than 30 minutes but less than 24 hours	More than 24 hours
Loss of Consciousness	0 to 30 minutes ***A loss of consciousness does not always occur***	More than 30 minutes but less than 24 hours	More than 24 hours
Memory Loss	Less than 24 hours	More than 24 hours but less than 7 days	More than 7 days
MRI/CT/Imaging	**For all levels of severity, imaging results may be normal or abnormal. Certain chemical and physical reactions are not picked up by these tests, and so this should not be the only determining factor when diagnosing a brain injury.**		

Mild Traumatic Brain Injury

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- Mild TBIs are a major public health concern
- Mild brain injuries are deceptive:
  - A person may look “normal” and feel “fine”
  - Mild brain injuries are often unrecognized and undiagnosed
  - Multiple mild brain injuries can exponentially increase health consequences and even lead to death

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Effects

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The Functions of the Brain

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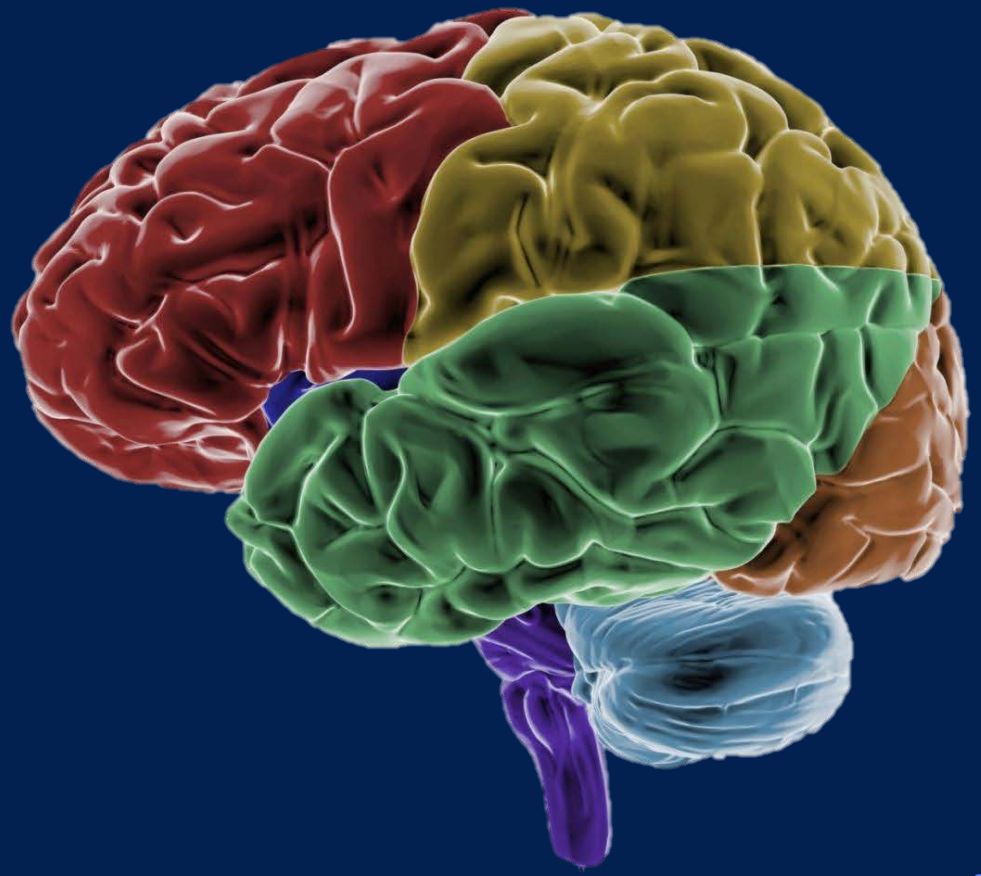
- The brain is the control center for our physical, emotional, and cognitive activities

