



Department of Health | Office of Mental Health  
Office of Addiction Services and Supports

# Brain Injury Grand Rounds

**BRAIN INJURY: PRACTICAL STRATEGIES FOR ENGAGEMENT**

May 19, 2026

# WELCOME

## Agenda:

- Introductions
- Guest speaker presentations
- Case discussion



Moderated by:



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NYS Department of Health

# BRAIN INJURY : PRACTICAL STRATEGIES FOR ENGAGEMENT



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# WEBINAR PARTICIPATION

- Please use the Q&A section for any questions and please send questions to “all panelists”
- To turn on/off the live transcription, use the closed captions option on the bottom bar
- This webinar is being recorded, and accreditation is only available for the live session



# ACCREDITATION INFORMATION

## Physicians:

This activity has been planned and implemented in accordance with the Accreditation Requirements and Policies of the Medical Society of the State of New York through the joint providership of the New York State Office of Mental Health's Bureau of Psychiatric Services & Research Institute Support and the New York State Department of Health. The Bureau of Psychiatric Services & Research Institute Support is accredited by the Medical Society of the State of New York to provide continuing medical education for physicians.

The Bureau of Psychiatric Services & Research Institute Support designates this live activity for a maximum of **1 *AMA PRA Category 1 Credits***<sup>™</sup>. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

The Bureau of Psychiatric Services & Research Institute Support relies upon planners and faculty participants to provide educational information that is objective and free of bias. In this spirit & in accordance with the Bureau of Psychiatric Services & Research Institute Support & MSSNY guidelines, all speakers & planners must disclose financial relationships with ineligible companies whose products, devices or services may be discussed in the CME content or may be perceived as a real or apparent conflict of interest. Any discussion of investigational or unlabeled use of a product will be identified.



# ACCREDITATION INFORMATION

## **Social Work:**

State of New York Office of Mental Health (OMH) is recognized by the New York State Education Department's State Board for Social Work as an approved provider of continuing education for licensed social workers #SW-0227. Licensed Master Social Workers (LMSWs) and Licensed Clinical Social Workers (LCSWs) who attend this class in its entirety will receive one contact hour towards renewal of their social work license.

## **Psychology:**

State of New York Office of Mental Health is recognized by the New York State Education Department's State Board for Psychology as an approved provider of continuing education for licensed psychologists #PSY-0122. Licensed Psychologists who attend this class in its entirety will receive 1 contact hour toward renewal of their license.

## **CASAC:**

This course is approved for CASAC/ CPP/ CPS Renewal clock hours.



# ACCREDITATION INFORMATION

## Nursing:

- This nursing continuing professional development activity was approved by VTL Center for Professional Development, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.
- In order to obtain nursing contact hours, you must attend the entire program and complete/submit the evaluation.
- No relevant financial relationships were identified for any member of the planning committee or any presenter/author of the program content.



# Disclosure Statements

- The planners and presenters for this educational activity do not have any financial relationships to disclose with ineligible companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.



