

Skill Pack for Hospital and Medical/Rehabilitation Professionals to Help Families Understand Brain Injury

Distributed by



One voice leading the brain injury community of North Carolina.

Offering help, hope, and a voice for people with brain injury and their families.

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Skill Pack for Hospital Staff to Help Families Understand Brain Injury

This skill pack is designed to give hospital professionals:

- Techniques for supporting and communicating with families
- Written information to give to families
- Resources about brain injury

Why was this skill pack developed?

Brain injury is traumatic for the family as well as the patient. Effective communication with families can be difficult with the rapid pace of medical care, the patient's transfer to various units within the hospital, and the many professionals involved.

The emotional stress families endure complicates communication as they struggle to understand what has happened. Lengths of stay for many patients in acute hospitals, even those with moderate to severe brain injuries, have become shorter. Too often professionals do not have enough time to educate families about brain injury, help them cope with hospital care, and consequently prepare them for the future.

Content of this skill pack is based on...

- Feedback from families on their unmet needs during hospital care
- Input from three focus groups with professionals in NC hospitals
- Results from surveys sent to trauma centers in North Carolina
- Input from four focus groups with survivors of brain injury and families
- Requests for information to the Brain Injury Association of North Carolina

Who can use this skill pack?

Discharge planners, nurses, social workers, hospital schoolteachers, case managers, therapists, continuing care staff, and physicians can use this skill pack to educate and provide information to families.

This skill pack has information for hospital professionals to better understand their patients and family members of patients with brain injury. It is likely that these patients and their families will have immediate and long-term needs for information.

There are many patients with more life threatening injuries who may also have a concussion or mild brain injury. It is important that the patient and family understand that a brain injury did occur and that they receive some general information.

What's in this skill pack?

- Communicating with Families
- TBI Rehabilitation
- Brain Injury Resources
- Cultural Diversity in Healthcare

How to use this skill pack:

This skill pack has been designed to be flexible and affordable. Users have several options.

- Printed skill packs are available in limited quantities from the Brain Injury Association of North Carolina. Contact 919-833-9634 or 800-377-1464.
- Printable downloadable files (PDF) are also available from the website of the Brain Injury Association of North Carolina (www.bianc.net). These can be copied, providing acknowledgment is given.
- Hospital web sites have permission to add this information, providing the source is credited.

Costs for this skill pack

There is no cost for this skill pack.

Communicating with Families

What information do families need?

Information about brain injury is the number one need reported by families. Yet educating families about brain injury is complicated. The brain is so complex that it is difficult to predict recovery. Each brain injury is unique.

The 3 C's or basic rules of communication with families are...

Currency - Current or up to date information
Content - Important information at that time
Compassion - How information is given

How information is delivered can be just as important as what is said.

Any hospital stay is stressful for families, but treatment for a brain injury makes it even more difficult. Many families are in a state of emotional shock, confusion, or grief in the early days of hospital care. They may also be in denial, which means that they are emotionally unwilling or unable to recognize the severity or the implications of their loved one's injury. Denial is a coping method that families may use while gathering the inner resources to deal with the diagnosis and its meaning. It does not mean that families do not need or want information at this stage. It does mean that families may retain only a small portion of conversations because of the stress and fluctuating emotions.

It is important for professionals to help educate and communicate with the family. Every person involved with the patient, whether a physician, therapist, social worker, or nurse, is a potential communicator and educator with the family. Surveys show that clear and understandable information are the most important priorities of families.

Communicating after brain injury

1. Communicate in clear, non-technical language.
2. Gauge level of understanding as you proceed.
3. Respond to emotional needs of family members.

Setting up communication

- Talk with families in a private comfortable space whenever possible; avoid distractions and being overheard.
- Avoid talking in the presence of a patient who is in a coma or low level cognitive state; it is not known how much the patient can understand.
- Use body language to convey attention and respect. For example, sit with families rather than standing over them.
- If families have difficulty understanding English, obtain a professional medical interpreter. Try not to rely on a family volunteer who might misunderstand or have limited command of English.

