Slide 1

Welcome to Webinar 3:

We'll get started at
10 CST
11 EST

Brain Links

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Slide 2

Part 3: *Case Studies of Psychosocial and Behavioral Changes after Brain Injury: Practical Recommendations*

April 3, 2025

Using Case Studies to Highlight Best Practice and Improve Outcomes in Brain Injury webinar series

Brain Links

Wendy Ellmo MS CCC/SLP, BCNCDS, CBHP
Speech Language Pathologist, Brain Injury Specialist
Certified Brain Health Professional
Certified Cognitive Screener

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ACL — Administration for Community Living

TBI SPP — Traumatic Brain Injury State Partnership Program

Brain Links is supported by the Administration for Community Living (ACL) of the U.S. Department of Health and Human Services under Grant No. 90TBSG0051-01-00 and in part by the TN Department of Health, Traumatic Brain Injury Program.

TENNESSEE DISABILITY COALITION

Brain Links

kidcentral tn
KIDCENTRALTN.COM

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Slide 4

Brain Links

Family-friendly educational materials

Brain Health Resources
Resources for return to school and work settings

Statewide team of brain injury specialists

Toolkits for healthcare providers, school nurses, families and service professionals

We equip professionals to better serve people with TBI with current research-based training and tools

Tennessee Brighter Futures Collaborative

Brain Links

Tennessee Brighter Futures

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Housekeeping

If you have questions, please enter them in the Q & A.

At the end of the session, please complete the survey for your certificate of attendance.

Following the session, materials and recording will be posted on our website – webinar page

https://www.tndisability.org/training-webinars-and-podcasts

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Agenda

➤ 2 Case Studies

➤ Highlight clinical thinking

➤ Focus on Psychosocial & Behavioral changes through the lens of cognition and language changes

➤ Address some school approaches

➤ Resources that work & how to use them

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Slide 7

THE CASES

- Are based on two or more cases to protect privacy
- Are designed so we can address real issues and highlight key tools
- Cover different co-occurring needs areas (mental health, homelessness, etc).
- Will be presented as if they actually happened:
  - "Next, we...."
- We are NOT trying to be the expert in that other co-occurring need area...

Brain Links

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Slide 9

Amanda

- 30 years old, divorced
- Goes to a mental health clinic
- Depressed for a few years
- Not feeling like herself
- Not working, but would like to be
- Lost her job 4 years ago – lack of productivity
- Doesn't go out much; used to enjoy her friends
- Her cat, Snowball, keeps her company
- She feels like she's living in black and white and wants to live in color

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Slide 10

Amanda

Counselor - Susan

- As a standard of practice, uses the OBISSS (Online Brain Injury Screening & Support System
  - Screening for prior history of brain injury
  - Assessment of cognitive and functional changes
  - Automatically generated accommodations lists by category

MINDSOURCE
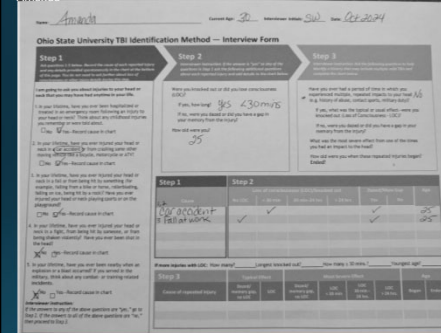
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Why is this Protocol Important?

People with TBI will have a harder time using services and maintaining change if they do not receive the needed accommodations.

...they'll be back in treatment again, or worse...

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Slide 12

Amanda

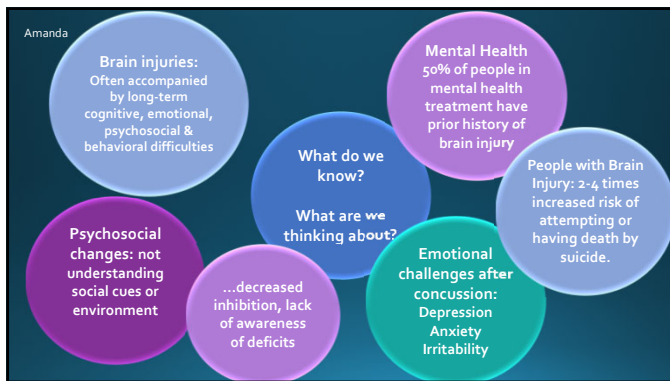Ohio State University TBI Identification Method — Interview Form