# OPENING REMARKS

Dr. James V. McDonald  
Commissioner of the NYS  
Department of Health

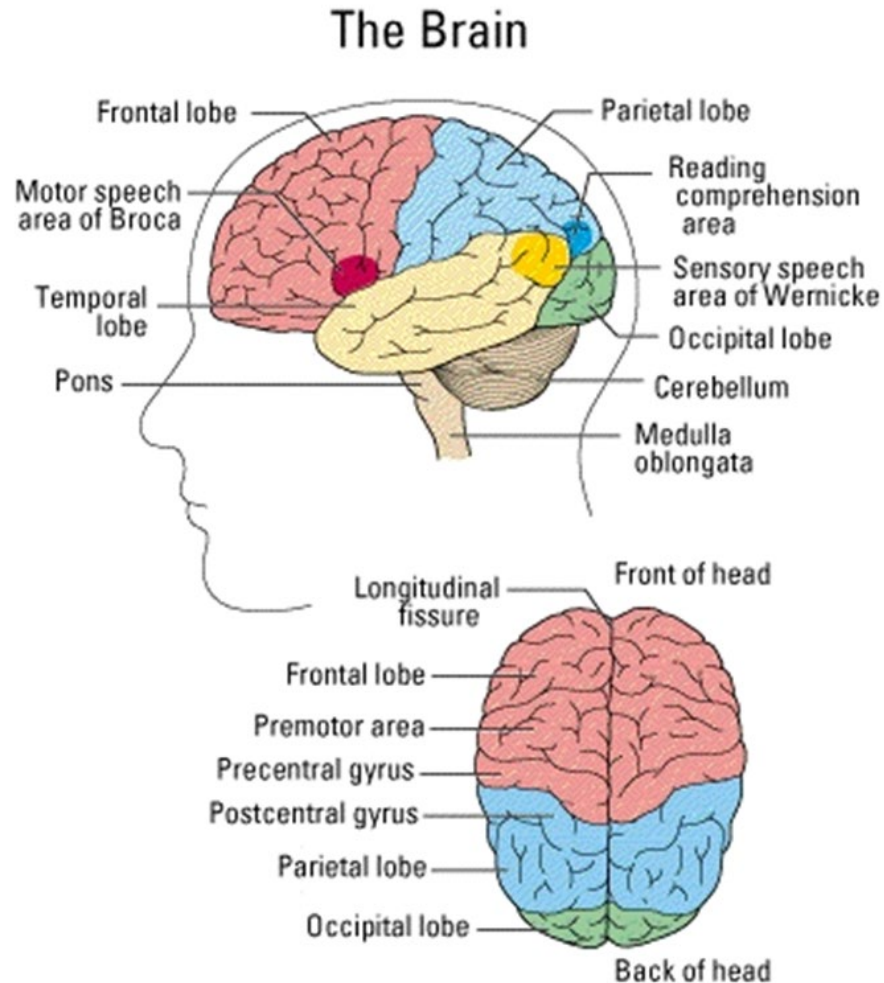


# Objectives

- Learners will be able to adapt standard treatment approaches for individuals with brain injuries
- Learners will be able to address barriers to engagement for individuals with brain injuries in behavioral health & addiction programs

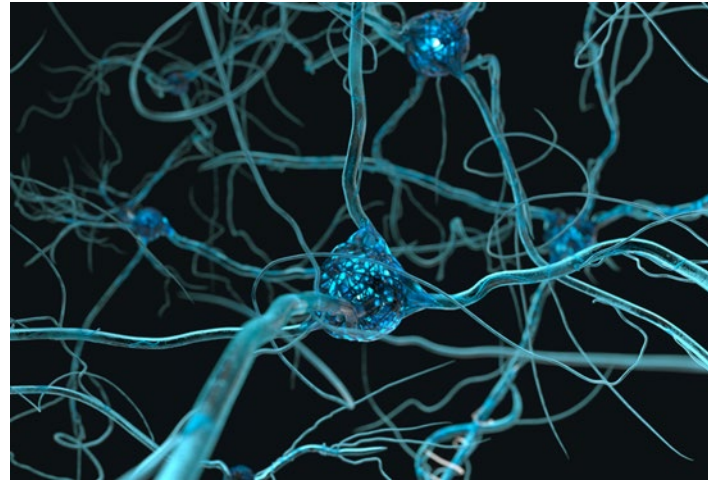
# Our Brain Controls Everything

Breathing  
Walking  
Talking  
Thinking  
Feeling  
Behaving



# Quick Review

- Definition of ABI: Acquired Brain Injury
- Injury after birth
- Is not hereditary, congenital or degenerative
- Injury commonly results in a change in neuronal activity
- Includes traumatic injuries



EVERY PERSON with a brain injury is different  
Every brain injury is unique  
Each recovery is individualized



Tinnitus

Smell and  
taste

Vision

**Common  
Physical  
Changes**

Fatigue/  
Sleep  
issues

Body  
weakness

Headaches

# Tune into the Environment

How is the lighting?

