

Introduction to Neuropsychology in our Concussion Clinics

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Disclosure Statement

- ▶ The information presented in this educational offering reflects the opinion of the presenter. As with all science, there may be multiple explanations of the data and multiple reasonable conclusions.

Learning Pathway

- ▶ General overview of concussion and TBI
- ▶ The role of neuropsychology in concussion care
- ▶ Concussion clinic models
- ▶ Integration of behavioral health
- ▶ The gold standard process
- ▶ Questions

Do

Review

Learn

Apply



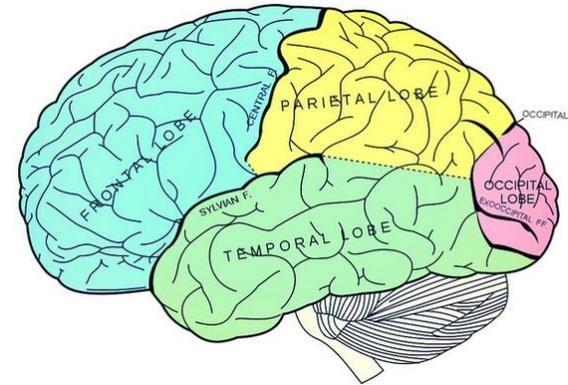
Concussion Basics

▶ Definition:

- ▶ A concussion is a type of traumatic brain injury (TBI) caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head to move rapidly back and forth.

▶ It can:

- ▶ Cause the brain to move or twist within the skull
- ▶ Create chemical changes in the brain
- ▶ Damage brain cells



▶ TBI severity is based on:

- ▶ Loss of consciousness, abnormal results on a brain scan (CT or MRI), length of time until the patient is first able to follow instructions, and duration of confusion

▶ Leading Causes

- ▶ Falls, motor vehicle-related, head injury, assaults/violence, unknown

▶ Risk Factors

- ▶ Age, gender, SES, racial/ethnic group

Most Common Symptoms of Mild TBI Compared to Symptoms of Everyday Stress

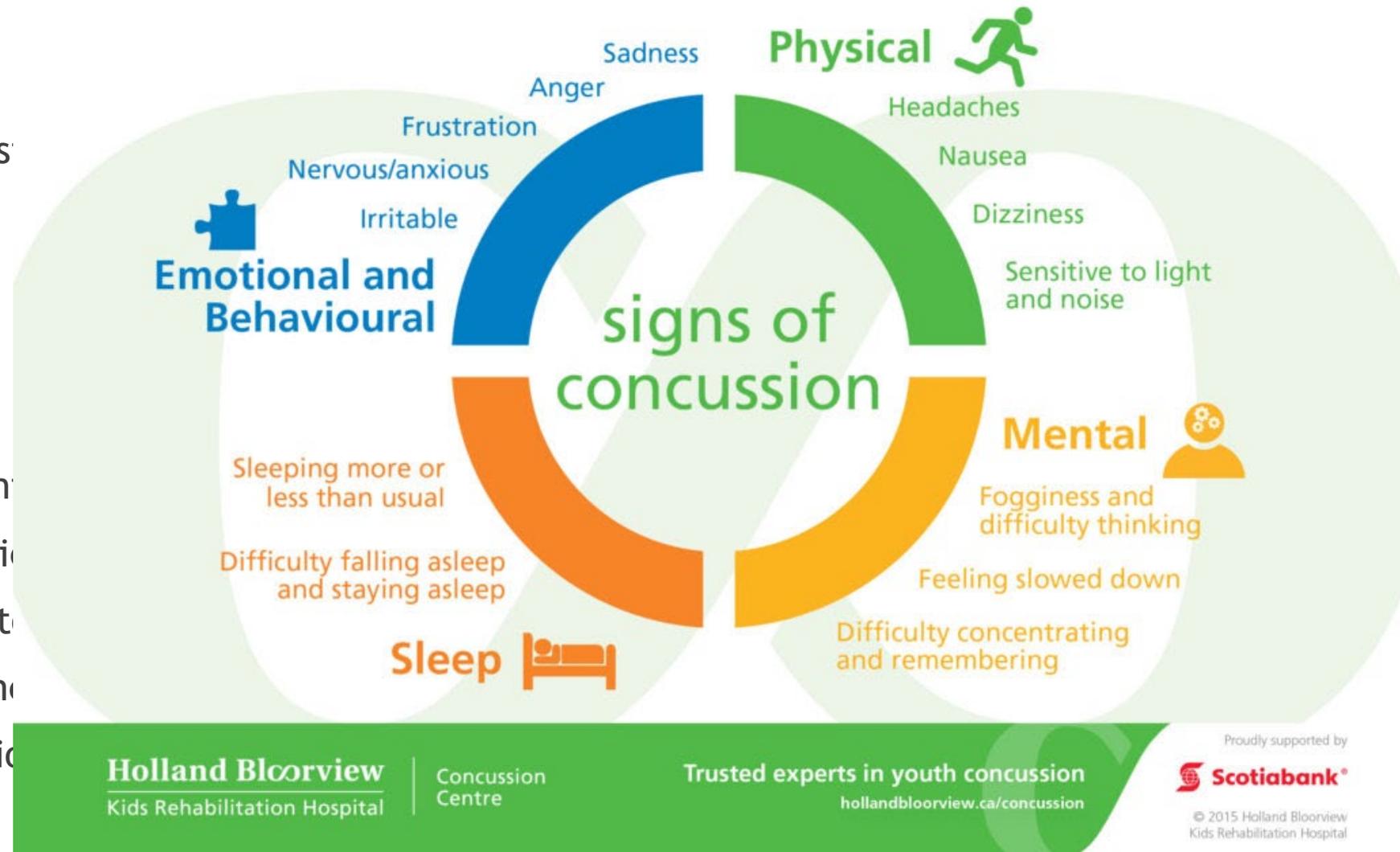
Symptom	Symptoms of Mild TBI % of Patients	Symptoms of Everyday Stress % of People
Poor concentration	71%	14%
Irritability	66%	16%
Tired a lot more	64%	13%
Depression	63%	20%
Memory problems	59%	20%
Headaches	59%	13%
Anxiety	58%	24%
Trouble thinking	57%	6%
Dizziness	52%	7%
Blurry or double vision	45%	8%
Sensitivity to bright light	40%	14%