- When someone has a brain injury, some of those activities can be altered



Basic Overview of the Functions of the Brain

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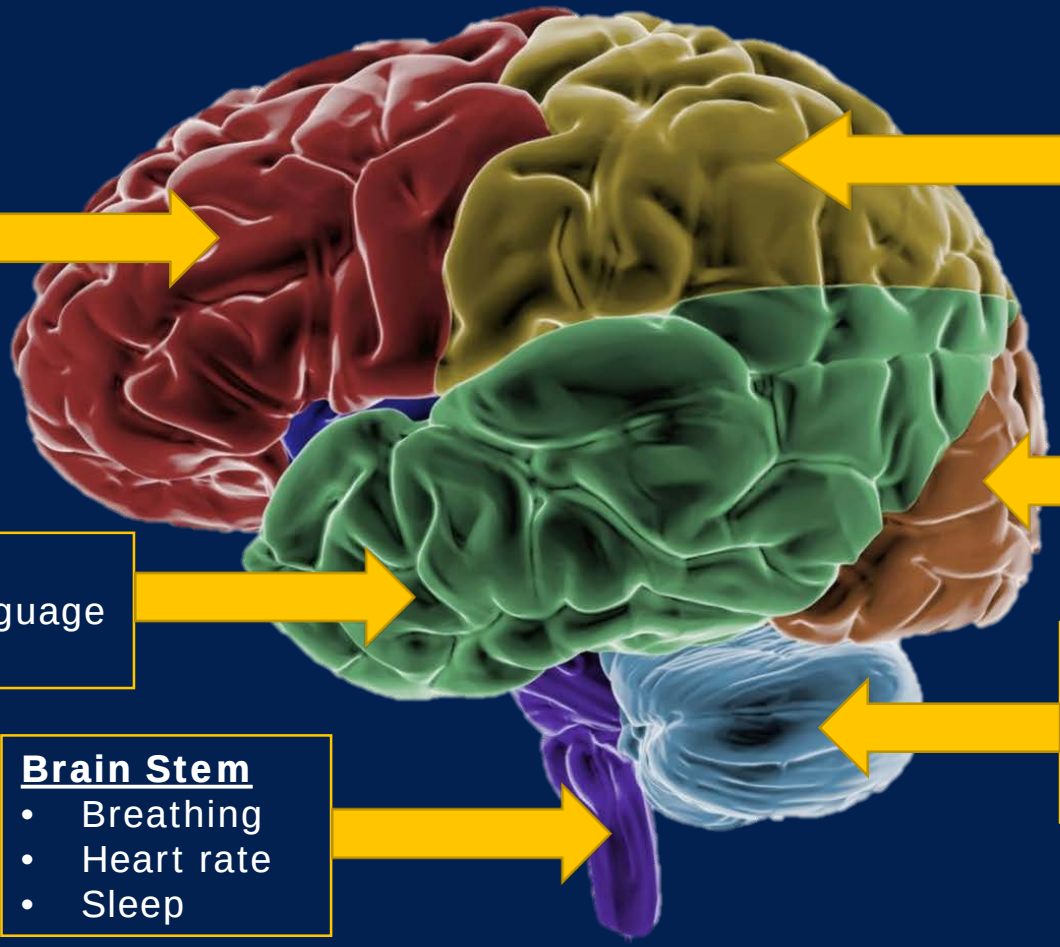
Frontal Lobe
- Social behavior
- Decision making
- Concentration
- Memory
- Emotions
- Personality
- Problem Solving
- Impulse Control



Parietal Lobe
- Visual interpretation
- Spatial awareness
- Academic skills
- Sense of touch

Occipital Lobe
- Reading
- Visual reception and interpretation
- Dreams

Temporal Lobe
- Understanding Language
- Hearing

Cerebellum
- Balance
- Coordination
- Fine motor skills

Brain Stem
- Breathing
- Heart rate
- Sleep

The Effects of Brain Injury

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- When a specific part of the brain is injured, the functions of that part could be affected
  - Example: If someone sustains an injury to the frontal lobe, the injury could affect their decision making skills, memory, and/or personality
- Often a single brain injury will affect **multiple parts** of the brain

The Effects of Brain Injury

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The effects of a brain injury can be broken down into three categories:

- Cognitive changes
- Emotional/behavioral changes
- Physical changes

The Effects of Brain Injury

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Each person's experience is unique

- Not every person will experience changes
- A person may experience a few changes or many
- Changes can be mild, moderate, or severe
- Overstimulation, being upset or irritated, and/or anxiety can increase the level at which these changes are displayed
- Many individuals do not know they have sustained a brain injury, and do not realize these changes have a cause

Cognitive

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The most common cognitive changes include:

- Difficulty with memory and learning
- Personality changes
- Lack of concentration
- Delayed thinking/processing
- Reckless decision making
- Difficulty communicating and understanding

Cognitive

When interacting with a brain injury survivor, you might notice that someone:

- Does not pay attention and struggles to follow conversation
- Needs things repeated several times
- Cannot remember answers to simple questions
- Has difficulty following instructions
- Is easily distracted
- Says impulsive or inappropriate things

Emotional/Behavioral

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The most common behavioral changes include:

- Agitation
- Aggression
- Confusion
- Anxiety
- Depression
- Mood swings
- Inappropriate social behavior
- Lack of impulse control

Emotional/Behavioral

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When interacting with a brain injury survivor, you might notice that someone:

- Overreacts with physical and/or verbal outbursts
- Inappropriately laughs, cries, or becomes upset
- Displays inappropriate social behavior
- Makes emotionally driven impulsive decisions
- Displays inappropriate sexual behavior

