Massachusetts Rehabilitation Commission

LIFETIME HISTORY OF TRAUMATIC BRAIN INJURY AND OTHER ACQUIRED BRAIN INJURY SCREENING TOOL

INSTRUCTIONS

ABOUT THE TOOL

This document offers guidance for completing the **Lifetime History of Traumatic Injury and other Acquired Brain Injuries Screening Tool,** which was adapted from the evidence-based Ohio State University Traumatic Brain Injury Identification Method developed by Dr. John Corrigan and team at the Ohio Valley Center for Brain Injury Prevention and Rehabilitation.

Complete this screening to determine if a person may have had exposure to a brain injury in their lifetime. Administration of the tool is recommended in the following situations:

- Routinely completed at Referral, Intake, Reassessment AND/OR Redetermination of services.
- When there is any suspected trauma that could have caused a brain injury.
- When an individual is having difficulty functioning or is exhibiting unexplained behaviors.
- When you suspect the possibility of risk factors including domestic violence/intimate partner violence, military service, dual diagnosis, depression, unhealthy substance use or misuse, etc.

This screening tool does not result in a diagnosis or indicate an absence of a brain injury; nor does it replace face-to-face evaluation/assessment with a trained professional. It is only meant to assess for a person's exposure to a *potential* brain injury. This information should be treated as Protected Health Information.

WHY SCREEN

In Massachusetts alone, 67,000 brain injuries occur each year. Brain injury is a chronic condition that worsen with age. It is often a multi-occurring condition with chronic pain, mental health, unhealthy substance use/misuse, unemployment, corrections involvement, and homelessness. There are factors that increase the vulnerability for sustaining a brain injury in certain populations (e.g., medical history, age, mental health concerns, unhealthy substance use, hx with domestic violence, military experience to name a few). Symptoms of brain injury often go undiagnosed, misdiagnosed, mistreated, misunderstood, or overlooked as individuals navigate thorough many service delivery systems. Not everyone who experiences a brain will have long term impairments or problems. Alternatively, some people who do suffer from a brain injury will not realize that subsequent problems are due to the earlier injury. Even a minor injury can result in lasting problems. Screening for a history of brain injury is a best practice when responding to or planning clinical and community-based responses for clients served in health, community, and corrections services.

- **Acquired brain injuries (ABI)** occur when there is an event that results in damage to the brain

anytime during a person's life after birth which temporarily or permanently impairs a person's physical, cognitive, or behavioral functions. Brain injuries are not primarily related to a degenerative disease or aging process.

- **Non-traumatic brain injuries** are ABIs caused by stroke, infection, anoxia, vascular lesions, or tumor of the brain. Non-fatal overdoses, choking and strangulation events can result in an anoxic (no oxygen flow the brain) or hypoxic injuries (limited oxygen flow to the brain).

- **Traumatic brain injuries (TBI)** are ABIs caused by an external force affecting the brain. TBIs may result from the head hitting an object, something hitting the head, or the head being shaken. Concussions are a type of TBI.

ADMINISTERING THE SCREENING TOOL

This form is a tool to screen for an individual's lifetime history of acquired brain injuries:

- This tool should be implemented as an interview initiated by provider utilizing the prompts provided to engage the individual being screened
- Screening interview can be done either by telephone or face-to-face
- Complete questions 1 – 4 (read the prompter statement/question for each section, followed by each response option)

INTERPRETING RESULTS

This tool provides an estimate (not a perfect accounting) of the likelihood that consequences have resulted from one's lifetime exposure to brain injury. A person may be more likely to have ongoing problems if they have any of the following:

- **WORST:** one moderate or severe TBI (question 1 b)
  - Moderate = Loss of consciousness between 30 minutes to 24 hours
  - Severe = loss of consciousness for 24 hours or longer
- **FIRST**: TBI with loss of consciousness before age 20 (question 1c)
- **ANOXIC:** a single incident of prolonged loss of consciousness from an overdose or being choked or strangled. (question 3c)
- **MULTIPLE:** multiple instances of blows to the head or multiple overdoses, or multiple incidents of being choked or strangled. (question 2)
- **OTHER SOURCES:** any ABI combined with another way their brain function has been impaired or any brain injury diagnosed by a doctor or other health professional. (question 2 -4)

NEXT STEPS

If the individual shows evidence of a history of brain injury, consider the following:

- Conferring with the individual about your findings.
- Reporting the positive finding to the team supervisor and/or clinical team.
- Documenting reasons for suspecting a brain injury in the consumer file if applicable.
- If appropriate, advising the individual to seek further medical evaluation with PCP and/or rehabilitation/neurological specialists.
- Adjusting service plan/goals when appropriate.
- Implementing simple accommodations/compensatory strategies you can make (e.g., cuing for problems with memory or initiation) and considering how you communicate with the individual moving forward.
- Determining if cognitive problems are getting in the way of treatment or services and considering consultation with a rehabilitation professional.
- Identifying if/how side effects of any medication may interact with existing impairment(s).

- Making a referral to the Brain Injury Association of Massachusetts (1-844-839-7154 or www.biama.org) to access beneficial brain injury resources and information.

Additional steps may be recommended by your organization for further assessments or medical record requests.

IDENTIFY ACCOMMODATION NEEDS

Lastly, review tips for implementing accommodations for ongoing cognitive, physical, and behavioral problems resulting from a brain injury. Using accommodations can increase the odds of treatment success.

