

# Neurologic Informed Care

John D. Corrigan, PhD

Professor, Department of Physical  
Medicine and Rehabilitation  
The Ohio State University



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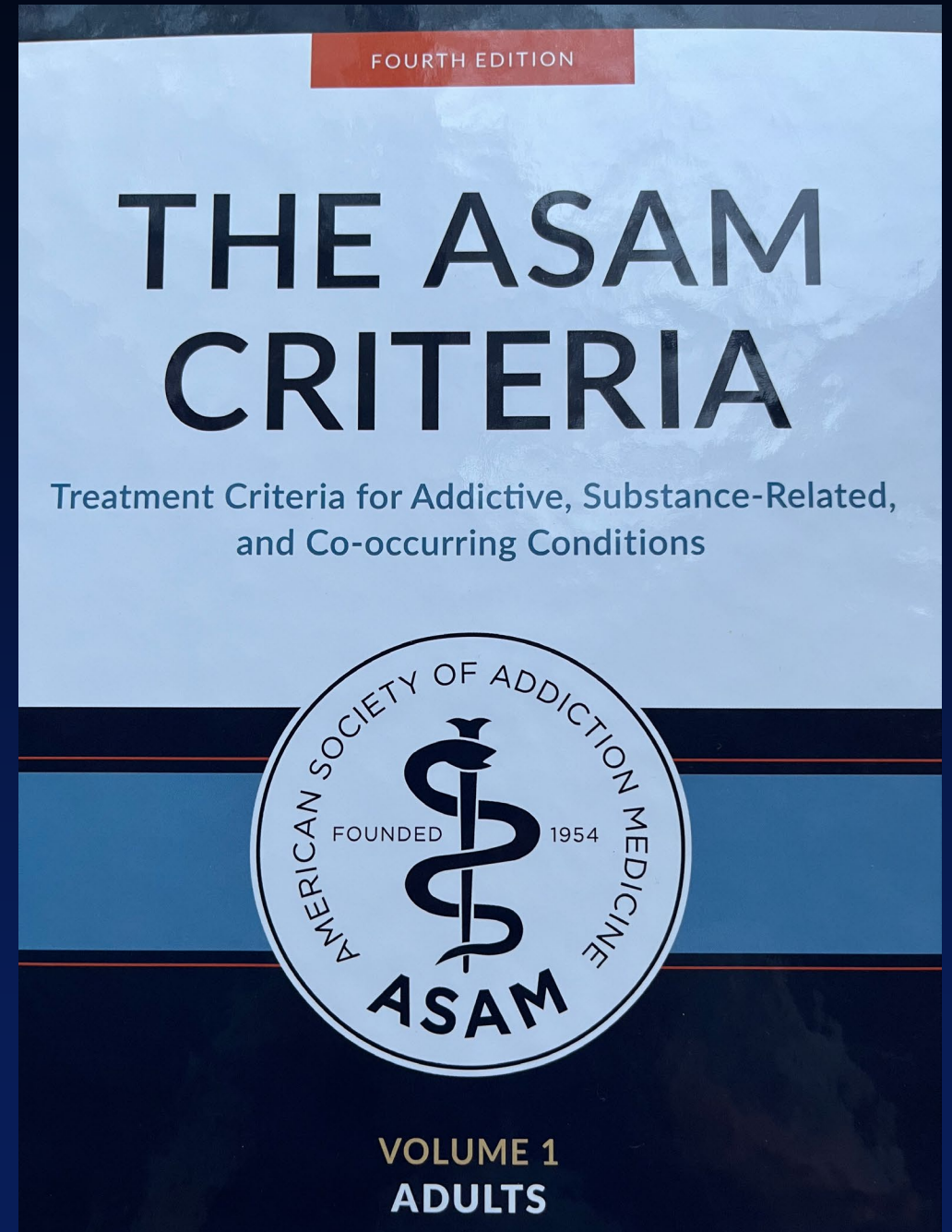
# Impact of TBI on Behavioral Health Treatment

- There is high prevalence of behavioral health problems among people who have had a TBI.<sup>1-4</sup>
- TBI can undermine effectiveness of behavioral health treatments due to cognitive impairments and emotional regulation difficulties.<sup>1,5,6</sup>
- Multiple systematic reviews and RCTs indicate that *adapted* interventions can yield significant improvements.<sup>7-13</sup>
- Treatment response is still less robust, requiring more customization.<sup>14-16</sup>
- Lack of provider training in TBI-specific adaptations reduces success rates in standard care.<sup>17-21</sup>

