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 neuropsyhs
  - 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

- Physiatrist
- 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: Indiv, 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