Communicating with families:

- Explain what part or parts of the brain have been injured.
- Use a diagram of a Brain to illustrate what is being said.
- Provide families with the Glossary of Terms in the Skill Pack for Families.
- Explain how the brain reacts to an injury.
- Explain what is being done to help the patient's brain function now.
- Describe what may happen next.
- Suggest ways families can communicate and comfort the patient.
- Explain the Glasgow Coma Scale and/or the Rancho Los Amigos Scale if either or both are being used.

Giving information

- Assess families' ability and willingness to absorb information and adjust your pace and vocabulary.
- Connect families' observations of the patient with clinical findings. Start with external observations and objective data. End with clinical implications.
- Review and repeat information as needed.
- Give copies of illustrations to explain neuroanatomical terms.
- Avoid false or premature reassurances as they can confuse families and create mistrust, but also be sure not to be too negative. Allow families to hope.
- Summarize information exchanged and decisions made at the end of a meeting with families.
- Give written information about brain injury, such as pamphlets or fact sheets.

Involving families

- Treat families as team members with valuable knowledge about the patient prior to the brain injury.
- Help families feel confident by acknowledging the accuracy of their observations and their ability to care for the patient.
- Admit it when you don't know the answer to a question, but reassure families that their questions are valid.
- Encourage families to record information using methods that are easy for them to remember, such as audiotapes, note taking or journaling.
- Maintain regular communication with families as the patient progresses.

- Ask the family to identify one person to be the primary link for communication and know how to contact that person.
- Involve families in discharge planning.

Supporting families

- Ask families about their feelings and give them time to talk about them. Unexpressed feelings can block communication and learning.
- Recognize the normal stages of grief for families. They include denial, anger, bargaining, depression and resolution. You may see the full range, or, just the early stages, depending on the length of stay and the patient's progress.
- Expect anger from families. It is a normal part of grieving. Do not take it personally or retaliate if you are the target for a family's emotions.
- Respect spirituality of families and inform them of resources in the hospital, such as chaplains or a chapel.
- Give families tasks to help their loved one that will help them cope with their anxiety. Also, acknowledge the contributions they make. Examples are rubbing body lotion on the patient, reading stories, and teaching simple exercises.
- One family reported that they wanted a safe place in the hospital to cry, somewhere private.

Brain Injury Association of North Carolina (BIANC)

- Offers a one year complementary membership opportunity for those in recovery and to our military. Call BIANC at 800-377-1464 or email bianc@bianc.net to receive a membership form.
- Give families written information on BIANC and local support group availability (www.bianc.net).
- Neuro Resource Facilitator available to help professionals find resources needed for families.

The Role of Brain Injury Rehabilitation

A woman who had a brain injury in 1990 made these comments concerning the need for rehabilitation services and difficulties associated with a diagnosis of TBI.

“I am 16 years post-accident. However, getting here was not an easy task. Taking the advice of very educated doctors, my husband brought my broken body home after being in the hospital in critical condition for two weeks. My family did not worry about my brain injury, at least not out loud. They tended to the visible injuries, thanking God every day that my daughter and I had survived the accident. Who ever heard of a brain injury that doesn't kill the person or put them in a lifelong coma? Right?”

Becoming better wasn't nearly as hard as finding the right place to get better. I would really like to see the health community and general population informed about all the problems associated with a brain injury. I am hoping that the next person with a brain injury gets directed to immediate care, not a band aid excuse of 'Don't worry- it will all work itself out'.”

Brain Injury Peer Partner Program

The Brain Injury Association of NC has Five Regional Brain Injury Resource Centers. Staff has begun to seek out and identify *volunteers* who have personal experience with brain injury. Brain Injury Peer Partners may be available in your area to help survivors, families, and care givers with peer support or to talk to someone who has been on the same journey.

Call a BIANC office to locate support or resources in your area. Ask if there is a Volunteer Peer Partner with experience in your area of interest, or let us know if you would like to share your personal experiences to give another survivor or family your support and help.