# 4<sup>th</sup> Edition ASAM Criteria for Adults<sup>22</sup>

“...cognitive impairment exacerbates barriers to care, complicates clinical management, and further limits treatment outcomes” (p. 457)

“Neurologic Informed Care”



# Neurologic Informed Care

- Neurologic Informed Care is **not a specific treatment**—it is attitudes, knowledge and skills applied regardless the setting or modality.
- *Neurologic-responsive care*—awareness, environmental adaptations, and training are in the **fabric of a program or agency**.
- *Neurologic-specific care*—knowledge of each client's unique needs is used to **personalize care**.

# The Neurologic Informed Care approach:

1. Professional & provider awareness
2. Organizational adoption of universal design for cognitive accessibility
3. Screening for history of brain injury and/or presence of cognitive impairment
4. Accommodations for cognitive and behavioral impairments

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## Have you heard it said...

“He pays attention to what he wants to pay attention to!”

“She’s in her own little world.”

“He just wants all the attention.”

“She’s just lazy.”

## Have you heard it said...

## What if they have...

“He pays attention to what he wants to pay attention to!”

Limited complex attention?

“She’s in her own little world.”

Poor auditory processing?

“He just wants all the attention.”

Hyper-verbose with low sensitivity to social cues?

“She’s just lazy.”

Easily fatigues from cognitive tasks?

## Won’t versus Can’t?

# The Adoption of *Trauma* Informed Care

Before Trauma Informed Care paradigm shift:<sup>23</sup>

- Focus on symptoms and diagnoses, not underlying trauma— “What’s wrong with you?” vs. “What happened to you?”
- Often used **coercive practices** (e.g., seclusion/confrontation)
- Treated trauma as a **specialized issue** (e.g., PTSD clinics), not a cross-cutting factor

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# Neurologic Informed Settings

- **Policies & procedures** (e.g., screening at admission, plain language materials for clients)
- **Environment** (e.g., physical accessibility, clear signage, soft lighting, sensory-friendly spaces)
- **Staff Training** (e.g., regular training for clinical and non-clinical staff, systematic on-boarding)
- **Clinical practices** (e.g., cognitive strategies in treatment plan, family allowed to be included in treatment planning)
- **Monitoring & evaluation** (e.g., client satisfaction, utilization and outcomes examined by status of cognitive functioning)

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# Methods for Routine *Screening* of Cognitive Impairment

- Cognitive performance screens
- Self-reported difficulties in cognition
- Lifetime history of neurological events

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# Accommodating Problems with Self-Awareness

## Plan

- Plan ahead for situations that may bring about poor judgment and talk about potential obstacles

## Practice

- Practice positive social interactions ahead of time
- Cue for compensatory strategies

## Promote

- Promote positive behavior by addressing undesired behavior immediately.
- Provide alternative comments or choices that they could have made

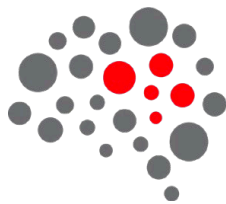
# Examples of Universal Strategies

- Make sure program expectations are *understood* (“teach back”)
- Encourage routines and being organized
- Assist to use devices that provide cues and reminders
- Do not assume functional literacy
- Do not ignore sleep patterns