Car accident at 25
- Headaches for 2 years
- Never diagnosed
- Doesn't remember a lot
- Some word finding
- Difficulty putting ideas together

Slip & fall at work 6 months later
- Hit her head
- Made things worse for a while

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Amanda

- **Brain injuries:** Often accompanied by long-term cognitive, emotional, psychosocial & behavioral difficulties
- **Mental Health** 50% of people in mental health treatment have prior history of brain injury
- **What do we know?**
- **What are we thinking about?**
- **People with Brain Injury:** 2-4 times increased risk of attempting or having death by suicide.
- **Psychosocial changes:** not understanding social cues or environment
- ...decreased inhibition, lack of awareness of deficits
- **Emotional challenges after concussion:** Depression Anxiety Irritability

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Amanda

Cognitive Strategies for Clients, Community
Mental Health & Criminal Justice Professionals

MINDSOURCE
DENVER

ORGANIZATION PROBLEMS	I do not experience this problem at all	I experience this problem but it does not bother me	I am mildly bothered by this problem	I am moderately bothered by this problem	I am extremely bothered by this problem
Difficulty keeping to a schedule				✔	
Difficulty prioritizing tasks					
3. Difficulty starting tasks					
4. Difficulty switching from one task to another					
5. Difficulty completing tasks				✔	
6. Difficulty completing tasks correctly					
7. Keeping up with time-sensitive tasks (e.g., bill pay, work)				✔	

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Amanda

INHIBITION PROBLEMS	I do not experience this problem at all	I experience this problem but it does not bother me	I am mildly bothered by this problem	I am moderately bothered by this problem	I am extremely bothered by this problem
1. Saying things without thinking				✔	
2. Doing things without thinking				✔	
3. Not following directions					
4. Dominating conversations					✔
5. Interrupting when others are speaking					✔

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Amanda

LANGUAGE PROBLEMS	I do not experience this problem at all	I experience this problem but it does not bother me	I am mildly bothered by this problem	I am moderately bothered by this problem	I am extremely bothered by this problem
1. Difficulty understanding what people tell me				✔	
2. Difficulty understanding what I've read					
3. Difficulty finding the right word when speaking					✔
4. Difficulty getting people to understand what I am trying to say					✔
5. Difficulty writing emails, papers, etc.					

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Amanda

Referral to Speech Language Pathologist with experience in brain injury:

- Says things without thinking
- Dominates conversations, ruminating over the past and has to discuss it, poking the bruise, using the person as a counselor
- Interrupts others when they are talking
- Feels like her friends are now always busy and they don't answer her calls as much. As a result, feeling isolated and depressed.
- Told she overshares, which makes people uncomfortable
- Doesn't notice social cues (like she's talking too much or it's time to go or the other person would like to interject)

Wendy

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Amanda

Referral to Speech Language Pathologist with experience in brain injury:

- Tells the same stories
- Sometimes she gets excited and stands too close and touches too much (just on the arm or shoulder)
- Overly emotional in social situations
- Also saw that attention and short-term memory were influencing things
  - Interrupting because she might forget – this had become habitual

Wendy

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Helped her understand prior issues:

- Balance
- Dizziness
- Cognitive Fatigue

And how **her neck and sleep issues** influence her cognition and ability to monitor

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Survivors, Families & Caregivers Toolkit

- Essential Resources
- Signs & symptoms and Fact Sheets
- Mental Health
- Domestic Violence
- Behavior Resource
- Returning to School
- Family Caregiver Resources
- Financial & Residential Resources

Survivors, Families, and Caregivers Toolkit
https://www.tndisability.org/brain-toolkits

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Service Professionals Toolkit

- Tools for developing plans and services
- Mental health information and factsheets
- Domestic violence
- Returning to school and work
- Residential resources
- Family and caregiver resources
- Social media
- Professional development
- Programs and resources