Is it orderly, easily scanned or full of distractions?

What noise may interfere?

How strong is your perfume?

Preferential seating?

# Common Cognitive Changes

- Memory
- Attention
- Concentration
- Processing speed
- Difficulty with abstract concepts



# In counseling sessions/conversations individuals with TBI may be observed as:

- Unmotivated
- Non-compliant with appointments
- Non engaging/disinterested
- Giving repetitive answers
- Absent follow-through with "the plan"
- Exhibiting confabulations
- Distracted
- Slurred speech/poor balance

# Executive Function Changes

- Goal setting/ Planning/ Initiation/ Motivation
- Task Completion
- Thinking flexibly
- Time Management
- Organization



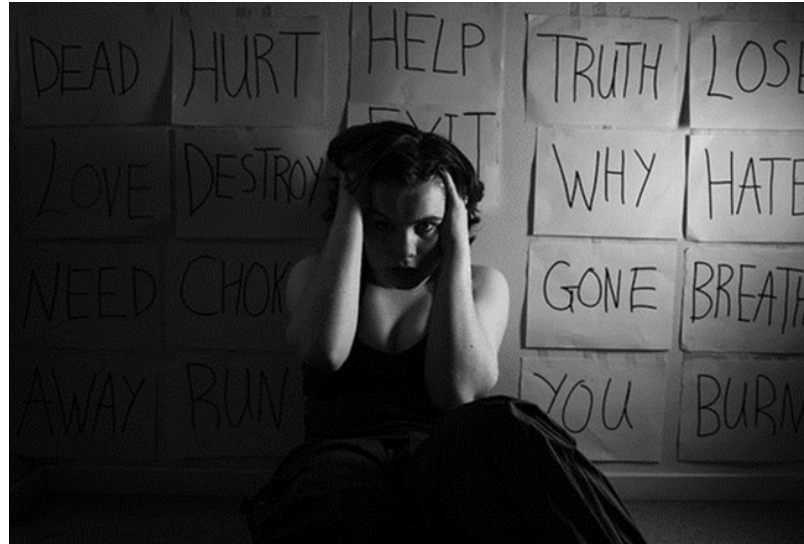
# Affective Behavioral



- Emotional Lability
- Depression/Anxiety
- Impulsivity, Irritability, Impaired Judgement
- Changes in Personality, Sex Drive, Behavior
  - Many people have BI and MH issues
  - Cognitive impairment can present like MH

# Psychosocial Challenges

- Educational/ Vocational Problems
- Family Issues & Stress
- Interpersonal Difficulties
- Intra-Personal Difficulties



# Working With Individuals With Brain Injury

Understand who they are (before and after)

Don't overestimate

Don't underestimate

# Remember:

What works one day, might not work the next

This is an invisible injury

This disability is inconsistent

# You May Be The First To Explore Compensatory Strategies For Speech/Language And Cognition

## Why?

- Physical/cardiac are the focus in acute and post acute rehab
- During recovery cognitive impairments emerge
- You may get referrals for mental health services because depression rears itself after the honeymoon of an injury
- Other factors are the focus in terms of the D/C plan such as:
  - Plan to manage substance abuse
  - Mental health dx
  - Housing

# You Are The Best One For The Job!

- You are meeting the individual at this point in time in their recovery. **NOW** is the time to try out a strategy and **YOU** are the best person to develop strategy that will work in their current situation.
  - There is not a textbook for strategies for specific types of TBIs
  - Use your own life knowledge.

# Start the investigation to discover what cognitive/language skill needs support

During the initial conversation ask your client what they have difficulty with since their injury. Give them choices:

- Is communicating hard? Is it hard to find the words?
- Tell me about your memory. Do you schedule and remember your own appointments? What helps your memory?
- Do you get overwhelmed in some situations? Describe when.
- Tell me about your decision making. Do you know the right choices to make but it's hard to do it in the moment?
- What do you think your loved one would want me to know?