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How can a neuropsychologist help?

- ▶ What is our role?
 - ▶ Assessment
 - ▶ Brief/comprehensive
 - ▶ Treatment
 - ▶ Psychoeducation
 - ▶ Psychotherapy
- ▶ How can we support an individual?
 - ▶ Link to academic achievement
 - ▶ Work within “Return to school”
 - ▶ School-based recommendations
 - ▶ Knowledge of educational systems



Concussion Clinics: A Previous Model

- ▶ Existing model and dissemination of services:
 - ▶ Medical providers acting within mental health roles
 - ▶ Difficulty surrounding adequate referrals for psychological services
 - ▶ Effort to individualize psychological care according to referral
 - ▶ Consultation
 - ▶ Brief therapy
 - ▶ Screening/assessment
 - ▶ C3 Logix
 - ▶ Identified need for community outreach
 - ▶ High client referrals
- ▶ Multiple needs...
 - ▶ Push towards comprehensive care



How did we get started?

- ▶ What is “integrated care?”
 - ▶ Bi-directional incorporation of behavioral health services into medical discipline
- ▶ Purpose?
 - ▶ Pediatric care settings have become a gateway, or bridge, for many individuals with behavioral health and medical needs
- ▶ Best practices approach for integrating behavioral health into primary care:
 - ▶ Gateway for many individuals with behavioral health and primary care needs
 - ▶ NAMI’s “A Family Guide: Integrating Mental Health and Pediatric Primary Care”
 - ▶ APA’s “Integrated Health Care” model
- ▶ Not necessarily “plug and play” utility