Service Professionals Toolkit
https://www.tndisability.org/brain-toolkits

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- "Gets hung up on something" until she's exhausted
- Sitting at her computer on the couch, poor positioning
  - Neck, back & shoulder pain,
  - Not doing what she needs to for neck pain
  - Referred to a PT
  - Being out of pain helped her in all areas
  - Needed a schedule with accountability to first the PT, then to the counselor when PT stopped, to consistently do exercises.
- Drinking a bit more than usual

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Slide 25

Amanda

BRAIN HEALTH

Food
Exercise
Mental Health
Learn
Socialize
Avoid Toxins
Sleep
Purpose & Joy

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Slide 26

Amanda

CONCUSSIONS & MENTAL HEALTH

- Mental health issues, like depression, are common after a concussion
- Symptoms to watch for
- Good job getting to the clinic
- Treatment will be personalized

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Slide 27

Amanda

Taught Amanda Self-Awareness Model

- Good intellectual awareness
- Need work on emergent & anticipatory

SLP and Counselor:
- "Something is happening now, can you spot it?"
- Agreement that we would keep track of what Amanda was saying so she could come back to it.
  - Took away some of the "rudeness" feeling
  - The worry that she would forget what she was saying.

Hierarchy of Self-Awareness

Anticipatory

Emergent

Intellectual

No Awareness

Crosson et al, 1989

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Slide 28

Amanda

In Therapy

Practiced listening and asking relevant questions, without adding anything personal.

Then with friends

(Same)

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Slide 29

Amanda

In Therapy

- Thought about upcoming interactions
- Wrote a list of topics on an index card

Then with friends

- Practiced topics
- Practiced asking questions
- Practiced not touching – hands in pockets, behind her back, between her legs if sitting
- Reported back

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Amanda

In Therapy

- Practiced not interrupting
- Wrote her thought down – one to two words

Then with friends – on the phone

- Practiced not interrupting
- Wrote her thought down – one to two word
- Then no writing – thinking of key word to remember her topic/thought
- Reported back

Then with friends – in person

- Practiced not interrupting
- Then no writing – thinking of key word
- Reported back

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Amanda

In Therapy	Then with friends

• Sometimes she gets excited and stands too close and touches too much & overly emotional in social situations
  • Talked in the hallways / standing up
  • Hands in back pockets helped (in beginning)
  • Monitor emotions
	(Same)

Sad/Crying   Calm / Even   Excited

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Slide 32

Socialization
&
Practice

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Slide 33

Amanda

Occupational Therapist (OT)

Issue: Organization – difficulty

• Keeping to a schedule
• Completing tasks
• Keeping up with time-sensitive tasks
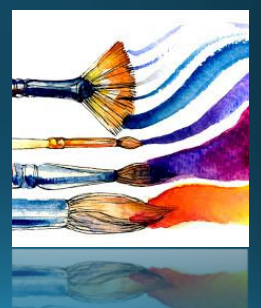
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Amanda

Work

Part Time Job

• Teaching art classes for children
• Bookkeeping for the studio
• Keeping the studio organized

OT & SLP
• Helped her transition her skills to work

Counselor
• Stayed with her through the transition to work, then had check-ins, looking to discontinue soon

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Amanda

A GUIDE TO POSSIBLE CHANGES AFTER BRAIN INJURY
FOR SCHOOL-AGED CHILDREN AND ADULTS

This guide was designed to help people watch for changes that may follow a brain injury.

OUTCOMES AFTER BRAIN INJURY REHAB ARE DIFFERENT FOR EVERYONE

THINGS TO WATCH FOR IN CHILDREN

THINGS TO WATCH FOR IN ADULTS

What To Do If You See Changes In Yourself or Family Members

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Amanda

What Worked

➡ Focus on the brain injury right from the beginning

➡ Team approach / team communication

➡ Focus on Amanda's awareness

➡ Lots of real-life practice
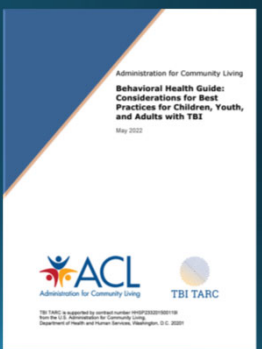
➡ Lots of education

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James

ACL's Behavioral Health Guide: Considerations for Best Practices for Children, Youth and Adults with TBI