Call BIANC (800) 377-1464 for information.
Ask about our Brain Injury Peer Partner Program -
Look for peer support or form a community team
or reach out to help others.
Visit www.bianc.net website

Elements of TBI rehabilitation

According to Cope (1995), comprehensive TBI rehabilitation consists of at least the following elements:

- The rehabilitation physician (usually a physiatrist) and rehabilitation nurse have special training in diagnosing and treating people with brain injury. Their goal is to help the patients function as independently as possible.
- The prevention of secondary deterioration is important. Evidence clearly confirms that specific interventions can prevent deterioration and complications. These interventions may not reliably occur in non-rehabilitation environments.
- Rehabilitation builds upon natural recovery processes.
- Rehabilitation interventions are incremental and work toward functional gains. The challenges of mobility, self-care, and communication can be overwhelming for the patient. This may result in a hopeless “giving-up” response by the patient. Over time, and with comprehensive rehabilitation, progress can occur.
- An optimal environment for neurological recovery is provided by rehabilitation settings.
- Various compensatory techniques are provided and taught to promote recovery.
- Adaptive and specialized equipment, such as wheelchairs or orthoses, are available in this setting.
- Environmental modifications are available. These include architectural and transportation interventions. Interventions in the patient's social milieu, which include modifications at home, work and in the community, are equally, if not more important.

Rehabilitation Centers and Services serving North Carolina

Visit www.bianc.net and see the Resource Book for a full listing of all Rehabilitation and Residential services, local support groups, Neuropsychologists, and other NC resources.

- Brain Rehab Specialists: Charlotte
<http://www.ncdhhs.gov/providers/lme-mco-directory> (704) 224-6069
Sylvia Whitmire, MA, LPC, BCIA-C
- Brain Injury Association of NC (800) 377-1464
www.bianc.net or bianc@bianc.net
- Bryant T. Aldridge Rehabilitation Center: Rocky Mount, (252) 962-3700, www.nhcs.org
- Cape Fear Valley Rehabilitation Center: Fayetteville, (910) 615-4001
www.capefearvalley.com
- CarePartners Health Services: Asheville (828) 277-4800, www.carepartners.org
- Carolinas Center for Development and Rehabilitation: Charlotte
- Carolina Neuroservices - The Head Injury Center: Charlotte, (704) 366-9930
www.carolinaneuroservices.com
- Carolinas Rehabilitation: Charlotte (877) 734-2251
www.carolinasrehabilitation.org
- Cary Health and Rehabilitation Center: Cary (919) 851 8000
- Cone Health Rehabilitation Services: Greensboro (336) 832-4000 (IP) (336) 271-2054, www.conehealth.com
- Cumberland Hospital for Children and Adolescents: New Kent, VA (800) 368-3472, www.cumberlandhospital.com
- Florida Institute for Neurological Rehabilitation: Wauchula, FL (800) 697-5390, www.finr.net
- Forsyth Rehabilitation Center/Novant Health: Winston-Salem (336) 718-5780
www.forsythmedicalcenter.com
- GatewayClubhouse: Raleigh (919) 662-0940
www.gatewayclubhouse.org
- Hemby Pediatric Trauma Institute, Carolinas Medical Center: Charlotte, (704) 355-8465
- High Point Regional Rehabilitation Center (336) 878-6915, www.highpointregional.com
- Hinds' Feet Farm: www.HindsFeetFarm.org
Huntersville, (704) 992-1424
Asheville, (828) 274-0570
- Independent Living Rehabilitation Program: Raleigh, 919-855-3500
- Learning Perspectives, Inc. (910) 362-9474
www.learningperspectives.com
- Learning Services North Carolina Programs (888) 419-9955 www.learningservices.com
- Lenox Baker Children's Hospital: Durham (919) 684-6669
- LifeSpan Incorporated: Charlotte (704) 944-5100, www.lifespanservices.org
- Lifequest, Inc: Washington (252) 975-8080, (Psychosocial program)
- Mackowsky Visual Learning & Rehabilitative Clinic: Raleigh 919-787-7600
- Maria Parham Medical Center: Henderson (252) 438-4143, www.mphosp.org
- Neuro Community Care: 919-210-5142
<http://neurocc.com/>
- Neurological Rehabilitation Living Centers: Virginia Beach, (757) 481-7565
- NeuroRestorative: Raleigh, NC 800-743-6802
<http://www.neurorestorative.com>
- New Hanover Regional Medical Center: Wilmington (910) 343-7000 www.nhrmc.org
- Rehabilitation Center
Vidant Medical Center
2100 Stantonsburg Road
Greenville, NC 27835-6028
(252) 847-4400,
www.vidanthealth.com/rehab
- ReNu Life: Goldsboro (group homes) (919) 734-0266, www.renulife.org
- Seven Lakes Eye Care: West End, NC drbarry@sevenlakeseyecare.com 910-673-3973
- Shepherd Center : Atlanta, GA (404) 352-2020, www.shepherd.org
- Triangle Aphasia Project, Unlimited
Maura English Silverman, M.S., CCC/SLP: Cary (919) 650-3854, info@aphasiaproject.org
- UNC Health Care's Rehabilitation Center, NC Memorial Hospital: Chapel Hill, (919) 966-5929
<http://www.uncrehabcenter.org/>
- Wake Forest Baptist Health, J. Paul Sticht Center on Aging and Rehabilitation: Winston-Salem (336) 713-8500, www.wakehealth.edu
- WakeMed Rehab: Raleigh (919) 350-7876, www.wakemed.org
- Whitaker Rehabilitation/ Novant Health
Winston-Salem (336) 718-5780
www.forsythmedicalcenter.org

