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Traumatic Brain Injury (TBI) and Intimate Partner Violence: Implications of the Co-occurrence of PTSD & TBI

Presented By: Dr. Akosoa McFadgion, Director of the Office of Interpersonal Violence Prevention at Howard University

Date & Time: Tuesday, June 11, 2019 from 1:00 to 2:15 PM EASTERN STANDARD TIME

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Black Women
& The Co-Occurrence of
Post Concussive Symptoms &
Post Traumatic Stress

Presenter:

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Howard University

June 11, 2019

Purpose

Provide attendees with information on traumatic brain injuries (TBI) and the associated complex symptomatology that manifest among abused women so to inform practice with trauma-informed strategies for Black women.

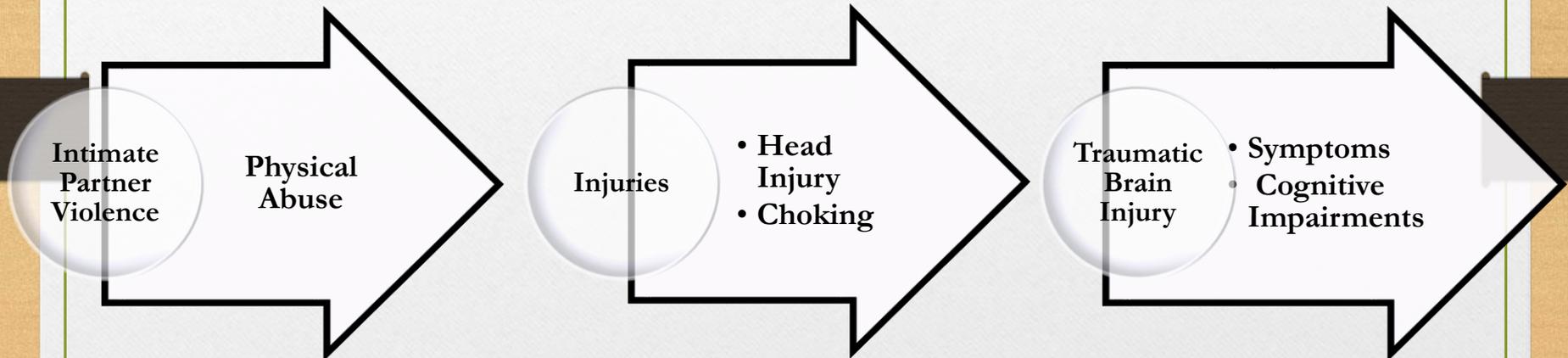
Classifications of TBI

- The Brain Injury Association of America (2010) defines TBI as:
 - *...an insult to the brain, not of a degenerative or congenital nature but caused by an external physical force, that may produce a diminished or altered state of consciousness, which results in an impairment of cognitive abilities or physical functioning. It can also result in the disturbance of behavioral or emotional functioning. These impairments may be either temporary or permanent and cause partial or total functional disability or psychosocial maladjustment.*
- Mild, Moderate, & Severe

TBI in Abusive Relationships

- Mild TBI
 - “traumatically induced physiological disruption of brain functioning characterized by an alteration of mental status at time of injury, anterograde or retrograde amnesia, with or without loss of consciousness, and post traumatic amnesia <24 hours” (Wilson, 2009; Garner and Yaffe, 2015).
- Anoxic Injury (Strangulation)
 - Intentional “external compression of the neck that can impede oxygen transport by preventing blood flow to or from the brain” (Taliaferro, et al., 2009).
- Facial Injuries or severely shaken (Bent-Goodley, 2011)

Pathway of Abuse to Injury: Location, Frequency, Severity



Complexity of Symptoms

Post Concussive Symptoms

- Difficulty concentrating
- Trouble sleeping
- Memory loss
- Headaches
- Dizziness
- Seeing spots
- Difficulty problem solving
- Post Traumatic Amnesia
- Fatigue & Sleep disturbances

PTSD Symptomatology

- Trouble concentrating
- Difficulty problem solving
- Inability to remember aspects of the traumatic event
- Persistent, distorted cognitions-blaming herself
- Persistent inability to experience positive emotions
- Sleep disturbance

