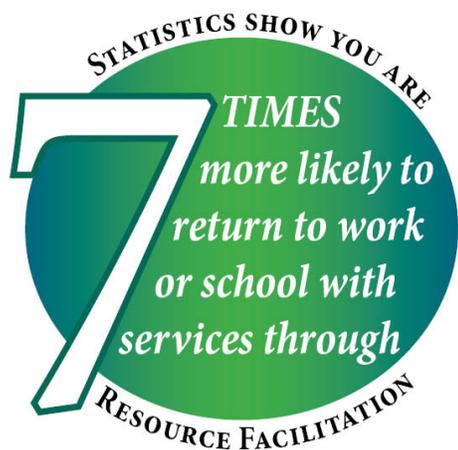


the Working Brain

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MOMENTUM

Brain Injury & Resource Facilitation Regional Conferences

Join us in October for the Inaugural Brain Injury & Resource Facilitation Conference that will be held regionally across the State (see column on the right for dates and locations).

Of special interest, on **Day One** attendees will hear from our renowned group of speakers who will address essential issues related to brain injury. On **Day Two**, attendees will roll up their shirt sleeves and work on how they can function as a team to get the best outcomes through challenging case studies and interactive breakout sessions.

This 2-day conference will provide cutting-edge brain injury education and promote evidence-based vocational rehabilitation through the collaboration of community resource providers.

Secondly, the impact brain injury has on the judicial system is staggering. As many as **60%** of all people incarcerated have a history of brain injury. To address this, we have planned **Day Two** with a separate track for Criminal Justice professionals (see page **Track B** on page 2). This track will provide information about the relationship between brain injury and criminality, our research, training and screening techniques specific to brain injury, discussion of the barriers and gaps to service, and opportunity to problem-solve how to address these barriers.

Register today! Online registration is available until 2 days prior to the event. Continuing Education Credits are included in the \$250 Registration fee. Please contact Claire Brownson at Claire.Brownson@rhin.com should you need any assistance or have questions.

REGISTER ONLINE

<http://www.cvent.com/d/8vq7kz>

Conference Dates & Locations

Northern Indiana • October 11-12

Gillespie Conference Center
South Bend, Indiana

For overnight accommodations:

Inn at St. Mary's
Reservation Phone #: 574-232-4000
Code: Rehabilitation Hospital of Indiana

Southern Indiana • October 18-19

French Lick Springs Hotel
French Lick, Indiana

For overnight accommodations:

French Lick Springs Hotel
Reservation Phone #: 888-936-9360
Code: 1016RHI

Central Indiana • October 25-26

IU Health Neuroscience Center
Indianapolis, Indiana

Who should attend?

From the field of brain injury:
Vocational Rehabilitation Staff, Employment Service Providers, Psychologists, Physicians, Nurses, Probation Officers, Special Education Personnel, Licensed Mental Health Counselors, Social Workers, Other State Personnel, and Rehabilitation Therapists.

From the Criminal Justice system:
Judges, Court staff, Probation Officers, Prosecutors, Public Defenders or private practices, Police Officers, Parole Officers, Community Corrections and Offender Re-entry staff.

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BRAIN INJURY & RESOURCE FACILITATION REGIONAL CONFERENCE

Conference Objectives

Participants will be able to:

- Describe the epidemiology, types and impairments associated with acquired brain injury.
- List the different types of barriers to optimal vocational outcome.
- Screen for the presence of acquired brain injury.
- Determine evidenced-based vocational rehabilitation for people with brain injury.
- Collaborate with a brain injury-specific system and service navigation process (Resource Facilitation) to improve vocational outcome for people with brain injury.
- Identify ways to help courts work with defendants who have brain injuries.

Conference Speakers

Department of Resource Facilitation Rehabilitation Hospital Indiana:

Lance E. Trexler, PhD, HSPP, FACRM
Clinical Neuropsychologist
Executive Director

Summer L. Ibarra, PhD, HSPP
Clinical Neuropsychologist
Associate Director

Peter A. Bisbecos, JD, Director
Market Innovation & Public Policy

Claire Brownson, MA, Coordinator
Training & Education

BI Local Support Network Leaders:

North: Penny Torma, LSW

Central: Wendy Waldman, BSW, CBIST

South: Jean Capler, MSW, LCSW

Bureau of Rehabilitation Services, Division of Disability and Rehabilitative Services:

Peri Rogowski, MS, Director
Specialized Services & Support Programs

Steve Upchurch, MHA, Manager
Training & Professional Development

Frances Osburn, MS, Superintendent
of **Edinburgh Correctional Facility**

Jeff Lilly, MPA, President

Brain Injury Association of Indiana

Agenda Topics & Speakers

DAY ONE

Introductions and Conference Goals

Steve Upchurch, MHA, Frances Osburn, MS; Lance E. Trexler, PhD, HSPP, FACRM; Peter A. Bisbecos, JD