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Brain Injury Resources

Brain Injury Associations

Brain Injury Association of North Carolina

Brain Injury Association of North Carolina
BIANC has five regional Brain Injury Resource Centers. Support groups across the state offer persons with brain injury and their family opportunities to meet others in similar circumstances. Contact BIANC to locate a support group near you.

Family Hotline with BIANC: 1-800-377-1464
Website: www.bianc.net

Brain Injury Resource Center - Raleigh
P.O. Box 97984
Raleigh, NC 27624
919-833-9634

Brain Injury Resource Center - Charlotte
Carolinas Rehabilitation
1100 Blythe Boulevard
Charlotte, NC 28203
704-960-0561

Brain Injury Resource Center - Greenville
P.O. Box 2743
Greenville, NC 27836
252-717-3347

Brain Injury Resource Center – Asheville
CarePartners Rehabilitation Hospital
68 Sweeten Creek Rd.
Asheville, NC 28803
828-277-4868

Brain Injury Resource Center – Winston-Salem
Wake Forest Baptist Health
Sticht Center - 3rd Floor
Medical Center Drive
Winston-Salem, NC 27157
336-713-8582

Brain Injury Association of America

1608 Spring Hill Road, Suite 110
Vienna, VA 22182 (www.biausa.org)
National Family Helpline: 1-800-444-6443

Need Training: Call BIANC 919-833-9634

Become a Certified Brain Injury Specialist(CBIS) or
<http://nctbitraining.org/> (5 modules of self-study
with a test at the end of each module)
www.braininjury101.org (5 web-based videos)

Community Resource Information

You can order booklets on concussion (falls and lots of other topics) and other materials from:

- **Centers for Disease Control**
[Concussion and Brain Injury \(and lots of others\)](#)
This is available in both Spanish & English
Web: www.cdc.gov/ncipc/tbi

Dept of Health and Human Services:

DHHS: Division of Mental Health/Developmental Disabilities/Substance Abuse Services is the lead agency for access to services in the public sector. Traumatic brain injury is included in the state and federal definition of developmental disability. In NC, there are supports available for individuals of all ages. (web site www.dhhs.state.nc.us/mhddsas) If you are having a difficult time accessing services, or, to locate the program/local management entity nearest you, please call the Advocacy and Customer Service section at the Division of MH/DD/SAS at 919-715-3197.

Department of Social Services

Agency provides assistance for Medicaid eligibility and other government assisted programs. Phone number for each county is listed in the blue pages of the phone book under County Government as Social Services. Contact 919-733-3055.

