TBI and Domestic Violence

INTER-PROFESSIONAL COLLABORATION

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Disclosures

- No Financial or Non-Financial Disclosures to report
Course Objectives

Upon completion of this course, participants will be able to:

- Describe the scope of the problem of TBI associated with domestic violence in the United States, and in MN.

- List and describe the steps for creating a community network for referral of abuse survivors for assessment of cognitive communication functioning and other potential functional deficits across professional disciplines.

- Describe the HELPS screening tool and identify potential stakeholders with whom to share and distribute.

- Feel empowered by the knowledge presented here to take a single action to make a difference.
Who’s Here?
What are we talking about?
Traumatic Brain Injury:

An injury to the brain caused by an external physical force, which is not present at birth, nor is it degenerative.
Traumatic Brain Injury: Causes

- Blow to the head
  - Hit by a fist or an object
  - Hit against a wall or floor

- Shaking of the brain
  - Whip-lash motion
  - Coup & contracoup injuries

- Loss of oxygen to the brain (anoxia)
  - Choking, strangulation
  - Suffocation, near-drowning
Classifying TBI

- Closed head injuries
  - Primary damage
  - Secondary damage
- Penetrating Injuries
- Localized damage
### Severity Rating for TBI

**Traumatic Brain Injury Description**

<table>
<thead>
<tr>
<th>Severity</th>
<th>GCS</th>
<th>AOC</th>
<th>LOC</th>
<th>PTA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mild</td>
<td>13-15</td>
<td>$\leq 24$ hrs</td>
<td>0-30 min</td>
<td>$\leq 24$ hrs</td>
</tr>
<tr>
<td>Moderate</td>
<td>9-12</td>
<td>$&gt; 24$ hrs</td>
<td>$&gt; 30$ min</td>
<td>$&gt; 24$ hrs, $&lt; 7$ days</td>
</tr>
<tr>
<td>Severe</td>
<td>3-8</td>
<td>$&gt; 24$ hrs</td>
<td>$\geq 24$ hrs</td>
<td>$\geq 7$ days</td>
</tr>
</tbody>
</table>

**GCS - Glasgow Coma Score**  
**AOC - Alteration of consciousness**  
**LOC - Loss of consciousness**  
**PTA - Post-traumatic amnesia**

**NOTE:** SEVERITY IS NOT A RELIABLE INDICATOR OF FUNCTIONAL OUTCOMES.
Some Signs and Symptoms of TBI
(a more comprehensive list can be found in the ASHA Practice Portal under the topic “Traumatic Brain Injury in Adults”)

<table>
<thead>
<tr>
<th>Cognitive</th>
<th>Behavioral</th>
<th>Physical</th>
</tr>
</thead>
<tbody>
<tr>
<td>attention deficits</td>
<td>affective changes</td>
<td>seizures</td>
</tr>
<tr>
<td>executive function deficits</td>
<td>agitation and/or combativeness</td>
<td>headaches</td>
</tr>
<tr>
<td>information processing</td>
<td>anxiety disorder, depression</td>
<td>dizziness</td>
</tr>
<tr>
<td>impairments</td>
<td>mood changes or mood swings;</td>
<td>nausea</td>
</tr>
<tr>
<td>memory and learning deficits</td>
<td>changes in sleep patterns</td>
<td>vomiting</td>
</tr>
<tr>
<td>impaired metacognition</td>
<td>increased state of sensory sensitivity</td>
<td>fatigue</td>
</tr>
</tbody>
</table>

- irritability and reduced frustration tolerance;
What it looks like...

- Difficulty keeping appointments
- Difficulty following instructions “non-compliant”
- “difficult to engage”, “poor historian”
- Difficulty relating to others “social failure”
- Difficulty maintaining good boundaries
- Difficulty attending
- Lack of insight
Percent Distributions by Injury Mechanism
Ages 15-64

- MVA: 21%
- Falls: 27%
- Assault: 17%
- Struck by/Against: 20%
- All Other Causes: 9%
- Unknown: 6%

TBI-related ER Visits: United States, 2006–2010
Domestic Violence: aka Intimate Partner Violence

Aggression that is often a pattern of abuse, occurring between two people in close relationship. An intimate partner can be a current or former spouse, or a dating partner.
Intimate Partner Violence

Physical Violence
- Battering
- Use of weapons
- Use of restraints

Sexual Violence
- Rape/penetration
- Unwanted sexual contact
- Non-contact sexual experiences

Psychological Aggression
- Stalking/monitoring
- Humiliation
- Coercion
- Exploitation
Signs and Red Flags
(What it may look like)

- Anxious
- Go along with everything their partner says
- Report frequent “accidents”
- Missing work, school, appointments, social occasions
- Personality changes
According to the National Coalition Against Domestic Violence (NCADV):

- On average, nearly 20 people per minute are physically abused by an intimate partner in the United States.
- 1 in 4 women and 1 in 7 men have been victims of severe physical violence by an intimate partner in their lifetime.