- Overview of Behavioral Health & TBI
- Training Approaches
- Screening for Lifetime History of TBI
- Modifying Clinical Interventions for TBI
- Modifying Psychopharmacologic Interventions

Mentions Mental Health, Substance Use, Criminal Justice, Domestic Violence & Homelessness

Administration for Community Living

Behavioral Health Guide: Considerations for Best Practices for Children, Youth, and Adults with TBI

May 2022

ACL
Administration for Community Living

TBI TARC

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James

Resource pages by system of support

Tennessee Brighter Futures

Brain Injury   Mental Health   Chronic Pain

https://www.tndisability.org/tbf-systems-support

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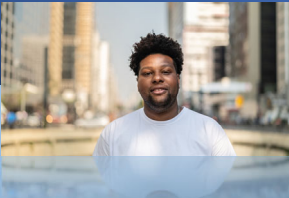**Rudy**
27 years old

- Had a severe brain injury when he was 12
- Car accident
- Didn't know much about it

- Severe car accident; recovered "well"
- Before accident: everyone loved him – fun, funny, lots of friends

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Rudy

BEHAVIOR PROBLEM

School

- Didn't notify the school – "the doctor was so pleased with his recovery"
- "Thinking back…" his grades slowly dropped that year
- Started getting in trouble for wandering around the classroom, being a distraction, not finishing work
- Getting in trouble in the lunchroom and recess – at this point his behavior became the focus – not his schoolwork or grades

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Slide 41

Rudy

BEHAVIOR PROBLEM

School

- Seemed to be alone a lot by 9th grade
- Stopped liking school by high school
- Dropped out in 11th grade, "became too much to handle", lots of fights with mother and left home 6 months later
- She lost track of him

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Rudy

Case Worker at the Homeless Shelter

- Got Rudy into a group home
- Had a cognitive-linguistic evaluation by a Speech Language Pathologist with experience with neurological disorders
- Used SLP info, along with staff observations to fill out the Brainstorming Solutions Tool (BST)

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Rudy

Determining Strengths & Weaknesses

Brainstorming Solutions Tool (BST)

- Staff observations
- SLP evaluation
- Neuropsychological evaluation
- Any records

See more on ▶ YouTube

- Focusing on psychosocial and behavioral
- Summarize cognitive findings

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Rudy

Brainstorming Solutions Tool

- Attention
- Processing Speed
- Memory
- Initiation
- Awareness
- Impulse control
- Receptive language (understanding)
- Speaking (speaks simply)
- Problem solving

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Rudy

Lots and Lots of
EDUCATION

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Slide 46

Rudy

Developed Cognitive Strategies

Strategies & Accommodations Tool (SAT)

- Team brainstorming
- Input from Rudy
- Modifying as needed

Communication
Slow down when talking
Shorten sentences and information
Careful not to talk down to Rudy
Use visuals whenever possible
Demonstrate
Rudy: ask questions

Chores
Hung up a chore chart
Put on his calendar
Put chores into his phone with a reminder alarm
For messiness – set up systems of where things go;
Put pictures of what goes where

Planning
Calendar
Involved Rudy in developing steps for chores (1st, 2nd, 3rd)

Same approach to strategy development was used for behavior

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Rudy

Staff Approach

**Curiosity and Problem Solving
Vs
Judgement and Anger**

"Find *something* to like about the person"

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Slide 48

Rudy

Brainstorming Solutions Tool (BST)

Emotional State (consider psychiatric diagnoses and current general emotional state – sad, anxious, angry, fearful, happy)	Seems sad. Sometimes angry.
Fatigue (how much stamina do they have, what happens when they get tired, how does it impact behavior)	Pretty good. Sometimes tired in the evening or after volunteering
Environment (what type of environment does the person work best in, think about noise and visual distractions, number of people)	Does better in quiet & with fewer people & less noise around

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Rudy

Behavior

Helps have appropriate behavior (consider environment, people, way of speaking to the person, sleep, eating at set times, access to fun activities)	
Triggers (what sets off unwanted behavior, consider environment, people, way of speaking to the person, poor sleep, not eating, not getting to do what they want)	
Helps calm (no words, specific words or way of interacting, an object, a person, an activity, a distraction)	
What is the person's behavior attempting to communicate	
How can I help the person communicate in a different way	

(overlaid text box):
- Can get verbally aggressive when someone comes into the room and turns the lights on. Often stands up and is physically intimidating because he's a big guy.
- Throws things sometimes.
- Socially isolating. Spends a lot of time in his room alone.
- Not following house rules.