Division of Vocational Rehabilitation

Vocational rehabilitation services help individuals with a disability prepare for/obtain employment. The NC Division of VR offers a wide variety of services to help an individual return to work. The phone number for each county is listed in the blue pages of the phone book under State Government as Vocational Rehabilitation. Contact 919-855-3500.

Client Assistance Program

Provides information, advice and advocacy to persons with disabilities who are applying for Vocational Rehabilitation or Independent Living. Contact 1-800-215-7227.

Vocational Rehabilitation Independent Living

(VRIL) Helps eligible individuals with severe disabilities obtain services. Provides an alternative to institutionalization, improve function in home and community. Contact 919-855-3524 for the office nearest you.

United Way

United Way provides referral and information services. Some agencies offer free services to eligible individuals in crisis situations. To locate a United Way, call 919-834-5200 or visit the web site, www.unitedway.org

Other State Resources

- **Council on Developmental Disabilities**
Telephone 919-420-7901 or www.nc-ddc.org
- **Division of Medical Assistance (Medicaid)**
Telephone 919-855-4100
- **Disability Rights NC**
Telephone 877-235-4210
- **Office on the Americans with Disabilities Act**
Telephone 919-733-0054
- **Social Security Administration**
Telephone 1-800-772-1213 or www.ssa.gov

Brain Injury Websites

Brain Injury Association of North Carolina
www.bianc.net Articles about mild traumatic brain injury, general brain injury, pediatric brain injury, and advocacy. Lots of articles and links and a statewide Resource Directory.

Brain Injury Association of America
www.biausa.org Information on prevention, treatment and rehabilitation. Lists all state Brain Injury Associations.

Brain Injury Information Page
www.tbilaw.com Information about brain injury, concussion, coma and head injury for TBI survivors, spouses and caregivers. The Brain Injury Law Group will help survivors find a lawyer in their state if needed.

Defense and Veteran Brain Injury Center
www.dvbic.org

Head Injury Hotline for Survivors
www.headinjury.com Information and support for persons with brain injury and families. Maintained by survivors of brain injury.

Model System Knowledge Translation Center

Learn about new research findings.
<http://www.msktc.org/tbi/factsheets>

Lash & Associates Publishing/Training Inc.
www.lapublishing.com Information and resource center on children and adults with brain injury. Includes publications, free articles and forums for survivors and families. Specializes in effects on learning for students and resources for schools.

National Information Center for Children and Youth with Disabilities
www.nichcy.org
Information for parents on federal laws for special education, including rights and responsibilities of parents. Has a Fact Sheet on Traumatic Brain Injury and listing of resources for North Carolinians. Many pamphlets are free.

NC Assistive Technology Program
www.ncatp.org- provides assistive technology services statewide to people of all ages and abilities.

The Perspectives Network
www.tbi.org Information and support for persons with brain injury and their families, including personal stories and medical articles.

Traumatic Brain Injury Resource Guide
www.neuroskills.com Articles and information on traumatic brain injury research as well as products relating to brain injury. Includes an online bookstore. Organized by Centre for Neuroskills.

Traumatic Brain Injury Survival Guide
www.tbiguide.com Online book about brain injury in clear and easy to understand language written by Dr. Glen Johnson.

While You Are Waiting
www.waiting.com Basic education about traumatic brain injury. Helpful for families during early stages of medical care. Excellent resource for friends and relatives at home waiting for news.

Cultural Diversity in Healthcare

Delivering quality healthcare to culturally diverse populations is an increasing challenge in health care. “Cultural” differences do not occur only as a function of ethnic group membership; religious affiliations, educational level, and SES are also associated with factors that are likely to influence rehabilitation outcomes. To build bridges between healthcare professionals and families from different cultures, it is important to:

Understand your values and assumptions

Understanding your cultural heritage requires identifying your values, beliefs, and customs. Everyone has a culture, but often individuals are not aware of behaviors, habits, and customs that are culturally based. All cultures have built-in biases, but there are no right or wrong cultural beliefs.

