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AskTheExpert

Q&A: Inside the Mind of a Traumatic Brain Injury Case Manager

An Interview with Award of Service Excell ence Recipient Deborah Gutteridge , MS, CB/ST

Interview by CMSA Executive Director Cheri Lattimer

Deborah Gutteridge, MS, CBIST, 2014 Award of Service Excellence recipient.

Gutteridge has a Master's of Science in Counseling Psychology from Northwest Missouri State University. She has over 27 years of experience in case management and is currently a clinical evaluator/case manager with NeuroRestorative. Gutteridge serves on the Board of Directors of the Brain Injury Association of Kansas and Greater Kansas City and on the CMSA-Kansas City Chapter. Gutteridge has been involved in CMSA for 16 years, serving in both local and national capacities.

CMSA was pleased to honor Deborah Gutteridge, MS, CBIST, by presenting the 2014 Award of Service Excellence to Gutteridge at CMSA's 24'h Annual Conference & Expo in Cleveland, Ohio. Deborah is a Clinical Evaluator and Case Manager at NeuroRestorative, a nationally recognized company providing supports and services for persons who have sustained traumatic brain or spinal cord injury.

Case managers who receive this award are nominated by their peers and recognized for the services they provide to patients and their family caregivers. With over 27 years of experience in the field of case management, Gutteridge possesses expertise in multiple practice settings ranging from state vocational rehabilitation and acute inpatient rehabilitation to post-acute rehabilitation.

CMSA Executive Director Cheri Lattimer sat down in a special interview with Gutteridge to discuss her award, as well as her background treating traumatic brain injury.

CL: First of all, once again, let me say congratulations Deborah.

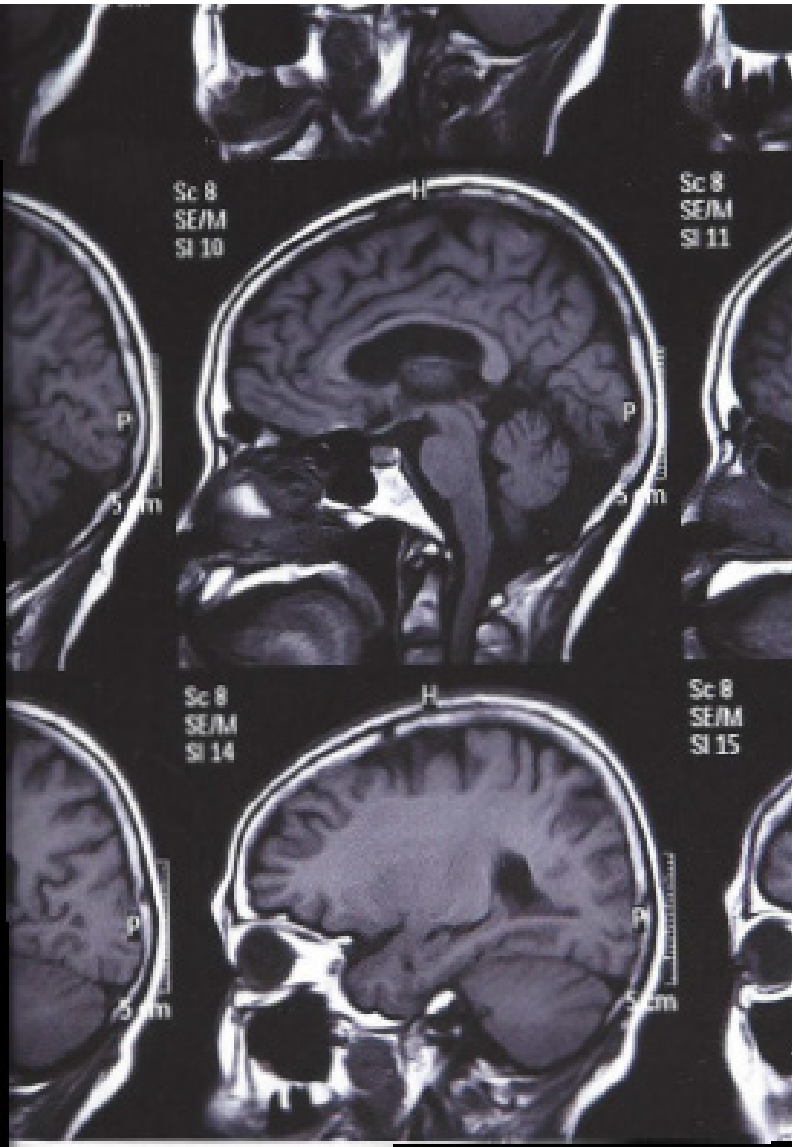
DG: Thank you! It's a great honor.

CL: Did you have any idea; did you know you were being nominated?

DG: No I didn't! I was totally blown away.

CL: It is very well-deserved. Looking at the things you've been doing with traumatic brain injury, you've had an exciting career. What caused you to choose this field?

DG: After I got out of graduate school, I went to work for the State of Missouri, Division of Vocational Rehabilitation, as a case manager. Through this position, I received the opportunity to attend several additional trainings, including excellent training on brain injury at the University of Missouri. This is where I first fell in love with the field of traumatic brain injury. There are two reasons I stayed in this field. First, there are so few people who champion the cause of brain injury. You don't see the larger advocacy groups like you do with developmental disability, mental retardation, or cancer. Brain injury is kind of a hidden disability in that way. Secondly, the fact is that at any second, any one of us could suffer from an accident that could result in a brain injury. There are so many ways a brain injury can occur and it's life-altering.