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Rudy

Behavior

Helps have appropriate behavior (consider environment, people, way of speaking to the person, sleep, eating at set times, access to fun activities)	Quiet environments Calmer with women (?) Being well-rested
Triggers (what sets off unwanted behavior, consider environment, people, way of speaking to the person, poor sleep, not eating, not getting to do what they want)	Sometimes noise. Feeling like he's being talked down to Not being able to do something – feeling stupid Being tired, coming home from volunteering Someone turning the lights on – esp if he's not expecting it
Helps calm when triggered (no words/quiet, specific words or way of interacting, an object, a person, an activity, a distraction)	Being alone. Not sure what else.
What is the person's behavior attempting to communicate	Sometimes: "I'm not stupid." "I'm frustrated." "I'm angry." Maybe: "I'm tired and overwhelmed." "You're talking too fast." "I don't know what you mean." "I need a minute." Other times – not sure.
How can I help the person communicate in a different way	Give him the words when he's calm.

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Rudy

Brainstorming Solutions Tool (BST)

Emotional State (consider psychiatric diagnoses and current general emotional state – sad, anxious, angry, fearful, happy)	
Fatigue (how much stamina do they have, what happens when they get tired, how does it impact behavior)	
Environment (what type of environment does the person work best in, think about noise and visual distractions, number of people)	
Behavior	
Helps have appropriate behavior (consider environment, people, way of speaking to the person, sleep, eating at set times, access to	

Recent Changes

Medication	No
Injuries/Illnesses	No, but does have more difficulty when sick.
Other	No
Did a problem start or get worse when the change was made?	N/A

| behavior attempting to communicate | |
| How can I help the person communicate in a different way | |

Recent Changes
Medication
Injuries/Illnesses
Other
Did a problem start or get worse when the change was made?

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Rudy

Final Page

- Solutions – Strategies to try
- Rudy's suggestions/modifications
- How did it go?
- What to change for next time

Solutions (Things to try) / Strategies

What I need to do to support them? (Ex: cue the person when they forget, point to a picture reminder, do the step they can't)	
Internal Strategies the person can use (repeating it to themselves, asking themselves a question when they get stuck, a rhyme)	
External Strategies the person can use (a calendar, a checklist, pictures, a timer, an app, their phone, a notebook, organizing bins)	
Environment Changes (close doors, get rid of noise, get rid of clutter, put what they need near the door)	

Share the proposed solutions/strategies with the person, listen to their suggestions and concerns and get their okay to try the new approach.

| The person's thoughts, ideas and concerns | |

Evaluation and Plan

| How did these changes and strategies work? | |
| What will I try next time? | |

ACL   TBI SPF   BrainWise   biocentral tec

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Rudy

Behavior Challenges

Behavior is saying something – it is a communication

Reflects an unmet need:
- Safety
- Calm
- Reassurance

Can be based in trauma or culture/background

Can be brought about by the cognitive or linguistic demands

People are complicated – can be more than one thing going on at a time.

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Rudy

Behavior: "Can get verbally aggressive when someone comes into the room and turns the lights on. Often stands up and is physically intimidating because he's a big guy."

Talked with Rudy

- Initially was not sure – "They just made me mad."

- Offered other options
  - Startle you?
  - Want to be alone?

- Tried turning on the lights
  - Hurt his eyes and head; did startle him a little
  - Wasn't all rooms
  - Changed out some light bulbs

- Actually wanted the company – feels lonely. Likes talking

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Rudy

Behavior: "Can get verbally aggressive when someone comes into the room and turns the lights on. Often stands up and is physically intimidating because he's a big guy."

Talked with Rudy

- "They just made me mad."
  - Helped him to understand that it wasn't actually them -more of a physical response
  - We asked others to warn him –"Going to turn on the lights...ok?"
  - Asked Rudy to take a deep breath

- Actually wanted the company – feels lonely. Likes talking
  - Worked on developing topics to talk about
  - Activities of common interest; planned activities
  - Asking questions to engage another

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Rudy

Behavior: Throws things sometimes

Talked with Rudy

- Initially was not sure – "They just made me mad."

