

What we don't know will hurt us

Why diagnosing traumatic brain injuries on the streets matters

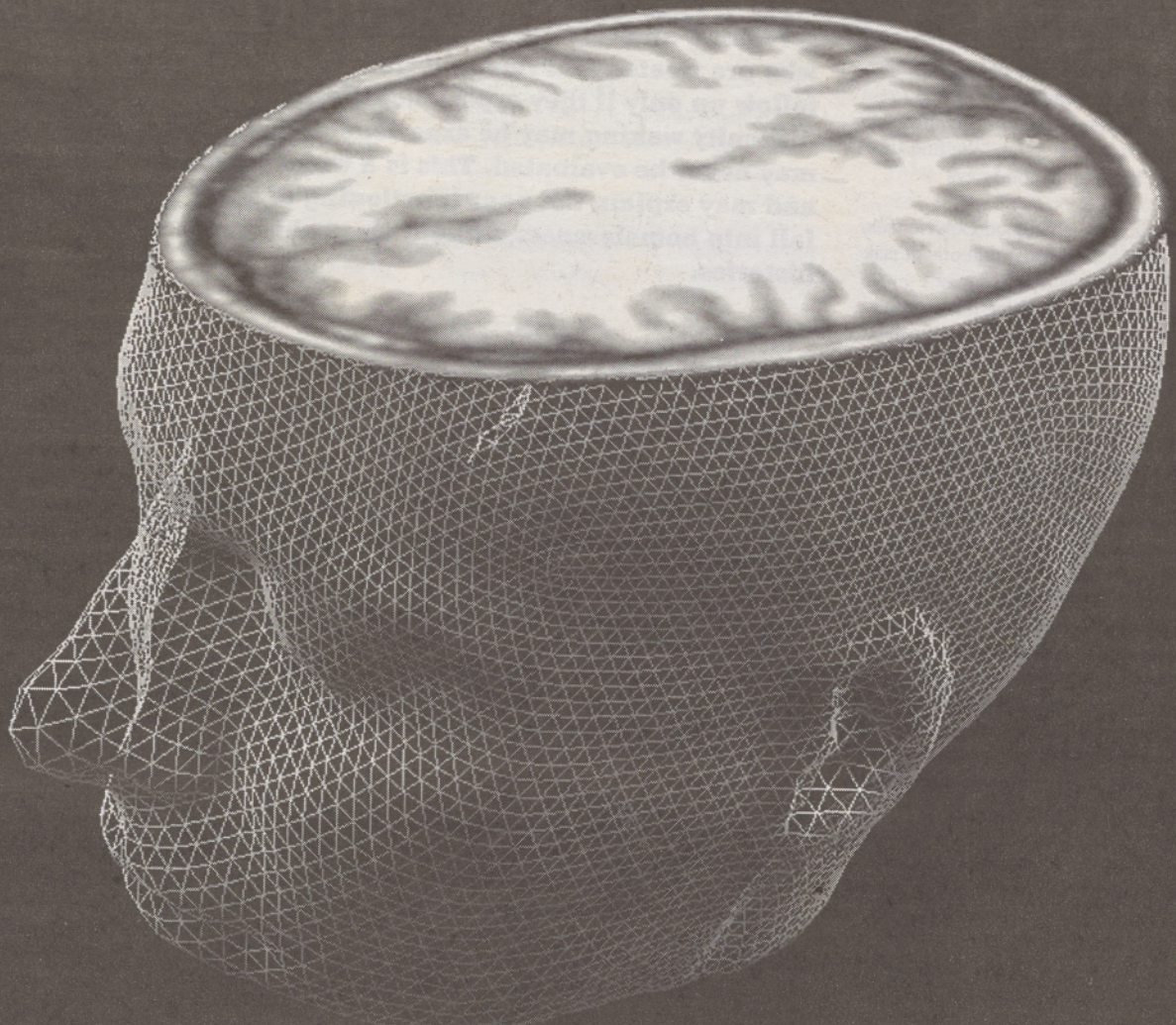


PHOTO ILLUSTRATION BY REUTERS/HO NEW

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CONTRIBUTING WRITER

James Smith is a 53-year-old Portland veteran who used to have a job he loved. After a car accident left him with traumatic brain and neck injuries in 2005, Smith lost his job, ran out of money and wound up on the streets. When Smith tried to apply for Social Security Disability Insurance (SSDI), he was denied three times because he was flagged as violent. He was loud, angry and high-strung — symptoms of traumatic brain injury, or TBI. For years, Smith sunk deeper into despair. This week, with the help of Portland law firm Swanson, Thomas & Coon and Central City Concern's BEST program, Smith won his second hearing. The benefits he was awarded will give Smith a house, health care and a new life.