Symptomatology of TBI

System	Symptom	Indicator
Head, eyes, ears, nose, throat exam	Neck pain, voice and vision change, difficulty swallowing, ringing in ears	Facial and neck swelling; facial droop; marks on neck; headache; nose bleed
Respiratory	Difficulty breathing; chest pain	Hoarseness; respiratory distress;
Gastrointestinal	difficulty swallowing	Vomiting
Gynecological	Abdomen pain during pregnancy	Irregular bleeding; miscarriage
Urinary		Lack of urinary control
Skin	Petechiae; subconjunctival hemorrhages	Scratches on neck, red spots; cord marks
Neurological	Dizziness; weakness; loss of consciousness; headache	Mental status changes; loss of sensation; eyelid and facial droop; extreme weakness or paralysis
Psychiatric	Memory problems; depression; suicidal ideation; insomnia; anxiety	Trouble concentrating; difficulty remembering things; confusion
Musculoskeletal	Neck or back pain	Cervical spine tenderness; thoracic cage tenderness; shoulder or clavicle tenderness



Screenings for Traumatic Brain Injury

- Key questions that identify a probable TBI:
 - Have you ever been strangled or hit in the head and loss consciousness?
 - Have you ever been strangled or hit in the head and afterwards had a time period where you couldn't remember anything? (post traumatic amnesia; PTA)
 - Have you ever been strangled and loss consciousness or couldn't remember anything afterwards? (PTA)

Screening Options for Traumatic Brain Injury

- HELPS
- Brain Injury Screening Questionnaire (BISQ)

HELPS Questionnaire

H Have you ever **Hit** your **Head** or been **Hit** on the **Head**? Yes No

Note: Prompt client to think about all incidents that may have occurred at any age, even those that did not seem serious: vehicle accidents, falls, assault, abuse, sports, etc. Screen for domestic violence and child abuse. A TBI can also occur from violent shaking of the head, such as whiplash or being shaken as a child.

E Were you ever seen in the **E**mergency room, hospital, or by a doctor because of an injury to your head? Yes No

Note: Many people are seen for treatment. However, there are those who cannot afford treatment, or who do not think they require medical attention.

L Did you ever **L**ose consciousness or experience a period of being dazed and confused?

Yes No

Note: While significant in helping to determine the extent of the injury, many people with minor brain injury may not lose consciousness, yet still have difficulties as a result of their injury.

P Do you experience any of these **P**roblems in your daily life? Yes No

Note: Other problems may include: visual, auditory, sensory impairments, paralysis, weakness of any extremity, balance problems, fatigue, apathy, silliness, impulsivity, mood swings, irritability, decreased self-awareness, decreased ability to learn new information or retrieve old information, shift from one topic to another, set goals or plan tasks, monitor own behavior and difficulty with abstract thinking.

- | | |
|---|--|
| <input type="checkbox"/> headaches | <input type="checkbox"/> difficulty reading, writing, calculating |
| <input type="checkbox"/> dizziness | <input type="checkbox"/> poor problem solving |
| <input type="checkbox"/> anxiety | <input type="checkbox"/> difficulty performing your job/school work |
| <input type="checkbox"/> depression | <input type="checkbox"/> change in relationships with others |
| <input type="checkbox"/> difficulty concentrating | <input type="checkbox"/> poor judgment (being fired from job, arrests, fights) |
| <input type="checkbox"/> difficulty remembering | |

S Any significant **S**icknesses? Yes No

Note: Traumatic brain injury implies a physical blow to the head, but acquired brain injury may also be caused by medical conditions, such as: brain tumor, meningitis, stroke, heart attack, seizures, high fever, etc. Also screen for instances of oxygen deprivation such as near drowning or near suffocation.