- Never want to hurt anyone

- Reviewed some recent past situations
  - Angry because he felt stupid
    - From their words
    - Too fast/overwhelmed
    - Didn't understand

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Rudy

Behavior: Throws things sometimes

Talked with Rudy

- Discussed how the other person feels (increased awareness / natural consequences)
  - Threatened
  - Scared
  - Don't want to be around him

- Decreased frustration
  - Rating himself (increased awareness)
  - Deep breaths
  - Walk away if needed

Calm/Happy	Getting Upset/Frustrated	Too Late/I'm Gone
1	2	3

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Rudy

Headache Relief Guide
https://www.youtube.com/watch?v=YKxV07cisPA&feature=youtu.be

https://www.youtube.com/watch?v=aAuGzmx6_jo

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Rudy

Headache Relief Guide
https://www.youtube.com/watch?v=aAuGzmx6_jo

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Rudy

Behavior: Throws things sometimes

Decreased distractions in the environment

Helped with language – short sentences
- "Give me a minute"
- "I need to stop" – holding hand up
- "I'm getting angry!"
- "Stop!"

BE PREPARED TO STOP

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Rudy

Behavior: Throws things sometimes

Frustration still happens...alternatives to the behavior

- Throw pillows, only at the floor
- Yell into a pillow
- Squeeze a stress ball
- Throw a stress ball, not at a person
- Yell

Natural consequences...
- Apologize
- Clean up any messes

Follow up with staff after each incident for support

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Rudy

RULES

Behavior: Not following house rules.

Everyone does their chores.

Quiet hours 9:00 pm to 8 am.

Clean up after yourself. Don't leave dishes in the sink.

Keep common areas clean & tidy – take your things with you when you leave.

Turn lights off.

If something is getting low or you take the last one, write it on the list.

(ex: food, laundry detergent)

Sheets washed once a week (on your day)

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Rudy

RULES

Behavior: Not following house rules.

Talked with Rudy

Lots of reasons:
- "Don't feel like it"
- "Too hard"
- "Can't remember"

Discussed natural consequences

How does your brain feel in a messy room?

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Rudy

RULES

Behavior: Not following house rules.

Talked with Rudy

Put chores on a calendar with specific date and time

Someone did his chores alongside him a few times; directions posted

for laundry

Steps with check-off box on list

House list with everyone's chores in kitchen
- Clear that everyone had jobs
- Color-coded
- Everyone was reminded of chores during house meetings & casual reminders in morning and after dinner

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Rudy

THE LINK CENTER

Tips to Manage Triggers

What are triggers?

Triggers are things that make you remember something bad that happened to you. They can be people, places, smells, sounds, tastes, or things. For example, if someone who hurt you smelled like smoke or perfume, those smells might make you remember what happened.

Triggers can make you feel really scared or anxious. Our minds and bodies might explode with feelings. When you remember bad things, you might feel sad, mad, or scared for a while.

Try to figure out the things that trigger you. Try to stay away from those things. But it may not be possible to avoid all your triggers. Knowing your triggers can help you understand why you get upset.

What are my triggers?

What can I do to be OK when I get upset? what can I do to help myself be ok? (For example, take a shower, take deep breaths, listen to music, take a walk, go somewhere quiet, take a shower)

Helpful support: what can others do to help me be OK? (For example, be calm, listen, tell me I'm safe, encourage me to breathe slowly)

THE LINK CENTER

Not helpful support: what do others do that is not helpful? (For example, do not ask a lot of questions. Do not stop me from talking about the past. Do not ignore or judge my feelings.)

Who should support me: who do I want to support me when I am upset?

Who should not support me: who do I not want to support me when I am upset?

Checking in is helpful for you and your supporters. You get others to listen to you. You get emotional support. Your supporters get information on how you are feeling. You tell your supporters what they can do and say to support you. Over time, you'll build trust.

Checking in: what can others do to just check in? When do you want others to check in? What do you want others to do and say when checking in?

How will I share this information with others: (For example, will you use an AAC device, will you give your supporter this paper, will you have a supporter ask you these questions and you shake your head yes/no, will you use pictures, will you use speech to share?)

