A.M.B.E.R. clinic
Albuquerque
Multidisciplinary Behavioral Evaluation for Recovery and Resiliency

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- Introductions
  - format and participants
- Definitions
- Challenges
Why AMBER?

- **A name that has meaning**
  - Personally
  - Metaphorically

- **Behavior**
  - reflects structure and function;
  - is complex, rich, with seemingly infinite variations.

- **Emphasis on value and information from multiple disciplines, however you collect those sources.**
Background

- Grew up in southern New England; parents were university professors; a lot of sports, arts, reading, and travel.
- Cultural mixture: American & European; only girl with older half-brothers and younger full brothers.
- BA in French & Zoology; MD from U Conn; residency U Conn, Dartmouth, Institute of Psychiatry London; fellowship NIMH: brain imaging.
- UNM since 1989; neuropsychiatry; DD since 1996.
Format

- 8-9 am: didactic review/discussion
- 9-11 am: openings for clinical case consultations; short – longer.
- 11 am: repeat topic from 8 am
- Open to receiving requests for specific topics/ issues to address.
Definitions

- Intellectual Disability
  - Not dementia
  - Formerly known as mental retardation, mental deficiency, feeblemindedness, idiocy, imbecility...
  - Different from specific Learning Disorder(s), e.g. math, etc.
Intellectual Disability

...is characterized by significant limitations both in intellectual functioning and in adaptive behavior as expressed in conceptual, social and practical adaptive skills. This disability originates before age 18.

[AAIDD, 11th edition]
Definitions

- **5 Assumptions:**
  - Limitations in present functioning must be considered within the context of community environments typical of the individual’s age peers and culture.
  - Valid assessment considers cultural and linguistic diversity as well as differences in communication, sensory, motor, and behavioral factors.
Definitions

- 5 Assumptions...
  - Within an individual, limitations often coexist with strengths.
  - An important purpose of describing limitations is to develop a profile of needed supports.
  - With appropriate personalized supports over a sustained period, the life functioning of the person with ID generally will improve.
Significance of ID (2010)

▫ Diagnosis
  ▫ Presence/absence ID; eligibility for services, benefits, legal protections

▫ Classification

▫ System of Supports
  ➢ to enhance human functioning
  ➢ to improve outcomes
  ➢ to help implement person’s choices
  ➢ to assure human rights
When is a bonk an injury?

- **Traumatic**: calvarium encounters external inflexible force (object; wall; ground) or overwhelming change in velocity (acceleration/deceleration)
  - With/without skull fracture (open/closed)

- **Acquired**: internal source of damage to neurons and associated tissues
  - Such as: bleeding, infection, anoxia, toxins
A dilemma:

- Acute care saves the patient after trauma
- Maybe sent to rehab
- Goes home...
- Relief!!
- Improvement – wants to “be self, on own
- Enrolls in job/school
- Can’t remember things; decreased speed; transportation problems; housing; responsibilities?.... Where to turn?
Extent of the problem

- Reported rates of traumatic brain injury:
  - MMWR May 6, 2011: 1.7 million US civilians TBI/yr
  - 1.4 M tx’d & d/c ER; 275K hospitalized; 52K died
  - TBI ~ 1/3 of all injury-related deaths

- War veterans

- Domestic violence: spouses, children, elders

- Accidents: falls, sports, transportation

- Highest in age groups: < 5; 15-19; >75 y

- Hospitalization rates increased; deaths decreased 1995-2006
Injuries

- **Focal**
  - Anterior temporal lobes
  - Posterior occiput
  - May be accompanied by seizure disorder later

- **Multiple, additive (exponential?!)**
  - Re-injury on top of injury
  - Ability to recover from many; decreasing ability as age.
  - Different locations have differing impact on functioning
Rehabilitative Strategies

- Long and slow process
- Physical, mental, spiritual must be integrated
- Social fabric needs re-weaving
- Challenge of poor generalization
- Impulse modulation
  - Anxiety and Mood
  - Substance abuse
  - Misperceptions
  - Sexual
  - Anger
Office

- **Nonverbal and verbal reassurance**
  - Lack of touch, eye contact → convey failure, distaste, negative judgment
  - Restate observed progress

- **Concrete instructions**
  - Stepwise
  - Written (do not accept understanding) & legible

- **Attainable goals**
  - Identify means to get them done
Places that function most like a system are most successful

(Atul Gawande 5-26-11)

- Have to acquire an ability to recognize when you’ve succeeded and when you’ve failed for patients
- Develop ability to devise solutions for the system problems that data and experience uncover
- Recovering from brain injury, we are part of a system that the patient needs in order to be successful in his/her recovery.
Challenges

○ Working with teams
  - Need all the facets of supports
  - Enhance communication within operational support system

○ Getting accurate data
  - Patient may not be reliable source
  - Need assistants in this task

○ Consent/guardianship
Challenges

- Bad results
- No improvement
- Self-injury
- Suicide/homicide
  - At the extreme: Tarasoff
  - Feelings do not mean Action
What Next?

- 8-14-2012
- "Diagnosing mental illness(es)"

- Any requests? Questions? Comments?
- ...be in touch!