

Instructional Course for Mental Health Providers Regarding Psychopharmacology in Individuals after Traumatic Brain Injury

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Purpose: In 2001, the Utah Department of Health, Children with Special Health Care Needs director Vera Tait, MD, along with Judith Holt, PhD, from Utah State University (USU) Center for People with Disabilities, and Ron Roskos, executive director of the Brain Injury Association of Utah (BAIU), teamed up to obtain a planning grant from HRSA to survey the needs of individuals with traumatic brain injury (TBI), their families, and service agencies to better understand the needs of survivors of TBI. The Traumatic Brain Injury (TBI) Advisory Board was formed as a consortium of individuals from various government and non-profit organizations with an interest in individuals who have experienced a traumatic brain injury, their families and the agencies that serve them. After being awarded the planning and the implementation grants from HRSA, a 3 year post grant from HRSA was obtained in 2007 to educate specific populations about individuals with TBI's. Juvenile Justice, Mental Health, Aging, CSHCN, DCFS and the Veteran's populations were chosen to receive specific educational services. I joined Judith Holt from USU and her team to develop an educational program for mental health providers about the unique behavioral and cognitive deficits that may be seen in individuals with traumatic brain injuries and may be served in the mental health arena. I have been on the TBI Advisory Board since 2001 because of my affiliations with being Board President of the Brain Injury Association of Utah (BIAU) and my clinical connections with Primary Children Medical Center (PCMC) and the University of Utah Hospital as a rehabilitation physician treating individuals with TBI.

Brief Overview of Project:

The rationale for this project is there are very few Mental Health Workers that have experience and/or training with the unique and varied behaviors of individuals with traumatic brain injury. The behavior symptoms may be similar for individuals without TBI, but counseling and other treatment strategies may not necessarily work with individuals after traumatic brain injury. Nita Smith, the executive director with Phoenix Services has assisted with much of the hands on "Train the Trainer" educational materials for mental health providers. This includes describing the many deficits survivors of TBI may have and practical strategies for treatment. One of many deficits that individuals may experience is an unawareness of their deficits. This can be very frustrating for family members, providers and especially the individual himself. This is one of the major reasons that typical counseling techniques are not successful with individuals with traumatic brain injury. Also, many of the medications used in the treatment of individuals with TBI are similar to the medications used in the behavioral health arena, but may not be approved for the diagnosis of traumatic brain injury by the FDA.

The targeted behaviors that I chose to discuss in the module are: Agitation, Aggression, Attention/Concentration, Depression/Emotional Lability, Seizures, and Sleep. Each of the above symptoms is discussed with multiple options for different classes of medications and reasons why one medication may be preferred over another depending on the constellation of symptoms.

The initial evaluation of the individual for medication consideration includes assessment of the medical history, previous diagnoses, family history, and areas of injury. The environment is assessed for the amount of over-stimulation present, what medications have been tried and what are the current medications. The non-pharmaceutical strategies should be maximized initially to decrease the symptoms without the side effects of medication if possible.

The general guidelines I adhere to are to limit polypharmacy, use medications that have more than one role or function, monitor side effects and re-evaluate the medication side effects and dosages frequently.

Measures or Evaluations Tools:

Pre- and Post- testing would be helpful to understand what providers know before and after the teaching module.

Potential findings and Discussion:

Videotaping of lecture will be scheduled shortly. This lecture will be part of the teaching module for Mental Health Providers. Pre-and post-testing will be given.

References:

CDC Statistics

BIAA Website

Centre of Neuro Skills Website

Serendip Website

Johns Hopkins Website

Brain Injury Medicine: Principles and Practices, Zasler, et al Demos publishing, 2007.

Medical Neuroanatomy: A Problem-oriented manual with Annotated Atlas, Willard, Lippincott Company, 1993