More than 90% of all injuries secondary to domestic violence occur to the head, neck or face (Monahan & O’Leary, 1999).
YOU CAN'T UNKNOW WHAT YOU KNOW.

https://youtu.be/oSQJP40PcGI
Addressing TBI, Addressing Domestic Violence

- Interprofessional Practice and Education
  - WHO Definition
  - Still in development
  - Varies by setting
  - Brain Injury Centers: Interdisciplinary Teams

- Coordinated Community Response
  - UN Women: The United Nations Entity on Gender Equity and the Empowerment of Women
  - The Duluth Model
  - Domestic Abuse Intervention Program (Duluth, MN)
The Duluth Model Approach

- A commitment to shift responsibility for victim safety from the victim to the community and state
- A shared collective mission and strategy regarding intervention that is based on a number of core philosophical agreements
- A shared understanding of how interventions are to be accountable to victim safety and offender accountability
- A shared understanding of how each agency’s (practitioners’) actions either support or undermine the collective goals and strategy of intervention
- Shared definitions of safety, battering, danger and risk, and accountability
- Prioritizes the voices and experiences of women who experience battering in the creation of those policies and procedures

Coordinated Community Response (CCR)

Developed and created by DAIP in collaboration with criminal and civil justice agencies, community members, advocates, and victims

- Written policies guiding each practitioner at each point of intervention that centralize victim safety and offender accountability and that coordinate an interagency intervention strategy.
- Protocols and procedures that link practitioners from different agencies and disciplines.
- An entity (preferably independent of the court) that tracks and monitors cases and assesses data.
- An interagency process that encourages practitioners to work together in a strategic manner to resolve problems.
- A process that allows for dialogue and problem-solving by focusing on systemic problems of an organization rather than on individual workers between criminal and civil justice agencies, community members and victims to close gaps and improve the community’s response to battering.
- A central role for advocates and victims in defining and evaluating the interagency intervention model.
- A commitment to support each other’s attempts to secure adequate resources to respond to these cases.
Just to Recap...

- Traumatic Brain Injury
- Domestic Violence

HELPS Screening Tool
The HELPS Screening Tool

- HITS
- EMERGENCY ROOM VISITS
- LOSS OF CONSCIOUSNESS
- PROBLEMS
- SICKNESS/SYMPTOMS

- Designed for use by professionals whose expertise does not include TBI
- Free and downloadable!
Building a Community Network

- Medical/Healthcare
- Dept. of Human Services
- Women’s Shelters
- Law Enforcement
Where does an SLP fit in to this?

- Rural Practice - > Web Resources
- SIG 2 - > HELPS
- Nonprofit world
- ASHA LDP
- Leadership Project: How can this tool connect the people who need my services to me?
### WHO Framework (2001): The Purpose of Assessment

<table>
<thead>
<tr>
<th>Strengths and Weaknesses</th>
<th>Effects of Impairments</th>
<th>Contextual Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cognition</td>
<td>Participation</td>
<td>Barriers to Success</td>
</tr>
<tr>
<td>Executive Function</td>
<td>Activities</td>
<td>Facilitators</td>
</tr>
<tr>
<td>Linguistic Ability</td>
<td>Daily Context</td>
<td></td>
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<tr>
<td>Social Skills</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
WHO Framework (2001): The Purpose of Intervention

<table>
<thead>
<tr>
<th>Capitalize on Strengths and Weaknesses</th>
<th>Facilitate Participation and Activities</th>
<th>Modify Contextual Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cognition</td>
<td>Learning new skills</td>
<td>Communication Partner Training</td>
</tr>
<tr>
<td>Executive Function</td>
<td>Development of Strategies</td>
<td>Environmental Modifications</td>
</tr>
<tr>
<td>Linguistic Ability</td>
<td></td>
<td>Accomodations</td>
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<tr>
<td>Social Skills</td>
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</table>
Challenges: Let’s talk about trauma and abuse

- Most info we have on PTSD comes from veterans
- Hyperarousal overstimulates the limbic system
- Trauma-informed interview: non-threatening questions
- PTSD can impact cognition in similar ways
- An abuse survivor often has more on their plate than TBI rehab
WRITE EVERYTHING DOWN (if it’s safe)

- Take notes during sessions
- Provide a calendar if needed, incentivize use
- Help with organization
- Break down tasks
- REPETITION. REPETITION. REPETITION.
- Ask Patient to repeat or paraphrase
- Train supportive others to do the same.
Connecting the Dots

- Raising Awareness
- Who are the stakeholders? Make a list.
- The power of networking: Who do you know?
- Getting face to face with a piece of paper
- Follow up with a link
- Go wide, or go long
- The referral trail

- What will YOU do?
Books to Read and Recommend

- **Coping with Concussion and mTBI**, by Diane Roberts Stoler
- **Over My Head: A Doctor’s Own Story of Head Injury from the Inside Out**, by Claudia Osborn
- **You Look Great!: Strategies for Living Inside a Brain Injury**, by Jon C. Byler & Laura Ricard, PhD
Remember: You are Not Alone!
References

- Interprofessional Education/Interprofessional Practice (IPE/IPP) [https://www.asha.org/Practice/Interprofessional-Education-Practice/](https://www.asha.org/Practice/Interprofessional-Education-Practice/)
- [https://www.theduluthmodel.org/](https://www.theduluthmodel.org/)