



Traumatic Brain Injury (TBI): What Mental Health Professionals Need to Know

By Manfred Tatzmann and Jerrod Brown

Traumatic brain injury (TBI) occurs when an external blow to the head results in an alteration of brain function (Menon, Schwab, Wright, & Maas, 2010). These changes in brain function may range from “mild” with short-term consequences to “serious” with irreparable damage. Such trauma may be accompanied by a wide variety of physical (e.g., seizures), cognitive (e.g., short- and long-term memory impairments), affective (e.g., emotion dysregulation), and behavioral (e.g., impulsivity) impairments. Not only do these symptoms increase the likelihood of mental health treatment, but these symptoms also complicate the successful delivery of such services. For example, memory impairments may contribute to inaccurate screening and assessment. As such, mental health professionals should be familiar with TBI to maximize the effectiveness of services provided to clients. To this end, this brief article reviews 10 considerations about TBI that all mental health professionals need to know.

Introduction

1. Recognize

When you suspect the individual has had TBI, or his or her lifestyle (self-harm, violence, risky behaviors, aggressive sports, or domestic violence) could have led to a TBI, this possibility should be explored for possible long-term cognitive and behavioral outcomes and treatment issues.

2. Understand

You should understand the potential consequences and outcomes of TBI, especially when there has been multiple occurrences. Although research has demonstrated that one TBI can have a significant effect on an individual, multiple incidents of TBI can create increased difficulties. Throughout this process, keep in mind the potential for delayed onset of symptoms.

3. Explore

Exploration of how TBI may have affected individuals in their personal and professional life is paramount. Are individuals aware that their life has been affected by TBI? What is their relationship like with family and friends? Has it changed? If so, how?

4. Identify

TBI can lead to self-medication or medication noncompliance. Noncompliance with medication and failure to keep appointments have been demonstrated in homeless populations with histories of TBI. They have also been shown to be present in individuals with sports-related TBI, particularly those with multiple injuries.

5. Fatigue

Fatigue has been shown to be a common complaint among those with TBI. This may be even more relevant in subsequent cases of TBI or when the current case was severe enough to cause an acknowledged loss of consciousness. Mental health professionals should explore how fatigue may be affecting the individual's daily activities at work or home. Dealing with fatigue may be especially difficult for children who may not be able to undergo the stress of a full school day without a rest period.

6. Don't Get It!

The inability to comprehend what is going on around them is probably the most common result of a complex case of TBI. Individuals will listen and agree to what is said, but their brains do not absorb the information and may misinterpret the communication. This is especially problematic in corrections, law enforcement, and other settings where complying with directions is important.

7. Memory Problems

Individuals with TBI may suffer from short-term memory loss. In other words, these individuals may be unable to recollect recent information. This may become more severe as individuals age or as time passes since onset of TBI.

8. Concentration

Individuals with TBI may have difficulty concentrating on tasks. For example, students may struggle keeping up with classwork. Alternatively, adults may have problems meeting work deadlines.

9. Aggression

Impulsivity or aggression may also occur in individuals with complex cases of TBI. Fatigue in combination with an inability to comprehend commands or directions can lead to aggressive or impulsive behaviors.

10. Every TBI Is Different

Because each individual is different, TBI can be complicated and vary on a case-by-case basis. Clinicians should consider the possibility of TBI and use caution when generating treatment plans.

As highlighted in these 10 considerations of TBI, this phenomenon can have profound and diverse impacts on anyone. In 2013 alone, TBI contributed to 2.5 million emergency room visits and 56,000 deaths in the United States (Centers for Disease Control and Prevention, 2017). As such, mental health professionals are likely to encounter these individuals on a regular basis in professional settings. To minimize the consequences of TBI, these professionals should become more familiar with the implications that TBI has on screening and assessment, treatment, and after care. Advanced training may be necessary.

Biographies

Manfred Tatzmann has over three decades of experience managing mental health programs in Michigan. He has also served as the TBI Director, State of Michigan; former Chairman, Minnesota DHS TBI Advisory Committee; and President & CEO, California Brain Injury Association. He is a past member of the National Association of State Head Injury Administrators Board of Directors.

Jerrod Brown, Ph.D., is the Treatment Director for Pathways Counseling Center, Inc. Pathways provides programs and services benefiting individuals impacted by mental illness and addictions. Jerrod is also the founder and CEO of the American Institute for the Advancement of Forensic Studies (AIAFS), and the Editor-in-Chief of Forensic Scholars Today (FST) and the Journal of Special Populations (JSP). Jerrod has completed four separate master's degree programs and holds graduate certificates in Autism Spectrum Disorder (ASD), Other Health Disabilities (OHD), and Traumatic-Brain Injuries (TBI). Jerrod is certified as a Youth Firesetter Prevention/Intervention Specialist, Thinking for a Change (T4C) Facilitator, Fetal Alcohol Spectrum Disorders (FASD) Trainer, and Problem Gambling Treatment Provider. For a complete list of references used for this article, email Jerrod01234Brown@live.com.