Physical

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The most common physical changes include:

- Sensory changes or impairments:
  - Hearing
  - Vision
  - Touch
  - Smell
  - Taste
- Impaired speech

Physical

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The most common physical changes (continued):

- Poor balance and coordination
- Impaired fine motor skills
- Muscle tremors
- Chronic headaches
- Chronic pain
- Incontinence
- Seizures

Co-occurring Conditions

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Common co-occurring conditions:

- Substance use/abuse
- Sleep disturbances
- Depression, anxiety, suicidality, and various other mental health issues
- Epilepsy
- Neurodegenerative diseases (Ex: ALS, Alzheimer's, dementia, etc.)
- Fatigue

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Recovery

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Recovery is Different for Everyone

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- Some individuals may feel that they have returned to “normal” (same as before brain injury)

- Others may have to learn what their “new normal” is (ex. limitations, adaptations, etc.)

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Resources

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Texas Brain Injury Resource Guide

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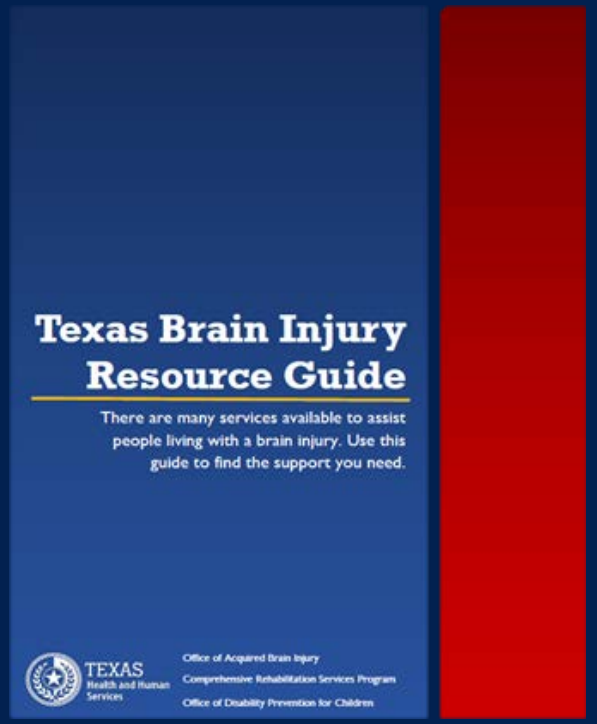
- Includes detailed information about:
  - Navigating life after brain injury
  - Health care benefits
  - Rehabilitation services
  - Mental health and substance use
  - Financial help
  - Long-term services and supports
  - Independence services
  - Other brain injury resources
  - Issues with services
- Available for free in English and Spanish at *hhs.texas.gov/services/disability/acquired-brain-injury/download-or-order-acquired-brain-injury-materials*



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Questions?

Questions can be sent to OABI@hhsc.state.tx.us.

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Thank you!

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Phone: 512-206-5634

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Part II:
Fort Bend Women's Center

