

T-B-I SCREENING

Name: _____

Date: _____ Date of Birth: _____

Traumatic Brain Injury, or TBI, is "... an insult to the brain caused by an external force that results in an altered state of consciousness and one or more impairments of brain functioning. Effects may be temporary or permanent." (CDC)

Use these questions to help a person recall injuries that may have involved an impact to the head or neck.

<h2 style="font-size: 4em; margin: 0;">T</h2> <p>TRAUMA: An injury that includes a blow to the head, the head having impact with another object (e.g., the ground, a windshield), or substantial shaking without impact.</p>		YES	NO	
	Have you ever been knocked out following an accident, an assault, or any other injury?			
	Have you ever been injured	... in a car or bike accident?		
		... from being hit by something?		
		... in a fight?		
		... playing sports?		
		... by a family member?		
		... while serving in the military?		
		... being near an explosion?		
	Have you ever been treated in an emergency room, or hospitalized following an injury?			
	Were you ever injured and should have received medical attention but didn't?			

With the identification of a possible trauma, next evaluate whether any of the injuries caused an altered state of consciousness.

For each injury, determine if the person was hit in the head, near an explosion, or if the head could have been shaken violently. If so, was the person dazed or confused, have a period of memory lapse, or actually knocked out or unconscious?

<h2 style="font-size: 4em; margin: 0;">B</h2> <p>BEHAVIORAL EFFECT IMMEDIATELY: An altered state of consciousness evident in confusion, impaired memory for events around the injury, or loss of consciousness.</p>	Incident	Age at time	Were you dazed or confused (D/C), have a lapse in memory (Mem), or actually knocked out (KO)?	If knocked out, how long?	Were you treated in the ER, hospitalized, or admitted to a rehabilitation facility?			
			CIRCLE ONE		CIRCLE ONE			
			D/C	Mem	KO	ER	Hosp	Rehab
			D/C	Mem	KO	ER	Hosp	Rehab
			D/C	Mem	KO	ER	Hosp	Rehab
			D/C	Mem	KO	ER	Hosp	Rehab
			D/C	Mem	KO	ER	Hosp	Rehab

<h2 style="font-size: 4em; margin: 0;">I</h2> <p>IMPACT ON EVERYDAY FUNCTION: Following the injury, new onset or exacerbation of symptoms (e.g., headaches, dizziness, fatigue, depression) or function (e.g., attention, memory, employment, relationships).</p>	After any of your injuries did any of these persist for more than several weeks?		YES	NO
	Headaches			
	Dizziness or balance problems			
	Tiredness or fatigue			
	Problems paying attention or concentrating			
	Being sensitive to bright lights or loud noises			
	In the months after any of your injuries did you:		YES	NO
	Have new problems at work or school, or lose a job?			
	Notice changes in your relationships with your family (<i>wife, husband, parents, friends</i>)?			
	Have trouble remembering things or solving problems?			
Feel depressed or anxious more than before the injury?				
Have trouble controlling your temper?				

How to Judge Injury Severity

<p>MILDER</p>  <p>MORE SEVERE</p>	Loss of consciousness of 30 minutes or less	Temporary effects	Having several TBIs with any loss of consciousness may show cumulative effects (e.g., though each of the TBIs are mild, their combined effect may be like a moderate or severe TBI).
		Some individuals will have a less severe TBI, but experience greater effects because of an interaction between the TBI and other neurologic compromises.	TBIs requiring hospitalization are generally more severe than those requiring ER care (however, hospitalization can be for injuries other than the TBI).
	Effects that persist	TBIs that have more effects on everyday functioning are more severe.	TBIs requiring rehabilitation are generally more severe than those requiring hospitalization only (however, rehabilitation can be for injuries other than TBI).
	Having no recall of a day or more <i>after</i> the injury	More severe TBI will be associated with greater cognitive, behavioral, and emotional problems. Often, the problem is regulating one's thinking, actions, or emotions.	May not report significant effects because they are not able to recognize changes in their ability to function because of an "unawareness" of deficits, (a specific kind of cognitive impairment that can result from TBI).

Consider the Consequences of Timing of Injury (See "B" Section Above)

- 1) More recent TBI will be associated with greater problems in attention and new learning, and greater likelihood of depression.
- 2) Early developmental TBI (before age 10) may be associated with less adept interpersonal functioning, attention deficit, learning problems, conduct disorder, or adolescent onset of substance use disorder.
- 3) TBI in early adolescence may arrest emotional and behavioral development and/or trigger the development of a substance use disorder.

Treatment Considerations

- 1) How can accommodations be made to your treatment (see "Suggestions for Professionals" section)?

- 2) Does this client need an evaluation by a specialist (e.g., neuropsychologist, neurologist, speech pathologist, etc.)?

- 3) Does this client need referral to a specialized treatment program or setting?

Suggestions for Professionals Working With TBI

1. Carefully observe and assess the person's unique communication and learning styles.

- a) Ask how well the person reads and writes; or evaluate via samples.
- b) Evaluate whether the individual is able to comprehend both written and spoken language.
- c) If someone is not able to speak (or speak easily), inquire as to alternate methods of expression (e.g., writing or gestures).
- d) Ask about and observe a person's attention span; be attuned to whether attention seems to change in busy versus quiet environments.
- e) Ask about and observe a person's capacity for new learning; inquire as to strengths and weaknesses or seek consultation to determine optimum approaches.

2. Help the individual compensate for a changed learning style.

- a) Modify written material to make it concise and to the point.
- b) Paraphrase concepts, use concrete examples, incorporate visual aids, or otherwise present an idea in more than one way.
- c) If it helps, encourage the person to take notes or at least write down key points for later review and recall.
- d) Encourage the use of a calendar or planner. If the treatment program includes a daily schedule, make sure a "pocket version" is kept for easy reference.
- e) Write down homework assignments.
- f) After group sessions, meet individually to review main points.
- g) Provide assistance with homework or worksheets. Allow extra time for tasks that involve reading or writing.
- h) Ask family, friends, or other service providers to reinforce goals.
- i) Remember that something learned in one situation may not be generalized to another.
- j) Repeat, review, rehearse, repeat, review, rehearse.

3. Provide direct feedback regarding inappropriate behaviors.

- a) Let a person know a behavior is inappropriate. Do not assume the individual is making a conscious choice to act out or is even aware that he is misbehaving.
- b) Be clear about the behaviors that are expected and provide direct feedback when inappropriate behavior occurs.
- c) Redirect tangential or excessive speech, and establish a method to unobtrusively signal inappropriate behavior in public.

4. Remember that non-compliant behaviors may be symptoms of neurological deficits.

- a) Do not presume that non-compliance arises from lack of motivation or resistance. Check it out.
- b) Be aware that unawareness of deficits can arise as a result of specific damage to the brain and may not always be due to denial.
- c) Confrontation shuts down thinking and elicits rigidity; roll with resistance.
- d) Absences or lack of follow-through may be reasons to change treatment strategies. Don't rush to discharge.