Traumatic-brain injury (TBI) can result in a host of short and long-term deficits. Individuals impacted by TBI often struggle not only to cope with the primary disability of a brain injury, but also with an array of secondary deficits and limitations. Traumatic brain injuries (TBIs) have been linked to emotional problems (e.g., anger), behavioral problems (e.g., impulsivity and aggression), substance use, and poor decision making. As a result, individuals with TBI are typically in need of community-based services, including services provided by mental health professionals. When TBI is misunderstood and not managed by mental health professionals, problematic outcomes can arise. As such, mental health professionals should be familiar with TBI to maximize the effectiveness of services provided to clients. To this end, this brief article reviews multiple key points about TBI that all mental health professionals need to know.

**Adaptive Functioning Deficits.** Adaptive functioning deficits commonly occur among some individuals impacted by TBI. A person’s adaptive behavior is composed of their practical, social, and mental capacities to deal with everyday challenges and problems (e.g., personal hygiene, personal finances, navigating social interactions. Some individuals with TBI may be dependent on the support of family and social services due to deficits in adaptive functioning. As such, mental health professionals are encouraged to assess the individual’s adaptive functioning capabilities and determine what supports and services are needed to best support the impacted individual.

**Anger and Frustration.** TBI can result in the individual having less patience and developing a shorter temper characterized by easiness to become angry or frustrated. As a result, the likelihood of these
behaviors, particularly in new or challenging situations, may increase as a function of TBI. As a result, it is imperative for the impacted individual to participate in community-based programs that address these challenges and deficits.

**Anxiety and Depression.** Anxiety (e.g., general anxiousness or panic attacks) and depression are common after a TBI. These feelings could be the direct result of damage to the brain or the indirect result of the struggles of dealing with and recovering from the injury. As a result, individuals with TBI need a calm and stable environment to aid in their recovery.

**Attentional and concentration impairments.** The attentional and concentration impairments of TBI can have a range of devastating consequences. This includes the lack of comprehension of instructions and questions that can result in poor outcomes during inpatient and outpatient treatment settings. These issues are only exacerbated when treatment providers lack an awareness and understanding of TBI.

**Cognitive deficits.** TBI can have ranging impacts on an individual’s cognitive capacities. Cognitive deficits resulting from TBI can involve information processing, attention, concentration, memory (i.e., short- and long-term), spatial orientation, and abstract thought. As a result, the individual with TBI could have issues solving problems, initiating activities, and completing tasks without assistance. These deficits are often best served through TBI-informed community-based or inpatient treatment settings.

**Confabulation.** Another issue that may be common among some individuals impacted by TBI is confabulation. Confabulation is the creation of a false memory or partially false memory that the individual believes to be true and can sometimes occur because of filling gaps in recall with one’s imagination or environmental cues. Confabulation is particularly likely in situations with professionals who ask leading questions or pressure the interviewee. Inspirations for confabulation can be drawn from social media and social companions or can result from a combination of biopsychosocial factors. Mental health professionals must be prepared for the possibility of confabulation when interviewing and assessing someone who has sustained a TBI.

**Emotional and Behavioral Problems.** Traumatic brain injuries (TBI) commonly bring about alterations in emotions and behaviors. For example, emotional changes can include feelings of anxiousness and depression along with mood swings. Alternatively, behavioral changes might include less socially conscious actions and increased impulsivity and disinhibition. Such emotional and behavioral changes could be the result of brain trauma or the stress resulting from the brain trauma. Family, peers, and community-based treatment professionals will be key in limiting the damage of the emotional and behavioral changes caused by the TBI.

**Importance of Screening.** The symptoms of TBI vary widely as a function of the area(s) of the brain that were damaged in the incident. Complicating matters, individuals who suffer from a TBI are often injured in other areas of their body. As a result, the screening and assessment process must disentangle if the impairment is a result of the TBI, a physical injury to another part of the body, or both.

**Interpersonal Communication Impairments.** Interpersonal communication impairments are commonplace after TBIs. Such impairments can manifest themselves in several ways, including the art of conversation, where the individual may have difficulty listening to and comprehending others. Beyond this, individuals with TBI may have issues detecting social cues, maintaining eye contact, and unintentionally violating the norms of personal space. As a result, others may come away from interactions feeling as though the individual with TBI was not sensitive to their needs.

**Memory Deficits.** Individuals who have sustained a TBI frequently experience memory deficits that may impair their ability to appropriately understand and comprehend various aspects of the treatment process.
As such, community-based supports and services that utilize TBI-informed approaches may result in longer term positive outcomes. The memory deficits of TBI can result in several issues. Individuals with TBI can forget agreements and commitments, not recall previous actions, have difficulty learning new skills and rules, and behave erratically. These issues can be troublesome in structured treatment settings. Additionally, memory impairments may manifest as being capable of successfully completing a task one day but forgetting the task the next day. It is important to understand that this may not be within the control of the individual.

**Mental Health.** TBI can be comorbid with many mental health issues including mood disorders (e.g., depression), anxiety, trauma (e.g., post-traumatic stress), affective dysregulation, personality changes, substance use, and changes in personality. All of these co-occurring issues may worsen when TBI has not been accurately identified and treated. As such, mental health professionals play a crucial role in the treatment of individuals impacted by TBI and co-occurring mental health problems.

**Referral and Additional Testing.** Missed and misdiagnosis of TBI is common. As a result, many children, youth, and adults are unable to take advantage of advanced medical and psychological treatment and services, which could render a better quality of life. If mental health professionals suspect the presence of TBI, a referral for a full TBI assessment is recommended.

**Physical Symptoms.** TBI can result in many physical symptoms including pervasive headaches and migraines, physical weakness and coordination problems (e.g., numbness, dizziness, clumsiness, and balance issues), sleep issues (e.g., drowsiness and insomnia), sensory impairment (e.g., loss of sense of smell, taste, and vision), and chronic pain.

**Social Adjustment.** Traumatic brain injury can have a deleterious impact on an individual’s social adjustment, which can limit the individual’s relationships with caregivers and professionals. This is especially the case when support and services are not in place.

**Victimization.** TBI has been linked to decreases in executive function and cognitive processing speed. Troubling research has reported that victimization mediates the association between executive function skills and acceptance by peers. As such, factors linked to TBI may increase the risk of victimization by peers.

**Treatment.** Mental health professionals without specialized training in TBI may struggle to adequately treat individuals impacted by TBI. It is suggested that mental health treatment providers become TBI-informed. It is important to remember that Individuals impacted by TBI may require specialized treatment approaches given their cognitive, neurological, and social deficits. Early and accurate diagnosis of TBI and effective treatment and management can help limit and protect against some of the disabilities caused by TBI.
Biography

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