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Slide 66

Rudy

Behavior: Socially isolating

Ice-breaking activities to get to know everyone.

Fun household activities planned

Outings planned

List of things he liked to do in free time

Planning things to do in free time on calendar

Volunteer job*

Lock put on his closet door.
Rudy was afraid people were going to take his things –
a fear he developed on the streets

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Slide 67

Rudy

Work – Volunteering at a Food Bank

- Makes boxes
- Restocks them for sorters
- Uses the pallet jack to move loaded boxes
- Goal: to get a paid job at the food bank

Behavior:

- Generally good. Worked by himself.
- Throw things or yell when corrected
  - Better when pulled aside, corrected by "the boss", behavior was normalized ("I forget that sometimes, too.")
- Walk away when there was a big group of volunteers or when things got too noisy

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Rudy

What Worked

Patience, developing trust

Consistency, lots of review

Building his self-awareness

Education about his injury

Brain calming activities

Recognizing the underlying cognitive issues

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Slide 69

Rudy

What Worked for the Staff

Understanding it's the brain

Understanding the cognition & language

Understanding Rudy was not trying to make it a bad day for them – he was having a bad day.

Understanding Rudy had a long time without treatment – had a long time to develop bad behaviors

Understanding that the impulsivity makes it so he needs clear rules from the environment

Focusing on the things they like about Rudy, especially when he's having a tough day

Working with Rudy, becoming an ally, getting agreement about giving feedback

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Rudy

What Might Have Been Done Earlier

Communication between hospital & the school
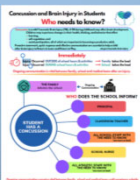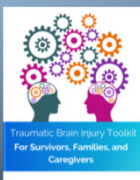
| CDC's Return to School Letter | Guide to Possible Changes School-Aged & Adult | Hospital to School Transition Protocol | School Lingo |

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Slide 71

Rudy

What Might Have Been Done Earlier
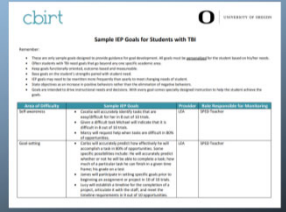
The School

| Concussion & Brain Injury in Students: Who Needs to Know | TBI Toolkit for School Nurses | TBI Toolkit for Survivors |

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Slide 72

Rudy

What Might Have Been Done Earlier

The School

| 504/IEP Accommodations in the Classroom for a Student with TBI | Sample IEP Goals for Students with TBI |

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What Might Have Been Done Earlier

Rudy

The School

Concussion/Brain Injury Alert & Monitoring Form

Travels from grade to grade & school to school with the student

In the academic and/or medical files

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What Might Have Been Done Earlier

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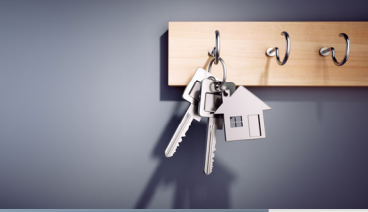What if the hospital never told the school? ⟶ The school could have done their own yearly screening

And possibly could have caught the brain injury and changed the trajectory of this family's life.

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ADAPTING YOUR PRACTICE

Recommendations for the Care of Patients Who Are Homeless or Unstably Housed Living with the Effects of Traumatic Brain Injury

National Health Care for the Homeless Council
October 2018

https://nhchc.org/clinical-practice/adapted-clinical-guidelines/tbi/

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Resource pages by system of support

Rudy

Tennessee Brighter Futures

Brain Injury   Homelessness   Minority Health

https://www.tndisability.org/tbf-systems-support
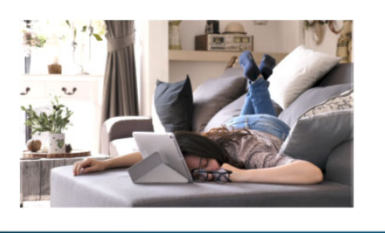
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Questions?

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Brain Links

Thank you!

Materials and recording will be posted on our website
www.tndisability.org/brain

Wendy_e@tndisability.org

Take the 1 minute survey!
Help us improve.

Certificate of Attendance Training Survey:
https://form.jotform.com/213424332750144