Brain Injury Screening Questionnaire

1. **What was the longest period of loss of consciousness after a blow to the head or medical emergency?**
- I never lost consciousness
 - Less than 20 minutes
 - 20 minutes to 1 hour
 - More than 1 hour, up to 24 hours
 - More than 24 hours, up to 1 week
 - More than 1 week, up to 2 weeks
 - More than 2 weeks, up to 1 month
 - 1 month or greater
 - Don't know
2. **What was the longest period of being dazed and confused after a blow to the head or medical emergency?**
- I was never dazed and confused
 - Less than 1 minute
 - 1 to 10 minutes
 - 11 to 20 minutes
 - 21 minutes to 1 hour
 - More than one hour, up to 24 hours
 - More than one day
 - Don't know
3. **How old were you when you experienced the blow to the head or medical emergency in which you definitely (or possibly) lost consciousness or were dazed and confused? If there was more than one such event, at what age did the first event occur and at what age did the last event occur?**

Brain Injury Screening Questionnaire

In the past month, how often has this been a problem in your daily life?

Daily or almost daily

Several times

One or two times

Never

Don't know

Not applicable

16. Having headaches?

17. Feeling tired?

18. Moving slowly?

19. Increased or decreased sexual interest or behavior?

20. Friends or relatives seeming unfamiliar?

21. Thinking slowly?

22. Becoming confused in familiar places?

23. Difficulty concentrating, having a poor span of attention?

Screening Options for Post Traumatic Stress

- Primary Care PTSD Screening-5
- Post Traumatic Stress Disorder Symptom Scale Interview

Primary Care PTSD Screening-5

Example

In the past month, have you ...

1. had nightmares about the event(s) or thought about the event(s) when you did not want to?	YES	NO
2. tried hard not to think about the event(s) or went out of your way to avoid situations that reminded you of the event(s)?	YES	NO
3. been constantly on guard, watchful, or easily startled?	YES	NO
4. felt numb or detached from people, activities, or your surroundings?	YES	NO
5. felt guilty or unable to stop blaming yourself or others for the event(s) or any problems the events may have caused?	YES	NO
Total score is sum of "YES" responses in items 1-5.	TOTAL SCORE	

Post Traumatic Stress Disorder Symptom Scale Interview

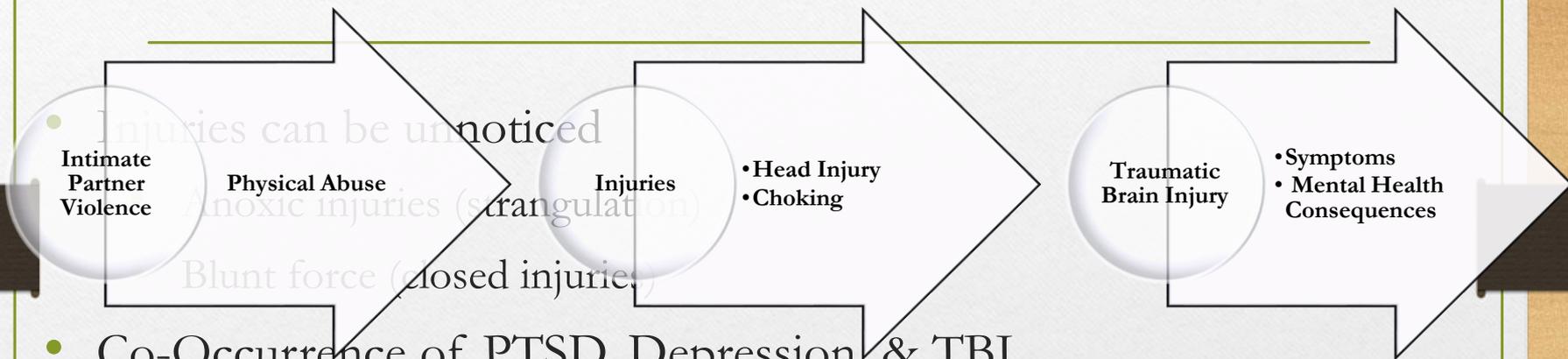
0	1	2	3
Not at all	Once per week or less/a little	2 to 4 times per week/somewhat	5 or more times per week/very much

- ___ 11. Have you felt that your ability to experience the whole range of emotions is impaired (e.g., unable to have loving feelings)?
- ___ 12. Have you felt that any future plans or hopes have changed because of the trauma (e.g., no career, marriage, children, or long life)?
- ___ 13. Have you had persistent difficulty falling or staying asleep?
- ___ 14. Have you been continuously irritable or have outbursts of anger?
- ___ 15. Have you had persistent difficulty concentrating?
- ___ 16. Are you overly alert (e.g., check to see who is around you, etc.) since the trauma?
- ___ 17. Have you been jumpier, more easily startled, since the trauma?