Be aware of patients’ cultural beliefs

Healthcare providers must know and understand culturally influenced health behaviors. Examples are cultural issues about medications, decision makers in the family, body language, diet and herbs. By becoming aware of the patient and family’s cultural beliefs, instruction on medical care can be more effective.

Be an effective communicator

Communication may involve interpreters and translators. Using a trained interpreter, and not a family member, is recommended. When family members are upset, it is difficult to absorb information. Using a family member to interpret increases the risk that information will not be understood correctly. Children are often the only bilingual family members present. They should never be asked to interpret medically complex and culturally sensitive information.

Listening is equally important. To provide culturally competent healthcare means to truly listen to the patient and the family to learn about the patient’s beliefs of health and illness. This cannot be stressed enough

Culture encompasses beliefs and behaviors that are learned and shared by members of a group.

Hispanic cultural values

Hispanic is a broad term that refers to groups with cultural and national identities from the Caribbean, Mexico, and Central and South America. It also includes individuals who trace their ancestry to Spain and identify themselves as Hispanic.

- Primary language used is Spanish.
- Hispanic patients may want extended family members present and a family member involved as an active participant in care. This reflects strong family ties.
- Many Hispanics believe in self-sacrifice, giving rather than taking, and accepting fate. This reflects deep religious faith. Encourage families to accept assistance from others at home and in the hospital.
- Since the present is valued over the future, Hispanic patients may be less likely to use preventative measures such as medication to prevent a condition.
- Decisions about the use of medical care or preventative care or treatment are family (and many times, traditionally) based.

Asian American cultural values

The term Asian American refers to people of Asian descent who are citizens or permanent residents of the United States. It encompasses at least 23 groups such as Asian Indian, Cambodian, Chinese, Filipino, Hmong, Japanese, Korean, Laotian, Thai, Vietnamese, and “other Asian” with 32 linguistic groups. These populations are highly diverse, speaking many different languages. Unity, balance, equilibrium and harmony are concepts central to Asian health beliefs. Many Asian Americans believe that an injury disrupts their concept of balance. Their beliefs influence how they may attempt to restore this balance.

Out of respect for the medical team, the family may appear to agree with treatment plans. However, they may not follow through if it conflicts with their cultural beliefs

Asian Americans may consider it disrespectful to look someone directly in the eye, especially if that person is in a superior position. Many place medical professionals in this superior position

- Food is associated with spiritual values. Some patients or families do not eat certain meats.
- Many Asian Americans put aside work and personal needs to care for an ill or injured relative. Encourage them to use community services. Asian American families may resist asking for or receiving services that focus on the patient's disability until they are able to resolve feelings of shame and duty. Explain that these services can help the patient adjust and prepare for the future.
- Asian American families may use Eastern and Western medicine simultaneously. Ask questions about how other medicine or herbs are used at home. Some medicines and herbs interact with prescribed medicines.
- Asian Americans may have a past time orientation. They may prefer traditional approaches to healing, rather than accepting new procedures or medicines.

Native American cultural values

The terms Native American or American Indian refer to a cultural population made up of a large collection of various tribes. For those who identify with their Native American culture and tribe, an acquired brain injury may be difficult to appreciate and understand. Native Americans could focus on 'why' such an insult occurred instead of the 'how,' which can cause an educational barrier between rehabilitation professionals and the client and their caregivers.

Cultural competence is of utmost importance with Native American culture, particularly when examining the four cultural factors of religion, family life, education, and socio-economic status (SES). (*Please keep in mind these guidelines apply to those who still identify with their Native American culture and/or tribe, and their identities can vary.)

Incorporating their spiritual or religious beliefs into their rehabilitation process (i.e. the Medicine Wheel) can benefit the client and their rehabilitation outcomes. Generally speaking, the needs of the family and/or tribe come before individual needs.