Abeer Monem

Intimate Partner Violence and Brain Trauma: A New Approach

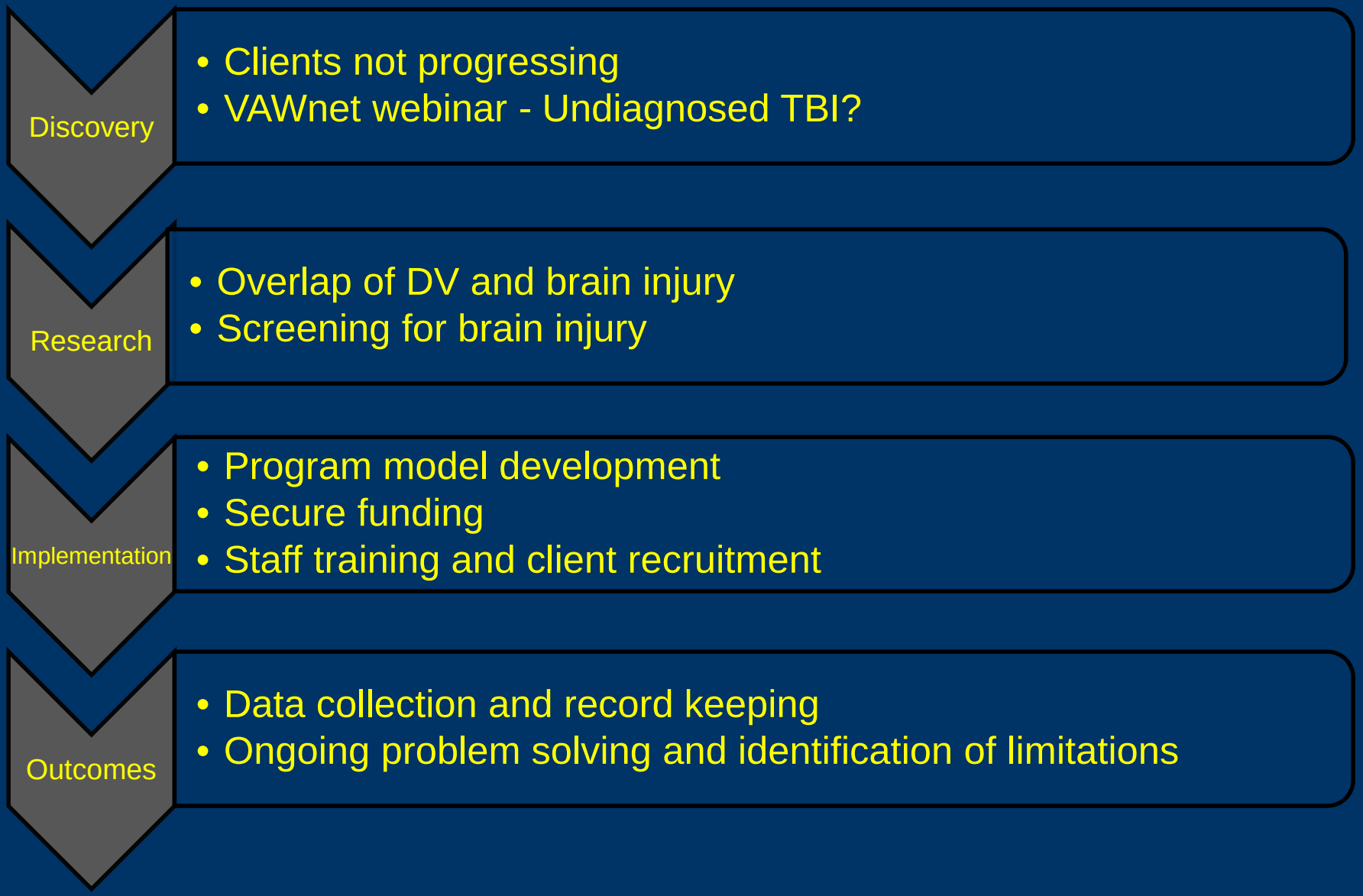
Using Neurofeedback in a Domestic Violence Program

Presented by:
Abeer Monem
Harris County Domestic Violence Coordinating Council (previously with FBWC)

FORT BEND WOMEN'S CENTER

- 24-hour crisis hotline
- Emergency shelter
- Nonresidential services
- Mobile services
- Neurofeedback training
- Mental health counseling
- Legal, vocational, medical assistance
- Housing programs

FBCWC Program Lifecycle



Sports/Recreation (2009): 446,788 reported cases at U.S. emergency rooms (cycling/football)
(Source: American Association of Neurological Surgeons)

Military (2014): 25,053 reported cases
(Source: Defense Medical Surveillance System)

Domestic Violence: ??

Domestic Violence and Traumatic Brain Injury

TBI is present in 30-74% of victims of DV who seek services at shelters or emergency rooms. (Source: Kwako et al. 2011)

88-94% of physical DV incidents involve head and/or neck injuries. (Source: Arosarena et al. 2009)

Valera and Berenbaum (2003) found that of the women in their study (all residing in women's shelters), 74% had sustained some type of brain injury from their partner, whereas only 27% sustained accident-related injuries.

HELPS Screening Tool for Traumatic Brain Injury

- A brief TBI screening tool that was designed to be used by professionals who are not TBI experts (Picard et al., 1991)

- "HELPS" is an acronym for
  - H = Hit in the head;
  - E = Emergency room treatment;
  - L = Loss of consciousness;
  - P = Problems with concentration and memory;
  - S = Sickness or other physical problems following injury