If an individual shows evidence of a history of brain injury, ask the individual if they are experiencing any current difficulties with any of the following areas:

- ❑ Attention and Concentration
- ❑ Slow processing
- ❑ Memory
- ❑ Executive Functioning such as
  - ❑ Inhibition/impulse control
  - ❑ Organizational problems
  - ❑ Mental flexibility, and/or
  - ❑ Emotional dysregulation
- ❑ Emotional Behavioral
- ❑ Communication
- ❑ Language (receptive, expressive, social pragmatics)
- ❑ Physical
- ❑ Sensorimotor
- ❑ Sleep

If the individual endorses difficulty with any of the above, you can use the following two resources to help you make accommodations for the identified challenges; Massachusetts Rehabilitation Commission Community Based Services: Accommodations and Compensatory Strategies for Cognitive Deficits Resulting from a Brain Injury handout or the Accommodating Symptoms of TBI booklet from Ohio Valley Center for Brain Injury Prevention and Rehabilitation that correspond to the identified challenges. To access ongoing brain injury educational opportunities, visit http://www.biama.org/education.html

TBI SPP
Traumatic Brain Injury
State Partnership Program

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The OSU TBI-ID+ABI adapted with permission from the Ohio State University TBI Identification Method (Corrigan, J.D., Bagner, J.A. (2007). Initial reliability and validity of the OSU TBI Identification Method. J Head Trauma Rehabil, 22(6):318-329. ©Reserved 2007, The Ohio Valley Center for Brain Injury Prevention and Rehabilitation. This project was supported, in part, by grant number 90TBSG0037 from the U.S. Administration for Community Living, Department of Health and Human Services, Washington, D.C. 20201. Grantees undertaking projects with government sponsorship are encourage d to express freely their findings and conclusions. Points of view or opinions do not, therefore, necessarily represent official ACL policy.

Name: _____ Current Age: _____ Interviewer Initials: _____ Date: _____

Lifetime History of Traumatic Brain Injury (from the OSU TBI-ID) and other Acquired Brain Injuries

1. Please think about injuries you have had during your entire lifetime, especially those that affected your head or neck. It might help to remember times you went to the hospital or emergency department. Think about injuries you may have received from a car or motorcycle wreck, bicycle crash, being hit by something, falling down, being hit by someone, playing sports or an injury during military service.

a. Thinking about any injuries you have had in your lifetime, were you ever knocked out or did you lose consciousness?

☐ Yes

☐ No (IF NO, GO TO QUESTION 2)

b. What was the longest time you were knocked out or unconscious? (Choose just one; if you are not sure please make your best guess.)

☐ knocked out or lost consciousness for less than 30 minutes

☐ knocked out or lost consciousness between 30 minutes and 24 hours

☐ knocked out or lost consciousness for 24 hours or longer

c. How old were you the first time you were knocked out or lost consciousness?

_____ years old

2. Have you ever had a period of time in which you experienced multiple, repeated impacts to your head (e.g., history of abuse, contact sports, military duty)?

☐ Yes

☐ No (IF NO, GO TO QUESTION 3)

a. How old were you when these repeated injuries began?

_____ years old

b. How old were you when these repeated injuries ended?

_____ years old

3. Have you ever lost consciousness from a drug overdose or being choked or strangled?

☐ Yes

☐ No (IF NO, GO TO QUESTION 4)

a. How many times from a drug overdose?

_____ overdose(s)

b. How many times from being choked?

_____ choked or strangled

c. What was the longest time you have been unconsciousness from an overdose, or incident of being choked or strangled? (If you are not sure please make your best guess.)

_____ minutes

4. Have you EVER been told by a doctor or other health professional that you had any of the following?

☐ Epilepsy or seizures

☐ A stroke, cerebral vascular disease or a transient ischemic attack

☐ A tumor of the brain

☐ Swelling of the brain (edema)

☐ Toxic effects or poisoning by substances – like from lead poising, alcohol, prescription medications or recreational drugs

☐ Infection like meningitis or encephalitis

☐ A brain bleed or hemorrhage

☐ Child or adult maltreatment syndrome

☐ Loss of oxygen to the brain - like from a time when you stopped breathing, had a near drowning or experienced a strangulation

☐ Encephalopathy due to endocrine, nutritional, renal, or liver disorders

Interpreting Findings

The validity of this tool is not based on elicitation of a perfect accounting for a person's lifetime history of brain injury. Instead, it provides a means to estimate the likelihood that consequences have resulted from one's lifetime exposure.

A person may be more likely to have ongoing problems if they have any of the following:

- **WORST:** one moderate or severe TBI
- **FIRST**: TBI with loss of consciousness before age 20
- **ANOXIC:** a single incident of prolonged loss of consciousness from an overdose or being choked or strangled.
- **MULTIPLE:** multiple instances of blows to the head or multiple overdoses or incidents of being choked or strangled.
- **OTHER SOURCES:** any ABI combined with another way their brain function has been impaired or any brain injury diagnosed by a doctor or other health professional.

Complete this screening to determine if a person may have had a brain injury. It is important to note that this screening does not result in a diagnosis, is not intended to be used for eligibility determination and DOES NOT replace a face-to-face evaluation and assessment with a trained professional. This information should be treated as Protected Health Information. Deidentified data may be analyzed for program evaluation.

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