

UNDERSTANDING AND WORKING WITH PEOPLE WHO HAVE TRAUMATIC BRAIN INJURY: HOW TO BE AN EFFECTIVE TEAM MEMBER

November 7, 2011

Presented by:

Marla Knox, Recreation Therapist, CTRS, MA

Goals of This Session



- ❑ Understand the Recreation Therapy process at Military Hospital (NMCSD)
- ❑ Increase knowledge of TBI populations
- ❑ Educate audience about the strategies to effectively work with SMs experiencing TBI
- ❑ Provide information learned for community partners to implement programs serving TBI population

Goals of This Session



- ❑ To bridge communication gap between various military commands and community partners
- ❑ For military commands and COC to understand importance of recreation therapy intervention for ill, injured and wounded troops
- ❑ To increase number of military commands who offer recreation therapy as a therapeutic intervention to ill, injured and wounded troops
- ❑ To increase numbers of ill, injured and wounded troops involved in community based rehabilitative recreation activities for our troops

Things to Consider When Working With Military Population

- Active duty vs veterans
- Know your service branches
- Registration form ~does it apply to military population?
- Patients (medical and ethics clearances)
- Work with hospital or facility staff
- What problems is the individual having?
- What are their rehab or individual goals?
- You are a part of the rehabilitation
- Not everyone is injured in combat (OEF/OIF)
- Military is an entirely different animal

What is Recreation Therapy?



- Uses treatment, education and recreation services to help people with illnesses, disabilities and other conditions to develop and use their leisure in ways that enhance their health, functional abilities, independence and overall quality of life
- Treatment in which 1-on-1 intervention or group activities are used as a means of modifying maladaptive behavior, awakening social interests, or improving the ability to interact and function in socially acceptable ways

Understanding the Therapeutic Recreation Process

- ❑ Consult from PCM, Psychologist, Psychiatrist, etc
- ❑ Appointments scheduled for assessments/treatments
- ❑ Deficits, barriers to participation
- ❑ Goals & objectives are established
- ❑ Medical clearance is required by providers
- ❑ TR intervention prescribed/ scanned into chart
- ❑ Charting on progress after each group or 1-on-1 session

What is Traumatic Brain Injury?



Marla Knox, Recreation Therapy, CTRS, MA

Traumatic brain injury (TBI) is being named the “signature injury” for the current war in Iraq & Afghanistan

- ❑ Brain is physically injured, usually by a sudden force i.e. concussive blast or explosion
- ❑ Also be caused by falls, motor vehicle accidents, assaults, or any sudden blow to the head.
- ❑ The injury is unique to the individual
- ❑ Invisible or walking wounded

Mild TBI~ Behaviors & Functionality

Marla Knox, Recreation Therapy, CTRS, MA

- ❑ Fatigue (physical and cognitive)
- ❑ Headaches (often caused by physical activity)
- ❑ Visual disturbances (Light sensitivity, looking up and down, double vision, trouble focusing or reading, change in acuity)
- ❑ Short term memory loss
- ❑ Poor attention/concentration
- ❑ Sleep disturbances
- ❑ Dizziness/loss of balance (nausea)

Mild TBI~ Behaviors & Functionality

- ❑ Irritability-emotional disturbances
- ❑ Feelings of depression
- ❑ Sensitivity to light and sounds
- ❑ Lack of focus or interest/initiation
- ❑ Getting lost or confused
- ❑ Slowing in processing/thinking
- ❑ Diminished judgment
- ❑ There is improvement over time

Moderate TBI~

Behaviors & Functionality



- ❑ Trouble organizing thoughts
- ❑ Easily confused
- ❑ Vertigo/dizziness and vestibular dysfunction
- ❑ Often forgetful
- ❑ Difficulty solving problems
- ❑ Difficulty making decisions
- ❑ Difficulty planning
- ❑ Problems with judgment



Behaviors and Feelings That Create Barriers to Participation May Include

- ❑ Decreased inhibition, inability to filter
- ❑ Difficulty describing situations or explaining things
- ❑ Speech problems (slow, slurred, difficult to understand)
- ❑ Difficulty finding words or forming sentences
- ❑ Emotional neurologic disorder, characterized by involuntary crying or uncontrollable episodes of crying and/or laughing, or other emotional displays

Behaviors and Feelings That Create Barriers to Participation May Include

- Poor pragmatics in group situations
- Poor initiation
- Decreased confidence
- Poor attention/focus and follow through
- Increased discomfort in stimulating, busy environments

Severe TBI~ Behaviors & Functionality



- **Physical** -decreased mobility due to impaired motor control, balance, coordination, pain. Visual deficits and vertigo/vestibular deficits are common. Poor pacing and insight into deficits
- **Cognitive** difficulties with attention, concentration, distractibility, memory, speed of processing, confusion, perseveration, impulsiveness. Poor memory for path finding, new learning, max structure needed to follow a schedule. Decreased safety awareness/insight into deficits

Severe TBI~ Behaviors & Functionality

- **Speech and Language** not understanding the spoken word (receptive aphasia), difficulty speaking and being understood (expressive aphasia), slurred speech, speaking very fast or very slow, problems reading, problems writing

Activities and Strategies to Considerer TBI Population



- Activities that challenge their ability to strategize, make decisions, process information and problem solve
 - Co-treat with OT, PT scavenger hunts in the community, board games, team sports, plan, organize, and lead
 - Cooking activity-planning a menu, shopping for items, and following a recipe. Assess ability to follow directions and safety awareness in the kitchen. Focus on pacing, knowing when to take breaks (fatigue or HA), increase awareness into their limits and deficits
 - Use of written schedule for client to follow. Use of note pad, phone apps, etc for memory aid

Activities and Strategies to Consider for TBI Population

- Activities that work hand in hand with vestibular
 - ▣ Hikes, volleyball, four square, sports and exercise i.e. swimming, paddle board, surfing, tennis, snow boarding, skiing, etc.
- Activities that may or may not trigger a headache
 - ▣ Physical activity often triggers headaches, check at beginning, middle and end of activity
 - ▣ Hikes on various terrain, swimming or pool activities, tennis for eye/hand coordination and vestibular, disc golf or mini-golf

Challenges to Overcome



Marla Knox, Recreation Therapy, CTRS, MA

- ❑ Understanding from Chain Of Command
- ❑ Accusations of malingering or exaggeration
- ❑ Routine and set schedule is key
- ❑ Your disabled ?
- ❑ Lack of family education and support
- ❑ Lack of community programs or knowledge of programs offered

Challenges to Overcome



- ❑ Community partners not listening or willing to change program to align with individual needs or rehabilitation goals
- ❑ “Some days are better than others”
- ❑ Don’t assume all combat injured share the same experiences
- ❑ The diagnoses is for a lifetime. No quick fix but it does improve over time