	QUESTION	NO	YES	COMMENTS
H	Did you ever **HIT** your head? Were you ever hit on your face or head?	☐	☒	
	With what? hand			
	Did your partner ever slam your head into a wall or another object?	☐	☒	
	Did your partner ever push you so that you fell and hit your head?	☐	☒	
	Did your partner ever shake you?	☐	☒	
	Did your partner ever strangle you, or do anything else that made it hard for you to breathe?	☐	☒	
	If there is not a "YES" answer in the "H" section, DO NOT PROCEED.			
E	Did you ever go to the **EMERGENCY** room after an incident?	☒	☐	
	Why?			
	Did they ask you whether you had been hit on the head or indicate that they suspected a head injury or concussion?	☐	☐	
	Was there ever a time when you thought you needed to go to the ER, but didn't go because you couldn't afford it or your partner prevented you?	☐	☐	
	If you did go to the ER, did you think you got all the treatment you needed?	☐	☐	
L	Did you ever **LOSE** consciousness or black out as a result of what your partner did to you?	☐	☒	
	For how long? does not remember			
	For what reason? x			
P	Did you have any **PROBLEMS** after you were hit on the head?	☐	☐	
	☒ Headaches ☒ Difficulty reading/writing/calculating			
	☒ Dizziness ☒ Difficulty performing old job/school work			
	☒ Anxiety ☒ Changes in behavior/attitude			
	☒ Depression ☒ Difficulty problem solving			
	☒ Difficulty concentrating ☒ Changes in relationships			
	☒ Difficulty remembering			
	Are you having trouble finishing things you start to do?	☒	☐	
	Are people telling you that you don't seem like yourself, or that your behavior has changed?	☐	☒	
	Does your partner say you have changed, and use that as an excuse to	☐	☒	
	Have you been having difficulty performing your usual activities?	☒	☐	
	Are you experiencing mood swings that you don't understand?	☒	☐	
	Has it gotten harder for you to function when you are under stress?	☐	☒	
S	Did you have any significant **SICKNESSES** after having your head hit?	☐	☒	
	Have you had any physical problems?	☐	☒	
	What kind?			
	Do you experience any reoccurring headaches or fatigue?	☐	☒	
	Have you experienced any changes in your vision, hearing, or sense of smell or taste?	☐	☒	
	Do you find yourself dizzy or experiencing a lack of balance?	☐	☒	

E= ____ L= 1 P= 3 S= 6 # of Yes 10

FORT BEND WOMEN'S CENTER

182 women screened using the HELPS Screening Tool for Traumatic Brain Injury

75% reported a brain injury incident

- 91% hit their head or were hit on the head
- 76% strangulation from partner
- 66% pushed down by partner and hit head
- 65% head slammed into the wall or other object by partner
- 59% shaken by partner
- 91% reported having various problems after the incident

THE FORT BEND WOMEN'S CENTER NEUROFEEDBACK PROGRAM

FBWC “Average” Participant

- Moderate to severe issues with day-to-day functioning:
  - Understanding/Communicating, Getting along with people, Participation in society
- Moderate to severe issues with mental health functioning:
  - Depression, anxiety, somatic symptoms, sleep, repetitive thoughts/behaviors, personality functioning
- Assessed as “Severe” for Posttraumatic Stress symptoms
- Substances used:
  - Sedatives/Tranquilizers, marijuana, painkillers, stimulants, hallucinogens, cocaine/crack, club drugs, methamphetamine

Program Goals

- Short-term
  - Reduction of negative symptoms
- Intermediate
  - Obtain/maintain employment
  - Obtain/maintain educational and job skills
  - Reduce staff time per client
- Long-term
  - Increased agency service capacity
    - More clients
    - Reduced need for long-term housing due to early intervention in shelter

Program Pilot

- Funding from Texas HHSC, George Foundation, and Simmons Foundation
- Initially 18 total clients (14 “completers”)
  - Adult clients (women and men)
  - Positive on HELPS Screening Tool for Traumatic Brain Injury
  - Began with long-term housing residents (major mental health diagnosis)
  - Expansion to shelter and nonresidential
- Agency counselors trained in neurofeedback with an eye toward board certification
- Currently 3 Neurofeedback “clinics”

Program Structure

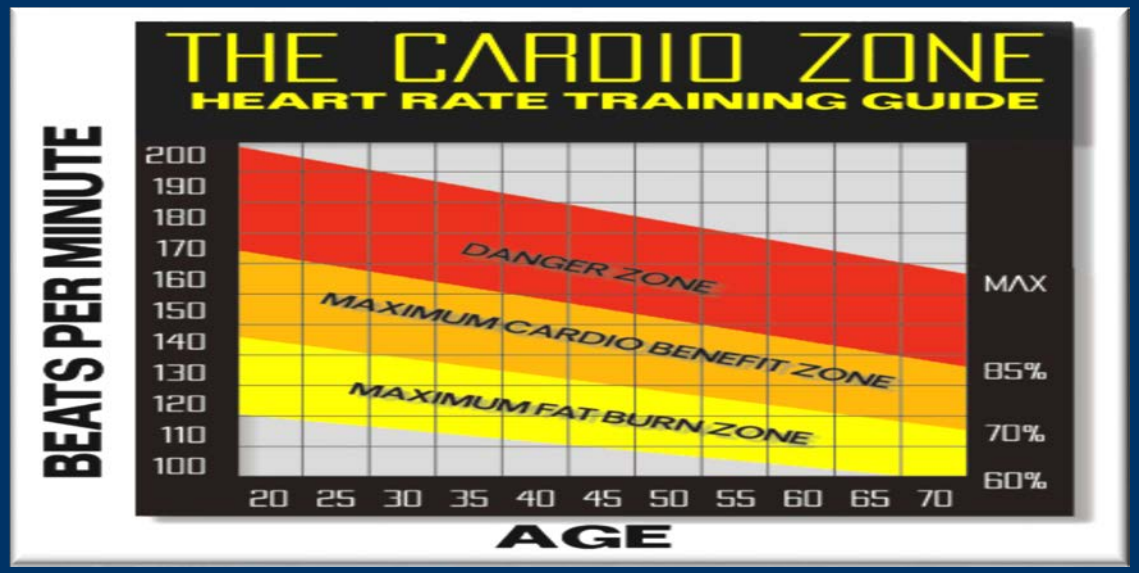
Assessments include:

- HELPS Screening Tool for Traumatic Brain Injury
- WHODAS 2.0
- DSM-5 Cross-Cutting Symptom Measure
- DSM-5 Severity Measure for Depression
- DSM-5 Severity Measure for Generalized Anxiety Disorder
- DSM-5 Severity of Posttraumatic Stress Symptoms
- DSM-5 Level 2 Substance Use
- Videotaped Interviews
- Quantitative EEG normative database comparisons
- Provide neurofeedback according to treatment plan.

WHAT IS NEUROFEEDBACK?

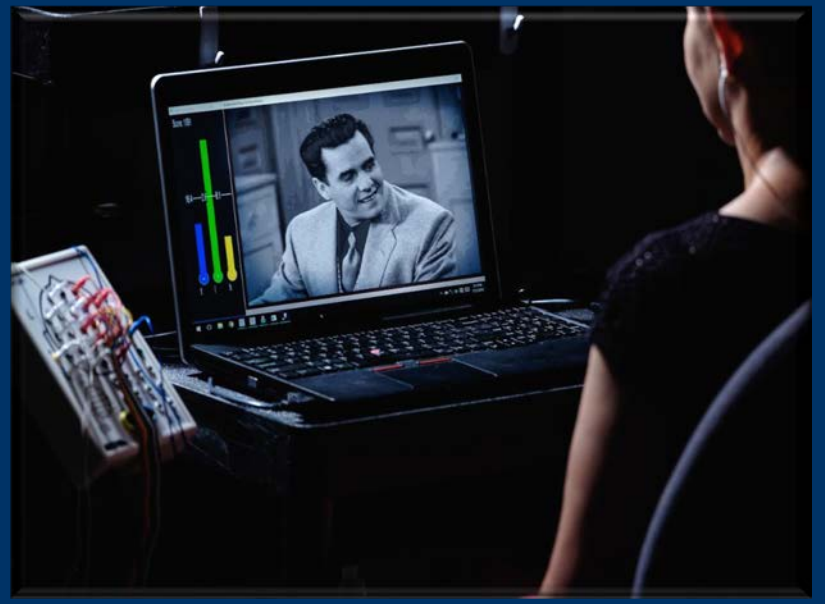
Neurofeedback is…

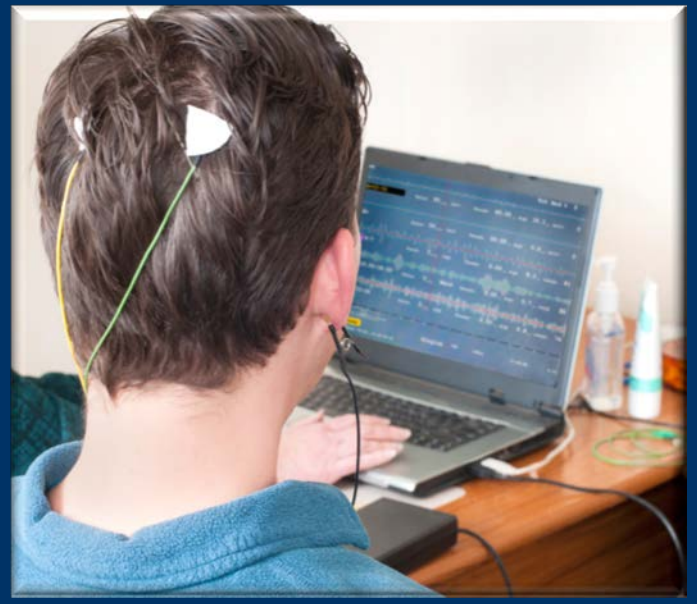
- Also known as EEG Biofeedback or Neurotherapy
- Biofeedback/Operant conditioning of brain wave patterns
- Information we don't normally think about or consciously control (treadmill)



Neurofeedback is…

- Also known as EEG Biofeedback or Neurotherapy
- Biofeedback/Operant conditioning (use rewards) of brain wave patterns
- Information we don’t normally think about or consciously control (treadmill)
- A tool for self-regulation (HRV – heart rate variability)
- Non-invasive, with a low likelihood of negative side effects
- Long lasting
- Michigan State University partnership