Why Are Screenings Important?

- Initiates a response to what's done after the screening.
 - Connect victims with services and supports they need to go about their daily lives and for which they are eligible because of their symptoms and/or injury.
 - A positive screen will help establish a probable basis for neuropsychological testing which may ultimately lead to an official, medical diagnosis.

A Screening in the Midst...



- Co-Occurrence of PTSD, Depression, & TBI
- Consequences of TBI can last at least 5 years or longer
 - A longitudinal study found that women with TBI had reproductive challenges, cognitive impairments, and poor health overall 5 years later
- Severity of Abuse in Domestic Violence Shelter

The Individual Experience

- Cultural-Self
 - Self-Knowledge
 - Self-Reliance

The Collective Experience

- Sense of Belonging
- Sense of Identity
- Sense of Control

Co-Occurrence

It seems like since I lost consciousness just seems like everything seems to be more increased, everything seems like, fear is more, constantly looking over my shoulder.

So everything that I do now, I'm always thinking he gon' be somewhere around or....and a lot of places I don't go because I would think that he probably gon' show up.

The Individual Experience

*“he banged my head
on the side of the
tub”.*

*[what did you do
after you gained
consciousness?]*

*“I got up and went
to church”*



The Collective Experience



- *“He choked me while I was in my sleep and I woke up gasping for air, I was gasping for air. I couldn’t breathe my neck got really, really tight, and my eyes felt like they were about to pop out of my head... I jumped up and I ran out in the living room and he came out there to the living room and that’s when he jacked me up by my shirt and slammed me into the wall. I made a big imprint into the wall”.*
- [what happened next?]
- *“Once I came to I called his mother and she talked to him. After that everything was fine”.*

The Individual Experience

Impacted employment

- Abuser punched her in the eye and driving was “*a way that I made money and that’s at zero right now.*”

Impacted health

- “*I have um almost like a migraine, like if I get too frustrated I’ll black out and my head will start hurting on the left side and he gave me medication for that.*”

Impact ability to cope with stressful situations

- “*It is because I seem to cry a lot...I’m so frustrated.*”

The Individual & Collective Experience

- Feeling stuck impacts goals
 - *Um it keeps me stuck some days I don't wanna move. Like I said some days I have to push myself to even get up out the bed because of the depression.*
- Depression impact caring for children
 - *I did a lot of hiding. Staying in the house. A lot of crying. Sunk into depression. Really couldn't take care of the kids, you know what I'm saying, cause I didn't want them to see it.*

The Individual Experience

- *I have to write everything down*
 - *I said that started after the choking incident...find myself not being able to remember stuff I can remember longer but short like sometimes I be like I know...I use to be able to...I know what I have to do so it wouldn't be nothing for me to remember it. Now I have to literally write things down*
- *I have to do get things done*
 - *[having a job]that's something that I would know I have to do anyway so I would know that I have to check to make sure cause I need the job or go to school. I would know to check (because of forgetting)*

Co-Occurrence Implications: Attention Deficits

- Rehabilitation focuses on restoring attention abilities through repeated practice
- How?
 - Inform case managers or advocates of the need to have tasks, appt., goals, etc. repeated
 - Not consider the client as difficult
 - Provide context-centered cognitive rehabilitation
 - “I was really good about writing my things down that I had to do. It was focusing on them...”

Co-Occurrence Implications: Irritability & Aggression

- Symptoms of brain injury can sometimes be mistaken as mental illness; leading to inappropriate pharmacological responses
- Rehabilitation focuses on information processing- how she perceives and interpret her experiences
 - “We have no place to live. My life is really not...life is just like turned upside down...”

Co-Occurrence Implications: Memory & Problem Solving

- Self-Regulation
- Rehabilitation focuses on being able to perform a series of steps in a particular sequence
 - Compartmentalize tasks associated with goals for treatment
 - Incorporate support system (advocate, family, friends, women in the shelter)

Factors to Consider...

- What does the literature say about Co-Occurrence with PCS and PTSD?
- Cultural Implications
 - The Individual
 - The Collective

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Thank You