

ACQUIRED BRAIN INJURY NETWORK OF PENNSYLVANIA, INC.
Survivors and Families - Building Lives of Meaning, Joy and Value
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POSITION PAPER

**Best Practices: Serving Traumatic Brain Injury Survivors Within
Trauma Informed Mental Health Systems of Care**

A national movement within the mental (behavioral) health system now screens for physically and/or emotionally traumatic events and addresses psychological trauma from these events. The United States Department of Health and Human Services' Substance Abuse and Mental Health Administration website at www.samhsa.gov now has 1090 links to "trauma informed care" including a link to the National Center for Trauma-Informed Care <http://mentalhealth.samhsa.gov/nctic/trauma.asp> (new contact information 1-866-254-4819 or nctic@nasmhpd.org).

Studies show a high incidence of brain injury among many populations likely to be screened for trauma including victims of domestic violence (67%), batterers (100%), soldiers returning from Iraq (33%), those seeking mental health services (58%), those affected by mental retardation (75-95%), substance abusers (50% of brain injuries occur during substance abuse), and those who are incarcerated (80%).

Best practices in trauma informed care must incorporate best practices in brain injury rehabilitation including: screening to identify those likely to have a brain injury that may be affecting them; neuropsychological evaluations for positive screens; assessment for sensory and physical impairments; neuropsychiatric medication management; and rehabilitation treatment planning and services, including cognitive rehabilitation therapy. These practices harness the ability of the brain to re-learn, repair and compensate.

Screening and evaluations will differentiate those with brain injury from those affected solely by emotional trauma. Then, the effects of brain injury can be addressed. Common cognitive effects of brain injury impact memory, judgment, attention, decision-making, inertia, perseveration, visual comprehension, auditory processing and brain development. Behavioral effects often involve impulsivity, easy irritability, anxiety, mood swings, egocentric behavior, violence, depression, and catastrophic stress reactions (when cognitive or sensory processing systems are overwhelmed). Sensory problems often involve vision (tracking, accommodation, blindness, one-sided neglect), hearing (background, foreground, deafness), smell, taste, and sensitivity to light, noise or motion. Finally, some common physical problems involve balance, gait, swallowing, slurred speech, weakness, paralysis, spasticity, flaccidity, coordination, and seizures.

Now that the importance of trauma has been recognized, best practices in mental health must be combined with best practices in brain injury rehabilitation to make the best use of time, human potential, and scarce resources in promoting recovery.

2008.12.08