The Neurofeedback Process

- Intake (about 2 hours)
  - Written assessments
  - Videotaped intake interview
  - Quantitative EEG (Brain Map)
- Results Meeting and First Session
  - Results and training plan discussion (10-20 system – electrode placement: 8 frontal lobe, 3 center strip, 4 temporal, 3 parietal, 2 occipital)
  - Begin the first session
- Neurofeedback Training Sessions
  - At least 2 sessions per week
  - Average is 35-45 sessions
- Exit (about 2 hours)
  - Same as Intake

Neurofeedback Indications

Neurofeedback has been proven effective with:

- Attention disorders (example: ADHD)
- Epilepsy

Neurofeedback has promising research and/or strong clinical evidence with:

- Headaches
- Traumatic Brain Injury (TBI) Symptoms
- Insomnia
- Anxiety
- Depression
- Substance Abuse Relapse Prevention
- Chemotherapy “Brain Fog”
- Pain Disorders

TBI and criminal justice

- A survivor with a TBI who enters the criminal justice system may face additional challenges.
- Survivor may appear to be disorganized, aggressive, temperamental, or confused. If her behaviors are misunderstood or misdiagnosed as indicating a mental health disability, which often happens, she may have **difficulty obtaining custody or being credited as a victim or reliable witness**.
- An increase in awareness of TBI among advocates and program staff will result in increased sensitivity, screening, referrals, accommodations, and ultimately, better outcomes, for women who are abused.

Case Study #1

Participant Demographics

- 51 yo female shelter resident
- Presenting complaints
  - Depression
  - Anxiety
  - Sleep
- History of head injury
  - Domestic Violence
  - Gunshot
- History of treatment
  - Medication
  - Counseling
- Medications
  - Lisineprol (hypertension)
  - Lexapro (depression)