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Military values and culture for veterans from the Iraq and Afghanistan wars

When talking to a person who has returned from active duty, it is important to ask about symptoms such as sleep disturbance, anxiety or feelings of helplessness or panic rather than asking if they have a brain injury. You could ask if they were in combat situations, IED blasts, or if they lost anyone, and be prepared to listen to their responses. War may cause our young men and women to experience death, terror, shame, moral guilt and events that we cannot imagine.

- Military branches have their own 'language' and ranks. (Use correct language if possible)
- Core values are honor, courage and commitment
- Discipline and following orders are critical
- Want to do the job they were trained to do
- May relate better to other military or those who understand the war experience
- Do not like to show weakness

Defense and Veterans Brain Injury Center

Website. www.dvbic.org

General tips on educating families from different cultures about brain injury

- Explain differences between brain injury and mental illness or other developmental disabilities.
- Stress that changes in the patient's mobility, behavior, or learning may be from the brain injury and not because of intentional behavior or any wrongful act committed by ancestors or other beliefs. Stress the recovery is a long process.
- Explain the importance of taking medicine for the prescribed number of days, even if the patient feels better or is not showing any more symptoms.
- Make sure that the family uses standard measures for medications. Demonstrate the exact dosage or give the family a medicine spoon or measure to use.
- Ask for dates of cultural holidays. Avoid scheduling appointments during these times.
- Consider the terms "noncompliant, passive or resistant" as warning flags that communication is not working. Explore cultural reasons why the family and patient are not able to understand and respond.

The Division of Mental Health/Developmental Disabilities/Substance Abuse Services (DMHDDSAS) Presently there are seven local offices which are commonly referred to as Local Management Entities/Managed Care Organizations (LME/MCOs). These local offices offer both Medicaid and State funded services. They manage the providers that deliver services in the community. You can find the local office that serves your county by clicking on the following link: <http://www.ncdhhs.gov/providers/lme-mco-directory>

What does an LME/MCO do for individuals that have TBI and their families?

Each LME/MCO has different providers in their network; therefore services may differ by location. The LME/MCO can assist in getting services if a person is eligible. The first step is to call the “Access Line” for the local office. In NC, TBI has been defined as a Developmental Disability. This means that the person with TBI may be eligible for services designed for someone with an IDD (Intellectual or Developmental Disability). Make sure that to tell the person any challenges or difficulties that the person with brain injury or their family member is experiencing because they may also be eligible for Mental Health or Substance Abuse Services.

How does someone apply for services? The first step is to call the local office to receive information about eligibility and possible services as noted above. More TBI information is available through the Division’s website: <http://www.ncdhhs.gov/mhddsas/services/TBI/index.htm> or through the individual websites listed here.

Alliance Behavioral Healthcare:

www.alliancebhc.org

Counties served: Cumberland, Durham, Johnston and Wake

Cardinal Innovations Healthcare Solutions:

<http://www.cardinalinnovations.org/>

Counties served: Alamance, Cabarrus, Caswell, Chatham, Davidson, Davie Forsyth Franklin, Granville, Halifax, Mecklenburg, Orange, Person, Rockingham Rowan, Stanly, Stokes Union, Vance and Warren

Eastpointe:

<http://www.eastpointe.net/>

Counties Served: Bladen, Columbus, Duplin, Edgecombe, Green, Lenoir, Nash, Robeson, Sampson, Scotland, Wayne, and Wilson

Partners Behavioral Health Management:

<http://www.partnersbhm.org/>

Counties Served: Burke, Catawba, Cleveland, Gaston, Iredell, Lincoln, Surry, and Yadkin

Sandhills Center for MH/DD/SAS:

<http://www.sandhillscenter.org/>

Counties Served: Anson, Guilford, Harnett, Hoke, Lee, Montgomery, Moore, Randolph, and Richmond

VAYA Health:

<http://vayahealth.com/>

Counties Served: Alexander, Alleghany, Ashe, Avery, Buncombe, Caldwell, Cherokee, Clay, Graham, Haywood, Henderson, Jackson, Macon, Madison, McDowell, Mitchell, Polk, Rutherford, Swain, Transylvania, Watauga, Wilkes, and Yancey

Trillium

<http://www.trilliumhealthresources.org/>

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