Epidemiology, Types of Acquired Brain Injuries, and Determinants of Recovery

Summer L. Ibarra, PhD, HSPP

Barriers to Vocational Outcome Following Acquired Brain Injury

Summer L. Ibarra, PhD, HSPP

Lunch and Awards Ceremony:

Community Resource Provider Award & Employer Award

Cognitive and Behavioral Consequences of Brain Injury

Lance E. Trexler, PhD, HSPP, FACRM

Resource Facilitation: Evidence-Based Vocational Rehabilitation for Acquired Brain Injury

Lance E. Trexler, PhD, HSPP, FACRM

Reception and Networking

DAY TWO

Agenda, Goals and Processes

Lance E. Trexler, PhD, HSPP, FACRM & RHI BI Local Support Network Leader

Screening for Brain Injury: The RHI-Revised Ohio State University Instrument and Practice Case Study

Claire Brownson, MA

After the Screening for Brain Injury portion of the agenda, attendees will break into either Track A or B. Track A is geared toward professionals in the field of brain injury. Track B is geared toward professionals in the field of criminal justice. These tracks will run concurrently on Day 2.

TRACKS A&B:

LUNCH FOR ALL ATTENDEES

Update on the Brain Injury Association of Indiana

Jeff Lilly, MPA, BIAI Chair

TRACK A:

Resources and Strategies for the Management of Brain Injury and the Role of Resource Facilitation with VRS and Community Service Providers

Presentation of the Case Study to be used in the Breakout Session

Peri Rogowski, MS; Summer L. Ibarra, PhD, HSPP and BI RHI Local Support Network Leader

Breakout Session

Summer L. Ibarra, PhD, HSPP; Claire Brownson, MA; BI RHI Local Support Network Leader

Breakout groups will be composed of multiple types of providers. Each group will be tasked with developing:

1. A list of the specific challenges this case will present for vocational rehabilitation (e.g., memory impairment),
2. A description of how it will affect their service delivery (e.g., job coaching),
3. How they (multiple providers) would work together to address those challenges, and
4. Strategies and resources to use.

Breakout Group Presentations and Discussion

Lance E. Trexler, PhD, HSPP, FACRM

Future Indiana Innovation, Direction and Priorities for Brain Injury Education and Vocational Rehabilitation

Peri Rogowski, MS; Lance E. Trexler, PhD, HSPP, FACRM

TRACK B:

CRIMINAL JUSTICE

Criminality and Brain Injury

Lance E. Trexler, PhD, HSPP, FACRM

Criminal Justice Discussion

Peter Bisbecos, JD; Frances Osburn, MS

We will discuss:

1. Our experiences to date,
2. Potential profiles of defendants with brain injury,
3. Identification of barriers and gaps in communities, and
4. Discussion of possible short term and longer term solutions.

FINDINGS



Criminal Conduct & Brain Injury: Is There a Correlation?

The correlation between brain injury and criminal conduct is undeniable. We know that at least one-third of newly brain-injured people will face criminal charges within three years of their injury – many for the first time. While studies vary widely when identifying the overall percentage of people with brain injury in the criminal justice system, they all agree that brain injury is a significant risk factor for criminal conduct. We know that brain injury is frequently undiagnosed, or misdiagnosed as a mental illness. We also know that people with brain injuries can improve through education and training. In 2008, Hoosiers with brain injuries working through Indiana Vocation Rehabilitation (VR) were returning to work 18% of the time. With today's RHI / VR Resource Facilitation partnership, the return to work rate has recently ranged between 66 to 82%.

We are currently working with the Marion County Problem Solving Courts to get a fuller understanding of the influence of brain injury on criminality. Over the next couple of months, we are screening defendants in these courts for brain injury. Data from this pilot will be the basis for a grant request late this year to conduct a much more in-depth study of this issue. Understanding this problem will help us address it effectively across many systems.

We have added a criminal justice track to our annual seminars because this problem exists today. There is no reason not to begin conversations that can lead to solutions – at least on an individual basis. Please join us to learn the latest, and to talk about what you are observing.

MOMENTUM

So What is the RTC?

The RHI Resource Facilitation program has more than doubled the national average in returning people with brain injury to work. It is the consequence of six years of research and program development. We have completed two randomized controlled trials and two prospective clinical cohort studies that have driven how we structure and manage the Resource Facilitation program. Not only is Resource Facilitation evidence-based – we produced the evidence and turned it into practice. During the last six years, we have also provided education and training at multiple state, national and international venues on brain injury and vocational rehabilitation.

None of this success could have been achieved without our collaboration with Indiana Vocational Rehabilitation Services. The program development and research has been funded through a variety of federal and state grants, most of which were administrated by the Indiana Vocational Rehabilitation Services. The development of Resource Facilitation has been a collaboration that has resulted in Indiana Vocational Rehabilitation Services leading the nation for vocational outcome following brain injury.



However, improving outcome for people with brain injury takes a village. This reality becomes a certain challenge when resources and capacity may be very limited or absent. As such, our mission is to build state-wide and national capacity to achieve evidence-based vocational outcomes for people with brain injury through research, training and education. Our success in the areas of brain injury and vocational rehabilitation, along with many new requests and opportunities, led to the need to create the RHI Resource Facilitation Research and Training Center (RTC) in 2016.