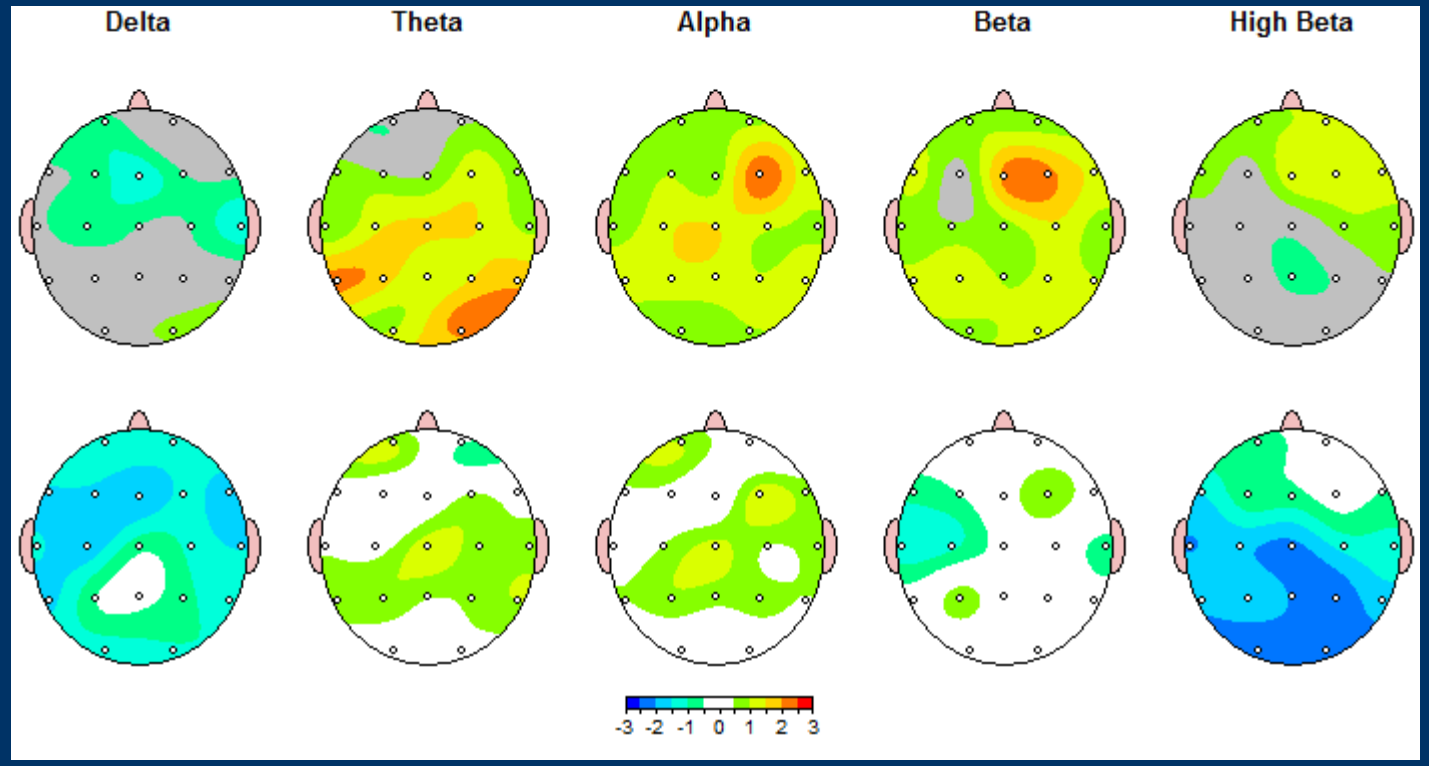
Case Study #1

Post-Assessments Score Changes - Summary

- Pre-Neurofeedback: 26% disability,
  Post-neurofeedback: 5% disability
- 86% decrease in Severity Measure for Depression
- 50% decrease in Cross-Cutting Symptom Measure
- 100% decrease in Severity of Posttraumatic Stress Symptoms

Case Study #1

Normative Database Comparison



Overall Pre-Post Assessment Results for All “Completers”

Percent Change in Scores from Pre-Training to Post-Training	
	Average Change
W.H.O. Disability Assessment Schedule (WHODAS) 2.0	**24% reduction**
DSM-5 Cross Cutting Symptom Measure	**47% reduction**
DSM-5 Severity Measure for Depression	**61% reduction**
DSM-5 Severity Measure for Generalized Anxiety Disorder	**49% reduction**
DSM-5 Severity Measure for Posttraumatic Stress Symptoms	**51% reduction**

“Everything is OK in my world; before it went from one emergency to the next. OK is a great place to be.”

“I’m not crying uncontrollably anymore.”

“My abuser has been calling me begging to come back. I told him no.”

“Neurofeedback has made a world of difference.”

“I don’t feel as anxious and depressed and I’m communicating better.”

“It’s been 3 weeks since the last time I cut myself.”

“I used to curse like a sailor to anyone that irritated me about the littlest things, now I walk away and am a lot calmer; which is new to me.” (It) feels good to recognize that I’m reacting differently to things that used to piss me the hell off...”

Program Considerations

- Funding, funding, funding
- Space and juggling multiple locations
- Staff awareness and education
- Client awareness and education
- Client compliance
  - Transient population
  - Motivation
  - Paranoia and trust
- Staff retention
- Other agency demands

Tips for working with survivors with head injury/TBI

When a woman is experiencing difficulty with attention and concentration:

- Minimize distractions when having detailed conversations.
- Meet individually in quiet locations, with minimum bright lights, and keep meeting times limited.
- Incorporate short breaks.

When a woman is experiencing difficulty with memory:

- Write information down. Provide a notebook or calendar to help her remember important information such as police numbers, Order of Protection information, and court dates.
- Encourage the use of a journal or log.
- Discuss strategies for remembering important appointments and dates (sticky notes, reminder calls/texts, calendar on refrigerator, reminder notifications on phone calendar, etc.).
- Provide repetition of information.
- Develop checklists.

Tips continued

When a woman is experiencing difficulty in executive functioning:

- Assist in prioritizing goals and break them down into smaller, tangible steps.
- Reduce distractions and allow time when completing tasks.
- Write out steps to a planning or problem-solving task.

When a woman is experiencing difficulty in processing information:

- Focus on one task at a time.
- Break down messages or conversations into smaller pieces and allow for repetition to assist her to understand and process information.
- Talk slowly and on point, repeat information if needed.
- Encourage her to take breaks if needed and to ask for information to be repeated or rephrased.
- Provide information in factual formats, avoiding abstract concepts.
- Double-check with her to ensure that she has understood information.

Tips continued

Additional suggestions:

- Provide reassurance, education, and structure to minimize anxiety.
- Help her fill out forms and make important phone calls.
- Assist her in communicating with others.
- Avoid open-ended questions by using a yes-no format.
- Identify supports, both social and medical, and consistently encourage as much self-determination as possible.
- Always ensure that she is a participant in the process of developing plans and in discussions.
- Offer information in writing or on tape.
- Provide respectful feedback to potential or obvious problem areas.
- Be supportive and continuously identify strengths.

Intimate Partner Violence and Brain Trauma: A New Approach

Using Neurofeedback in a Domestic Violence Program

FORT BEND WOMEN'S CENTER

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Questions?

Announcements

- Post-webinar feedback survey:
  https://www.surveygizmo.com/s3/5311184/Webinar-Feedback-Survivors-and-Traumatic-Brain-Injury

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Thank you

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