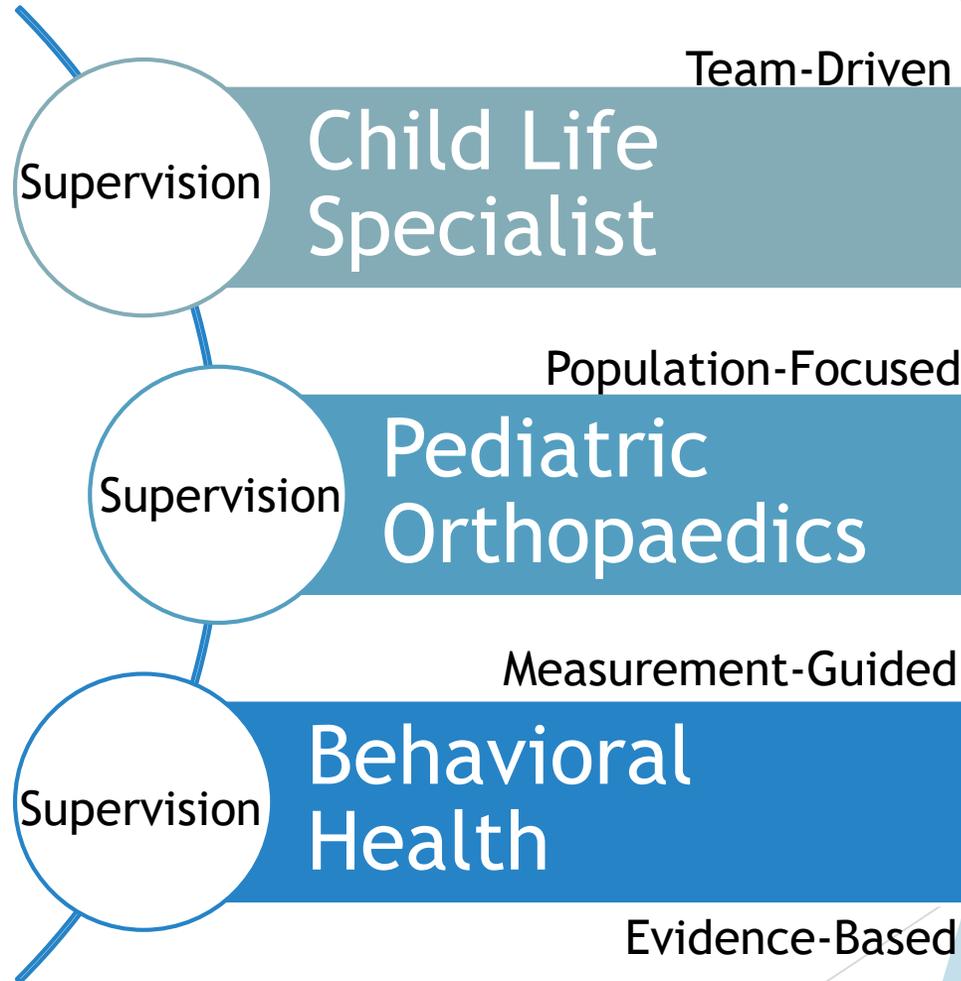


Integration of Behavioral Health Services

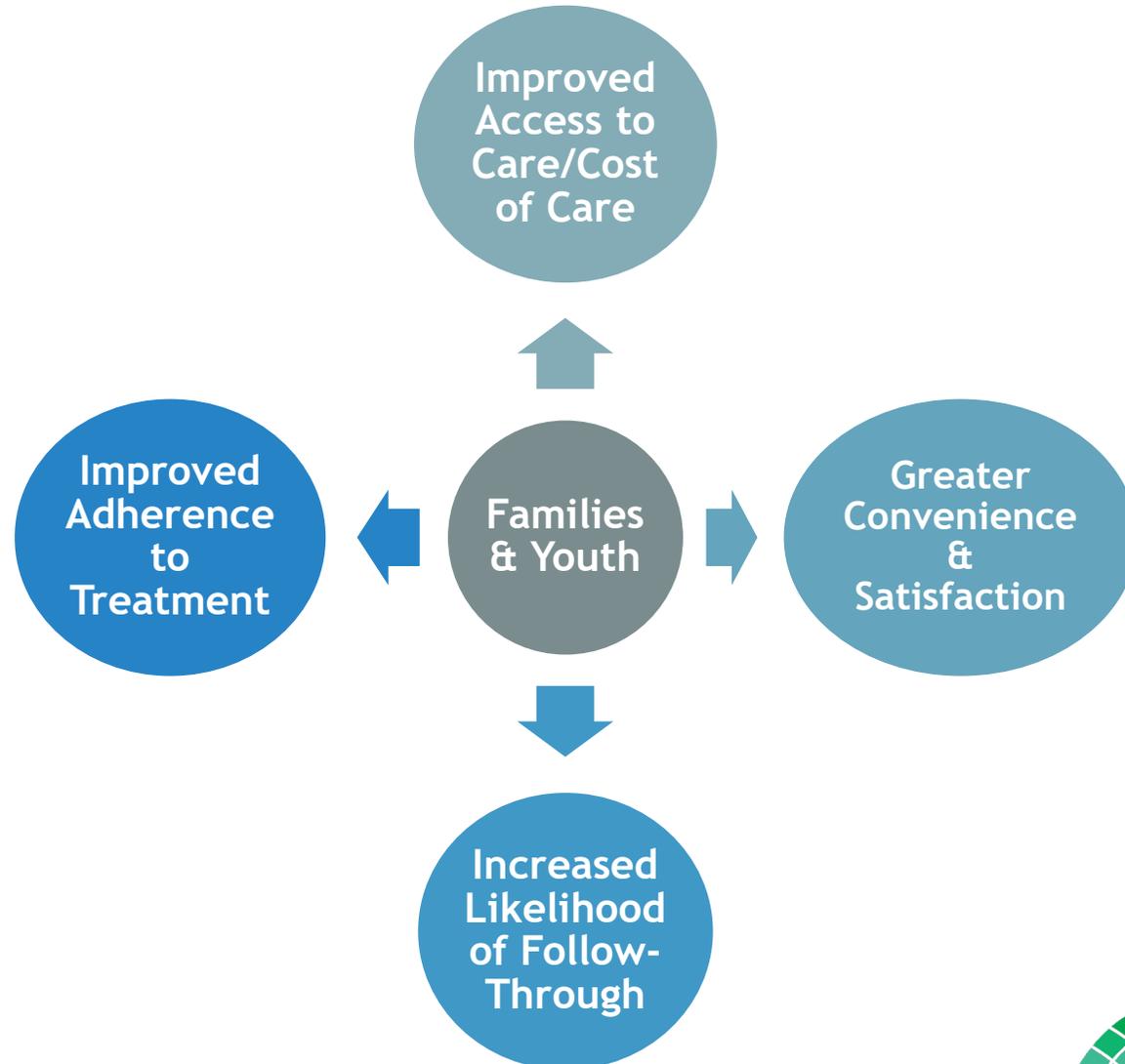
- ▶ What does it look like for us?
 - ▶ Psychoeducation for families/school
 - ▶ Brief consultant role for some patients
 - ▶ Based upon medical provider's impressions
 - ▶ "Warm Hand Off"
 - ▶ Blending of treatment plans
- ▶ Determination of further need for testing, therapy, and additional services
 - ▶ Screening vs. assessment
 - ▶ Consult, interview, build recommendations, future services
 - ▶ Therapy caseload?
 - ▶ Referrals to outpatient/inpatient services

Integration of Behavioral Health Services

- ▶ Targeted populations
 - ▶ Child/adolescents (ages 5-21 years)
- ▶ Inclusion of community outreach within service model
 - ▶ Role of mental health within school settings
 - ▶ Bullying
 - ▶ Multidisciplinary consultation
 - ▶ Involvement with community partners
- ▶ Monthly behavioral health grand rounds presentations
- ▶ Continue to evolve and progress..



Why does integrated care make sense?



Wrap Up

- ▶ Integrated healthcare models are equipped to address a wide spectrum of patient needs