CL: What would you say is the most important aspect of what you do?

DG: I find that when I deal with patients and families, I am often the first person to come in at this stage of the patient's recovery and give them a complete and comprehensive picture of what they've gone through, what's going on now, what they will experience in the future, and how they're going to do that ... With an injury this devastating, the main focus in the acute hospital is critical care management and ensuring they survive. However, when they are established to be medically stable, they are often discharged from the hospital. During this time, the family often is not ready to hear what they should expect after the patient's discharge; however, more often than not, I am finding they have never been told this information. A lot of times when I meet with families, I'm the first person telling them, "This is how things may look in the future." It's a whole new level of devastation for some families.

CL: Following along on that, what do you see are the challenges for patients and their family caregivers in addressing not only their illness but the care coordination that they need?

DG: When you look at an injury as devastating as traumatic brain injury, the people who have commercial insurance often find that the coverage for medical services is there but is exhausted very rapidly, either in the ICU setting or a couple

weeks thereafter. By the time the patient is ready to receive rehabilitation services, they may have limited or be close to running out of benefits ... When those benefits do run out, people are often forced to go through the Medicaid application process ... It seems that many of the people I see are Medicaid recipients, and that presents a challenge in advocating, planning, and accessing the kinds of services that they're going to need to return home. It's not unusual for a family member to have to quit their job to stay at home to take care of the individual who survived brain injury.

CL: Building on that, what do you see as the role that case management plays in supporting not only the patient and their family caregivers, but also providers in working with this population?

DG: With an injury this devastating, there are often several disciplines of physicians involved, and a lot of times these professionals aren't talking to each other. The case manager has the opportunity to be the conduit for information and ensure that communication occurs between all disciplines of physicians and therapy staff as well as communicating with the patient and their caregiver ... The case manager has a key role in assessing, planning, advocating, and facilitating the patient's navigation and progress through the rehabilitation process. Education and coordination of care is key.

CL: Keeping that in mind, Deborah, and building on that question, are there certain skill sets that you see in your field that a case manager needs to work with these patients and their caregivers?

DG: I think it would be wonderful and effective if case managers were able to access skills of motivational interviewing and integrated case management. There is, through the Brain Injury Association of America (BIAA), a certified brain injury specialist certification that a person can obtain, which delves into all aspects of head injury from the pharmacological management, to the extraneous conditions that occur afterwards, to the vocational aspects. I am a Certified Brain Injury Specialist Trainer. I train direct care staff, therapists, and case managers who want to pursue this certification of additional knowledge in serving and working with persons who have survived brain injury.

CL: Are there issues that you see for the population that you're working with where greater education and awareness is necessary to providers and the health care system?

DG: A lot of states differ drastically in the provision of services for traumatic brain injury. I think it is key when looking at brain injury to recognize whether the injury is acquired or traumatic, as this will have an impact on the funding and the access to services that the patient will need. One of the biggest barriers that I see—especially with mild and sometimes even moderate brain injury—is that after they are treated in the ER and then discharged home, there is no follow-up and no care coordination of additional services. Survivors may start the vicious cycle where suddenly their marriage is falling apart, they're unable to hold onto their job, and no one can figure out what's wrong with them. The individual knows that something is wrong but can't put their finger on it. They often go through multiple providers and then are often sent to a psychiatrist because they're being told, "It's in your head." Well, yes it is, but it is not so much a psychiatric issue. Additionally, I think there is a great deal of education that needs to occur with lawmakers in looking at the exorbitant

costs associated with brain injury, which drive up national health care costs. Finally, there needs to be heightened awareness of brain injury as a lifelong changing event, and the importance of adequately treating patients who have sustained a brain injury.

CL: I think you hit on an issue. You must see a significant part of that population that are dealing with mental health issues, such as depression, related to the jostling around that they get.

DG: Yes. When I sit down to complete my interviews and evaluations, I find that it is critical to ask the right questions .. .When you look at something like mild brain injury, it doesn't show up in a CAT scan or MRI, so with lacking objective findings the physician assumes they are fine. When you look at mild brain injury, it is pretty much defined by symptomology and some sensitive neuropsychologica/tests ... I've seen more challenging cases with persons suffering mild brain injury because no one has put their finger on it, causing many issues for the patient such as depression, anxiety, and at times bipolar disorder.

CL: So as we look at addressing these issues from an integrated standpoint, what do you see are the greatest challenges in delivering this type of care?

DG: I think there is huge fragmentation in service delivery, extremely poor communication between physicians, providers, survivors, and families, and often minimal discharge planning and instructions. Not only that, but many doctors are not talking to each other ... When you look at someone who has the type of severe residuals that traumatic brain injury presents, where they cannot coordinate even very simple activities such as follow-up appointments, the discharge plan falls apart, resulting in additional costs to the health care plan.

CL: Absolutely. Do you have any final thoughts you'd like to share for any case managers who would like to work for this population?

DG: I think the level of dedication, passion, and skill sets that case managers can bring in working with this population can make a huge, huge difference and have a lifelong impact on people who have sustained brain injury. They have the potential to have a great impact on the health care system and the amount of dollars that are expended on this type of injury.