# Accommodations in Groups



## **Making Groups Effective for Clients with Cognitive Impairments**



Ohio Brain Injury  
Program



# Examples of Universal Accommodations in Groups

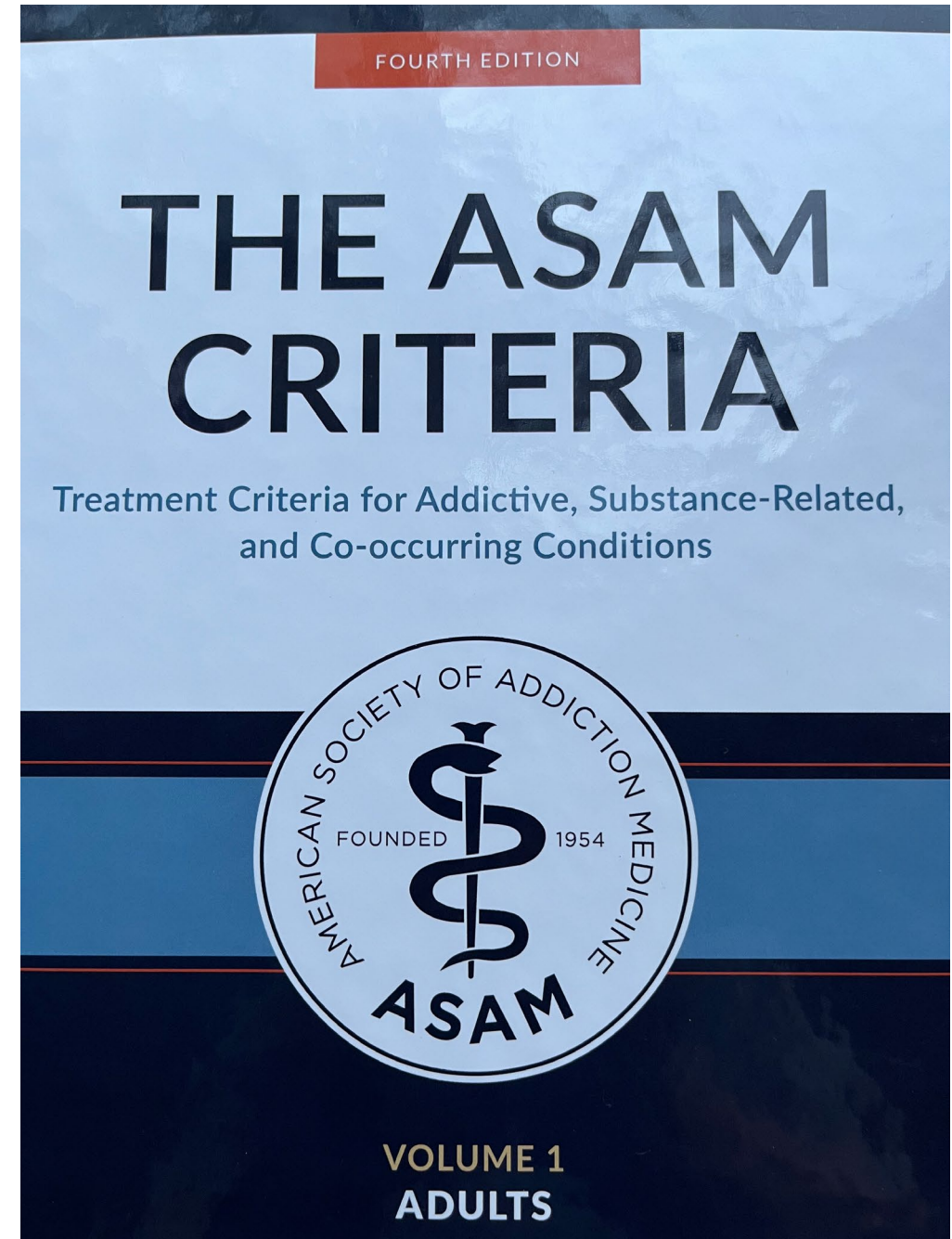
- Shorter group length and/or greater frequency of breaks can mitigate cognitive fatigue.
- Reduce reliance on reading ability by combining written material with pictures and graphics.
- Reduce ambient noise and visual distractions in the group room.
- Softer lighting and comfortable seating to reduce distractions.

# 4<sup>TH</sup> EDITION ASAM CRITERIA

Chapter 19

Cognitive Impairment

Neurologic Informed Care



Megan Davidson, PhD; Kate Reed, LPC

# **Mind Matters:**

Building a Justice  
System That Is  
Inclusive and  
Responsive to  
Brain Injury



THE COUNCIL OF  
STATE GOVERNMENTS  
JUSTICE CENTER<sup>24</sup>

[WWW.CSGJUSTICECENTER.ORG](http://WWW.CSGJUSTICECENTER.ORG)



Hidden Harms: Supporting Survivors of IPV with Brain Injuries

# Hidden Harms: Supporting Survivors of IPV with Brain Injuries<sup>25</sup>



# Take Aways

- Neurologic Informed Care is at the point in adoption that Trauma Informed Care was 25 years ago.
- Attain wide adoption to make all behavioral health care more accessible to people who have had a TBI as well as others with cognitive impairment.
- Comparative research is needed to determine best practices.
- Implementation studies needed to determine barriers to adopting Neurologic Informed Care.

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# Making Groups Effective for Clients with Cognitive Impairments



## Accommodating the Symptoms of TBI

Ohio Valley Center for Brain  
Injury Prevention and  
Rehabilitation

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Human Services State Operated Services

