

Integrated, Collaborative Care for mTBI & Post- Deployment MH Issues

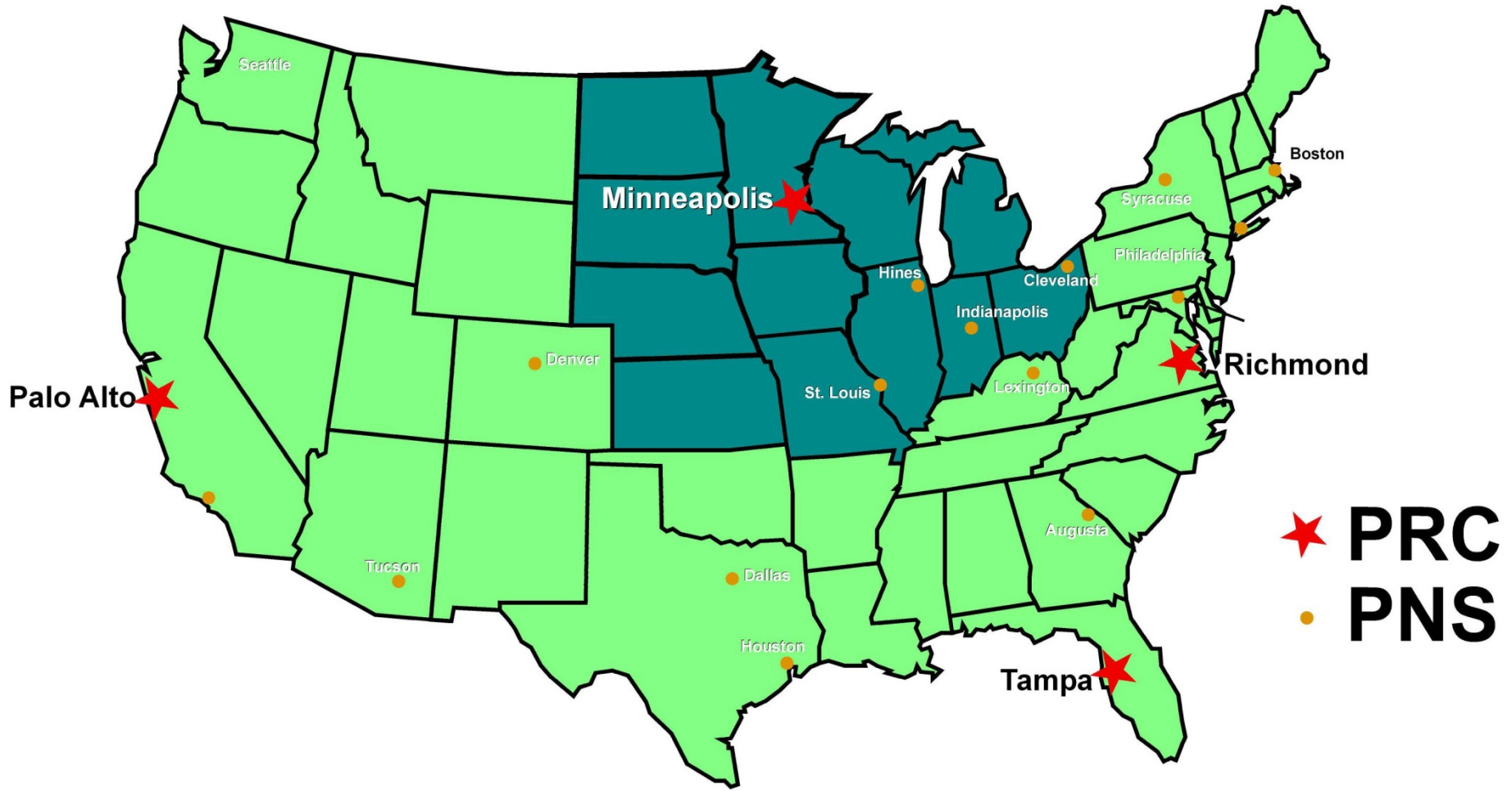
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AVAPL Conference
April 25, 2008

VA Polytrauma Rehabilitation System of Care

- **Polytrauma Rehabilitation Centers 4(+1)**
- **Polytrauma Network Sites (21)**
- **Polytrauma Support Clinic Teams – VISN facilities with specialized teams (72)**
- **Polytrauma Point of Contact – Every VA facility**



