Rehabilitation through Communication, Neuropsychology, Counseling, and Training (ReCoNeCT): Connecting students and student veterans impacted by mTBI with holistic interventions, skills, and support.

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College Students
• Glasgow Coma Score 13 – 15
• Loss of consciousness for less than 30 minutes
• Amnesia lasting lasting less than 24 hours
• No alteration of mental state at time of injury
  (Summerall, E. L., 2015; www.pbsd.vu.gov)
  (Caplan et al., 2010; Cincerone & Kalmar, 1995)

Mild Traumatic Brain Injury
• 1.7 million TBIs in the U.S. each year; 80% are considered mild (Cifu, 2010; Faul et al., 2010; Summerall, 2010)
• $17 billion in mTBI costs per year (National Center for Injury Prevention and Control, 2003)
• 5-15% of mTBI survivors continue to have symptoms more than one year post injury (Cifu, 2010; Control, N.C.I.P., 2003)
• Most common cognitive deficits include: attention, recall, and executive functioning (EF) (Caplan et al., 2010; Cincerone & Kalmar, 1995)

Military Veterans
• 75,000 service members with confirmed TBI; 95% are mild (Cifu, 2015)
• Montana has highest population of veterans per capita (www.va.gov, 2015; Chokshi, N., 2014; quickfacts.census.gov, 2014)

College Students
• More than 1 million veterans are using post-secondary education benefits in the U.S. (va.gov, 2015; Veterans and College, 2014)
• Year 2001-2009: 62% increase in sports-related mTBI in youth and young adults (cdc.gov, 2015)

Significance
• 75,000 service members with confirmed TBI; 95% are mild (Cifu, 2015)
• Montana has highest population of veterans per capita (www.va.gov, 2015; Chokshi, N., 2014; quickfacts.census.gov, 2014)
• Most common cognitive deficits include: attention, recall, and executive functioning (EF) (Caplan et al., 2010; Cincerone & Kalmar, 1995)

Methods
Interdisciplinary Approach
• Communicative Sciences and Disorders
• Counselor Education
• Education Leadership
• Neuropsychology

Participants
• Adults currently enrolled in Montana University System
• Diagnosed with mTBI or concussion
• At least 6 months post-injury
• Mental health screening with counselor (semi-structured interview)
• Scales of Cognitive and Communication Ability for Neurorehabilitation (SCCAN) administered by speech-language pathologist (Mimun & Holland, 2008)

Pre-Intervention Procedures
• Individualized cognitive-communication assessment
• Mental health and wellness
• Academic strengths and areas of concern
• Neuropsychological assessment as needed

Intervention
• Educational information including assessment results, mTBI effects on academia, and goal development
• Online module and homework
• Cognitive-communication therapy with SLP and graduate student clinician
• Individualized counseling

Post-Intervention
• Individualized comprehensive assessment
• Debrief progress
• Home programming
• Referrals, recommendations
• Post-intervention satisfaction survey

Specific Aims
Aim 1: Increase awareness of challenges and implement effective strategies. Lack of awareness can lead to frustration, anxiety, and depression.
Aim 2: Improve cognitive-communication skills.
Aim 3: Reduce rural disparity of students across Montana with mTBI. Increase access with interdisciplinary telehealth service delivery model.

Jumpstart to rehabilitative and wellness services

<table>
<thead>
<tr>
<th>Week 1</th>
<th>Comprehensive pre-intervention interdisciplinary assessment</th>
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</table>
| Weeks 2 & 3 | Intervention  
  • 2 days per week in-person with interdisciplinary team  
  • 2 days per week using telehealth |
| Week 4 | Post-intervention assessment  
  • Debrief progress  
  • Home programming  
  • Referrals and recommendations |