The RHI RF RTC at the moment has three primary areas of interest:

- Brain injury education and training,
- Brain injury and the criminal justice system, and
- Resource Facilitation.

CELEBRATE

Claire Brownson, MA, LMHCA Takes on New Role in the RTC



Claire Brownson is the new Coordinator of Training & Education in the Department of Resource Facilitation Research & Training Center (RTC) at the Rehabilitation Hospital of Indiana. She has worked at RHI for 4 years, previously employed as a Neuropsychology Technician. Claire graduated from Butler University with double majors in Psychology and Spanish. Claire also graduated from Ball State University Graduate School with her Masters of Arts in Clinical Mental Health Counseling. She is a Licensed Mental Health Counselor Associate and is working towards her licensure to become a LMHC in 2017.

Claire Brownson is published as a co-author in Dr. Samantha Backhaus' 2016 article *Examination of an Intervention to Enhance Relationship Satisfaction after Brain Injury: A Feasibility Study*. She has facilitated over 8 different therapy groups, participated in numerous research studies, presented at several collegiate conferences, assessed over 500 neuropsychology patients, and she is currently managing editor of the RF Department quarterly newsletter.

Refresher on Sending in RF Referrals & Authorizations

Can you believe it? We are nearing the 1,000 mark for individuals who have participated in RHI Resource Facilitation. From 2011 when our cohort research study was conducted to the present, Resource Facilitation has had an impact on so many lives. Not only our clients lives, but their families and caregivers as well.

We thought this would be a good time to provide a refresher on the referral process. Please remember to send in your RF Referral Form **and** VR Authorization Form and any supporting documentation directly to Amy Crane. The same goes for the authorization for any of the RF services. Amy tracks and distributes the **Authorization** to the appropriate Resource Facilitator so it is a very important part of our efficiency that **all Authorizations** go to Amy at **Resource.Facilitation@rhin.com** or **Amy.Crane@rhin.com**. Please contact Amy with any questions you might have either by email or call her directly at **317-329-2241**.

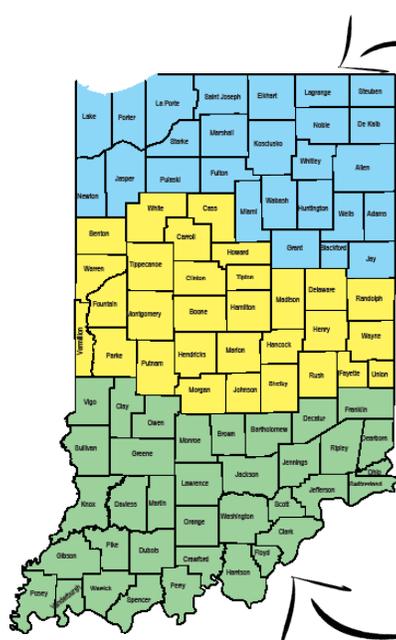


Amy Crane

Community Referrals and their Importance to the Process

Community Referrals are referrals that are not in the Vocational Rehabilitation (VR) system yet and come from other sources than VR. They come to Resource Facilitation (RF) from a community social service agency, mental health agency, hospital, rehabilitation facility or even from the individual themselves. These individuals may not even know about VR and the assistance and services that can be provided.

Upon receipt, the RF BI Local Support Leader (LSN) contacts that referral and educates them on RF and VR. If the referral is interested in pursuing services from both programs, the LSN will provide detailed information on how to call VR to get an intake scheduled and the exact phone number they should call for their specific location. When needed, the LSN can provide services such as helping the client call VR to get the intake scheduled, coaching them on what to say when they call and more. As the LSN is shepherding the client into VR, the LSN is also providing basic guidance and connections to local BI support groups, resources they may be eligible for and education on brain injury.



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RESEARCH

Predicting Outcome & Outcome Stability in Resource Facilitation

We were recently awarded funding for a new study titled: **Predicting Outcome and Outcome Stability in Resource Facilitation**. Several papers have attempted to identify individual predictors of return to work post brain injury; however, results indicate that few predictors directly predict outcome. Instead, many predictors are actually mediating/moderating variables impacting outcome indirectly. Our new study is designed to evaluate the complex relationship between predictor variables and return-to-work rates after participation in the RF program. A Structural Equation Model (SEM) will be designed and tested allowing for prediction of outcome post treatment. The resulting algorithm will be built into a Clinical Decision Support (CDS) system allowing for further identification of “at-risk” patients who may need more attention, special staff assignments, or additional interventions. Further, a CDS for Resource Facilitation could further improve outcomes, improve the efficiency of service delivery, and potentially serve to identify and highlight essential ingredients in the Resource Facilitation intervention. Data collection for the study is underway, and we expect to be finished with the study in 2019. Question about this study? Contact Devan Parrott, MS, Clinical Research Manager & Biostatistician at devan.parrott@rhin.com.