Patient Presentation: mTBI-PTSD

- Emotional and behavioral dysregulation
- Cognitive complaints: “I have problems with short-term memory” “I can’t concentrate”
- Look good on neuropsychs
 - Mild impairments in attention and information processing
- Pain & Somatic Complaints: headaches, neck, back, joints
- Disrupted sleep, Fatigue
- Wife: “He’s not the same, forgets things, flies off the handle, something is definitely wrong with him. You need to fix him.”
- Financial, housing, transportation, legal stressors
- Have young children
- Employed
- Missed appointments

Challenges

- No clear, single diagnostic category
- Ambiguity, complexity, dysregulation → turfing (DoD-VA, PSC, facility)
- New cohort: younger generation
- Difficult to engage in treatment
- Stigma of MH diagnosis/treatment
- Active Duty

Expanding Boundaries: Treatment Paradigm Shift



**Mental Health /
PTSD**

**Polytrauma /
TBI**

Models of Care

- Two separate teams
 - Interactive, collaborative; not just consulting
- Single Team: Import TBI or PTSD expertise
- Integrated MH-PM&R Program
 - Tampa: P3
 - Structured Day (with housing options)



What is “State of the Art” TBI Rehabilitation?

- The Rehabilitation Model of Care

Nature of Impairments → Model

- Attention, information processing
- Memory, new learning
- Executive functioning:
 - Abstract reasoning, problem-solving
 - Insight and awareness
 - Emotional & Behavioral dysregulation
- Cognitive-Behavioral greatest neg impact
- Care across the life span



(Neuro) Rehabilitation Model

- Interdisciplinary
- Focus on functional activities
- Strength-based, resiliency model
- Positive expectation
- Community reintegration & QOL
- Patient and family centered
- Proactive
- Flexible, responsive, creative



Rehabilitation Model

- Interdisciplinary
 - Interdisciplinary Team

Interdisciplinary Rehab Team

- Psychiatrist
- Rehabilitation Nursing
- Rehab Psychologist
- Neuropsychologist
- Social Work
- Physical Therapy
- Occupational Therapy
- Speech Therapy
- Recreation Therapy
- Vocational psychologist, counselor
- Psychiatrist (consultation)
- Low Vision Specialist
- Active Duty Liaison



Rehabilitation Model

- Interdisciplinary
 - Interdisciplinary Team
 - Interdisciplinary Goals
 - Co-treatment
 - Multiple sources of data
 - Systems focus, environmental interventions
- Focus on functional activities
 - Return to work, return to school
 - Just Do It: Less talk, more walk
 - Incremental Goals
 - Experiential learning

Rehabilitation Model

- Strength-based
 - Use strengths to build strengths
- Positive Expectation
 - The momentum of success
 - Instructor, coach, cheerleader vs blaming
 - Creativity: “Whatever It Takes Model”

Rehabilitation Model

- Community Integration & QOL
 - Instrumental community supports
 - Social intervention expertise (military, veteran)
 - Treatment setting includes community
 - Work, school
 - Home, community



Rehabilitation Model

- Patient- and Family-Centered
 - Part of treatment team
 - + Family functioning improves outcomes
 - Family education, skill building, treatment

Polytrauma Examples

- Increasing engagement in treatment
 - Reminder calls
 - One-Stop Shop
 - Dependency vs ↓ distraction
 - Matching interests of cohort: Technology focus
- Address Peripheral Issues: safe, concrete
 - ↑ trust, engagement, credibility
 - ↓ barriers
- Detecting and monitoring risk



Treatment Approaches

- Emotional Regulation
 - DBT, Mindfulness, Relaxation, Anger Mgmt
- ACT
 - Metaphor
 - Acceptance
 - Values: “mission,” “Got your back,” “duty, honor, country,” respect
- CPT--modified

Treatment Approaches

- Interdisciplinary
 - Cognitive Rehab:
 - Attention Process Training
 - College Simulation: Individ, web-based
 - Spaced retrieval, SQR3, Key word approach, graphic organ etc
 - PDA's, Cell phones, GPS
 - Biofeedback
 - Anxiety: in vivo
- Family-Centered Care
 - Family Care Map
 - Potentially Better Practices at each stage of rehab process
 - Web-based tool
 - Family friendly language
 - Involves multiple systems levels



Tx Considerations, Adaptations

■ Groups

- Too dysregulated
- Opposition
- OIF/OEF cohort
- Size: smaller

■ Pacing and style

- Slower, more interactive, repetition

■ Performance variability is the norm, not necessarily resistance



Future Directions

- Infrastructure
- New VA Programs
 - Structured day with housing options
- Research: include TBI treatment
 - Interdisciplinary treatment
 - Variability
 - Complexity