- ▶ Robust implementations have consistently demonstrated the capacity to achieve the “Triple Aim” of systematic reform:
 - ▶ Improving the experience of care;
 - ▶ Improving the health of populations;
 - ▶ And, reducing per capita costs of healthcare



Resources

- ▶ The Cognitive Behavioral Institute - Cranberry Twp, PA - 724-609-5002
- ▶ New Directions Pittsburgh - Wexford, PA - 724-934-3905
- ▶ Relationship Resolutions - Cranberry Twp, PA - 412-921-3908 x 37
- ▶ AHN Psychiatry & Behavioral Health Institute - 412-330-4429
- ▶ Child and Adolescent Psychiatric Solutions - Wexford, PA - 724-799-8558

- ▶ Cranberry Psychological Center - Seven Fields, PA - 724-772-4848
- ▶ Vista Behavioral Health - Wexford, PA - 724-934-7722
- ▶ Summit Psychological Services - Seven Fields, PA - 724-591-8980
- ▶ Quartet Health - Online form/will contact patient to schedule
- ▶ North Hills Psychological Associates, Inc. - Wexford, PA - 724-759-7500
- ▶ Pittsburgh Mercy Behavioral Health: 1-877-637-2924

Resolve Crisis Service Hotline: 1-888-796-8226 → Help is available 24/7



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Questions?

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