# Compensatory Strategies: Support what they don't have. Are they successful?

- Talk about their talking and talk about their thinking with them.
- You are an investigator discovering what type of support will help them succeed in interactions. ASK them first.
- If the strategy works that is the missing link!
  
- In the coming slides we will explore tangible strategies to compensate for reduced:
  - Speech/Language
  - Cognition

Consider the question:

**“How are you doing today?”**

What Speech/Language and Cognitive skills are needed to answer the question?

How could an individual be impacted:

- Speech and language: I cannot effectively tell you how I am
- Memory: I can't recall how my morning went? Moments do not connect the same for me compared to others
- Attention: Right now I am distracted by what is around me or by my own thoughts
- Insight: Relating what recently happened to how I currently feel is very abstract. I don't know how I am right now? I'll just say "good".

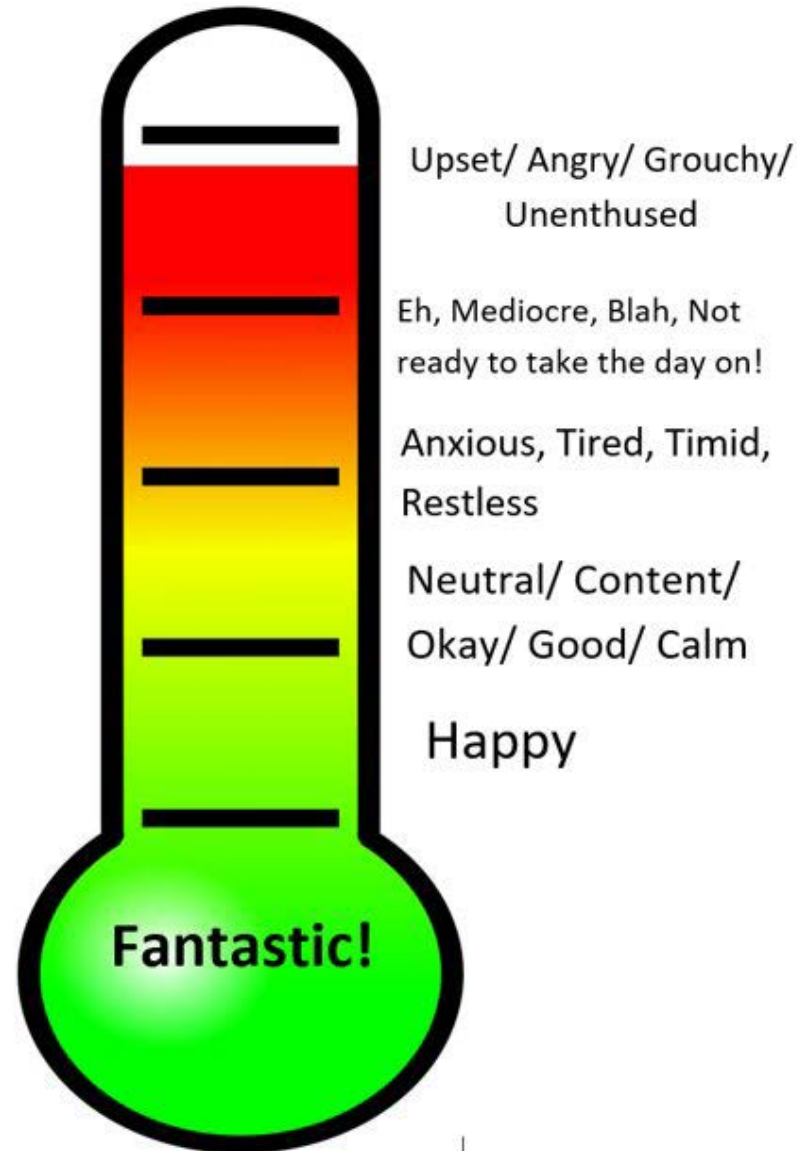
Kylie's Visual Strategy to answer the question: How are you today?

\*Note: visual strategy is no longer needed because she made a routine out of it. That's recovery!