If you read the article in our last issue "All in their heads," (Street Roots, May 27) you'll remember a similar story of Nick Patton, a homeless Portlander who was misdiagnosed with schizophrenia when he was really having seizures from a TBI that had happened years earlier.

People suffering from TBI, the so-called invisible disease, can seem angry, forgetful, antisocial and disinterested. They may slur their speech, talk too loudly and walk crookedly. In other words, it's easy to mistake people with TBI for being intoxicated, high, mentally ill, suffering from fetal alcohol syndrome or even averse to getting help. It's especially easy to make

This is the second report in our ongoing coverage of traumatic brain injuries among people experiencing homelessness.

those mistakes when the person is homeless and already burdened with stigmas.

In October 2008, Portland's Housing Bureau partnered with New York City-based Common Ground Institute to survey 646 homeless people on the streets of Portland. The resulting "Vulnerability Index" found that about half were medically vulnerable. One of the medical conditions PHB was curious about was traumatic brain injury; however, because TBI can be so difficult to correctly diagnose, the field was left "To Be Determined."

That same year, the city of Hamilton, Ontario awarded funding for a program that offered counseling and intensive case management to 176 chronically homeless men. Forty-nine of those men agreed to participate in a more in-depth pilot program that included advanced neuropsychological testing. A staggering 98 percent of men in the pilot program met the criteria for TBI.

Today, we're as clueless about TBI on the streets of Portland as we were three years ago. But TBI is causing a stir among scientists, social workers, city officials, the military and the NFL. What they're discovering is surprising.

It can happen to anyone

Traumatic brain injury is indiscriminate, and it is the leading cause of death and disability in North America for people under 45, according to the Brain Trauma Foundation. There are an estimated 1.7 million deaths, hospitalizations, and ER visits related to TBI every year, according to the Center for Disease Control.

Treatment is expensive and complex. X-rays, CT scans and MRIs help confirm TBI, and individualized physical therapy, speech language therapy, occupational therapy, psychological therapy and social support are usually needed to stabilize a TBI victim. (Oregonian columnist Elizabeth Hovde was recently hospitalized for 36 days after a TBI and dedicated a column to the "dozen or so" hospital workers and therapists who helped her recover.)

But "the equipment and support are not always available for homeless people even if a clinic suspects someone has TBI," says Dr. Barb Wismer, board member of the National Healthcare for the Homeless Council.

"It's trial and error," says Dr. Phil Shapiro, a psychiatrist at the 12th Avenue Recovery Center who has many homeless patients. "We try different things depending on symptoms." Shapiro is not convinced TBI can be separated from PTSD or fetal alcohol syndrome, and he adds, "Neuropsych testing is difficult to get these days, and a much deeper assessment can take hours. Many of the clients I have couldn't sit for that."

What other cities know

Cities that have done studies on how many homeless suffer from TBI report numbers that are scattered but all statistically significant: 98 percent (Hamilton, Ontario 2008-2010), 53 percent (Toronto, Ontario 2008), 67 percent (Boston, Mass. 2006-2007), 48 percent (Milwaukee, Wis. 2004), 24 percent (Fort Lauderdale, Fla. 2003) and at least 50 percent (National Healthcare for the Homeless Council). Of those, 70 percent occurred prior to becoming homeless in (Toronto), more than half occurred prior to age 20 (Boston), and the average age for the first TBI was 17 (Hamilton).

Compared to an estimated 2 percent of the general population that gets TBIs, "we're seeing an enormous medical crisis," says Dr. Theresa Petrenchik, who helped lead both the Hamilton and Fort Lauderdale studies. Petrenchik's research leads her to conclude that homeless people with TBI use more services, are homeless more often for longer periods of time, are more frequently incarcerated and have greater co-morbid risks than homeless people without TBI.

TBI among the homeless often overlaps, masquerades and partners with a laundry list of other ugly problems. Sexual abuse, neglect, domestic violence, substance use, family breakdown — often occurring in childhood — are just a few. When Petrenchik

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CORRECTION

Street Roots strives for accuracy, but we're human. So we also strive to correct errors in our paper whenever possible. Please report any errors to our managing editor, Joanne Zuhl, at 503-228-5657, or write to streetrootsnews@gmail.com.

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