# How Does The Temperature Check Visual Support Individuals?

- **Speech and language** by giving them choices of the words
- **Attention** by focusing the individual on the question at hand. I have to choose something
- **Insight** by giving the conversation partner a jumping off point. Tell me how your body feels. How was your morning?
- The use of the visual cue is a new routine.



# Strategies for Speech/Expressive and Receptive Aphasia

- Involve family/friends/peers in the beginning
- Use short phrases and slow rate of speech
- Ask the individual to repeat themselves/over articulate or simply say it slower.
- Have pen and paper between you in the conversation
  - As topics are focused on write them down, as well as the salient details.
  - The notes are a physical representation of the conversation
  - If you are not understanding them: write down the "knowns" and tell them what you are not understanding still.
- All Technology on Deck!
- Use all modes of language during the conversation: writing, pictures, gesture
- Create routine for your sessions. Routine Routine Routine

# Strategies for Memory

- If weekly sessions: Create a format: Review, Learn it, Recap at end.
- Voice notes, on-going power point, written systems, notebook. Decide what to use together.
- Have participant's text a family member or themselves to increase carryover or share what they did.
- If memory is very impaired start your conversation like this: tell them what you discussed the week prior vs. Take a peek at your notes and tell me what we did/chatted about last week?
- Is the session/conversation fuel for the week?

## Kylie's Memory Strategies:

- Calendar
- Notetaking
- Creation of routine

\*I love that she records how she was feeling during an event. This simple note of the attached emotion can fill gaps in memory.



# Strategies for Attention

## On the part of the conversation partner (YOU)

- Build a session routine
- Ask if there is something that the individual would really like to talk about before the end of our time together.
- Take a brain break if needed (walk)
- Use visual aids in the moment. Helps to refocus the conversation throughout
- Avoid quick topic changes
- Summarize at the end

## Environmental

- Avoid conversations "on the run"
- Have conversations in a quiet space
- Consider what the individual is looking at when you are in a conversation
- Give individuals your undivided attention
- If the individual appears distracted ask what you can do to help

# Importance of Family/Peer Involvement

You as a nurse, clinician, counselor may be brought into the picture to increase follow through with recommendations related to

- Medication management/substance use/anger management
- Compliance with appointments
- Sustaining existing relationships

Meeting with someone 1/week and meeting these goals is next to impossible  
Develop strategies together that are sustainable without your support in the future.

- Involve family/peers at the start
- Trust in Neuroplasticity

## A mother's perspective re: her daughter's success with counseling and family involvement.

*\*This participant lives alone with support. She presents with reduced recall/impulsivity/problem solving and insight into deficits. Substance abuse is the concern.*

- ▶ *The limitations are they don't involve family. They are strictly all about HIPPA, which I realize they have to be. They don't discover the most egregious obstacles and issues my daughter is dealing with. They will only be addressed if my daughter brings them up.*
- ▶ *I have brought up her drinking with several professionals but unless my daughter herself express the need to control her drinking, the counselor cannot approach the subject.*

Kylie's experience with parent involvement in conversations with counselors.

\*Note: as Kylie build new routines and recovered her mom was able to take a step back.



# Ask a Question

Offer vs impose

Offer choices to empower

Learn as much as you can about your participant

Communicate as a team and share your discovery

# Remember

Inconsistent performance day to day

Progress is slow but can be made

We work for them

# Questions?

Please contact us with questions  
or to brainstorm strategies or supports

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# RESOURCES

[NYS DOH Traumatic Brain Injury](#)

[Behavioral Health Guide: Considerations for Best Practices for Children, Youth, and Adults with TBI](#)

[The Brain Injury Association of New York State](#)

[TBI Medicaid Waiver Program](#)

[Brainline](#)

[Take Charge of Your Brain Health!](#)

[Model Systems Knowledge Translation Center](#)

[Living with TBI: A Roadmap for Individuals with Traumatic Brain Injury](#)



# THANK YOU!



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