

# Trauma Informed Approach to Brain Injury Screening

September 28, 2023



TBI TARC is supported by contract number HHSP233201500119I from the U.S. Administration for Community Living, Department of Health and Human Services, Washington, D.C. 20201

# Welcome to Today's Webinar



**Maria Crowley**

*TA Lead*

TBI TARC/NASHIA



**Judy Dettmer**

*TA Lead*

TBI TARC/NASHIA

Thank you for joining us to learn about **Trauma Informed Approach to Brain Injury Screening**.

This webinar is sponsored by the Traumatic Brain Injury Technical Assistance and Resource Center. TBI TARC is funded by the Administration for Community Living.

The TBI TARC is administered by the Human Services Research Institute (HSRI) with the assistance of the National Association of State Head Injury Administrators (NASHIA).

This webinar is free and open to the public.



# Webinar Logistics

- Participants will be in listen-only mode during the webinar. Please use the **chat** feature in Zoom to post questions and communicate with the hosts.
- During specific times in the webinar, we will have opportunity to **respond to questions** that have been entered into **chat**.
- The webinar will be live captioned in English and live interpreted in Spanish.
  - Live English captions can be accessed by clicking the “CC” button at the bottom of your Zoom screen.
  - Live Spanish interpretation can be accessed by clicking the “interpretation” button at the bottom of your Zoom screen (world icon). Once in the Spanish channel, please silence the original audio.
  - Se puede acceder a la interpretación en español en vivo haciendo clic en el botón "interpretation" en la parte inferior de la pantalla de Zoom (icono del mundo). Una vez en el canal español, por favor silencie el audio original.
- This live webinar includes polls and evaluation questions. Please be prepared to interact during polling times.



# Feedback and Follow-Up

- After the webinar, you can send follow-up questions and feedback to [tbitarc@hsri.org](mailto:tbitarc@hsri.org)  
(Please note: This email address will not be monitored during the webinar.)
- A recording, including a pdf version of the slides, will be available on the ACL website ([acl.gov](http://acl.gov))

# Who's Here?



**“In what role(s) do you self-identify? Select all that apply.”**

1. Person with a traumatic brain injury (TBI) or other disability
2. Family member or friend of a person with a TBI or other disability
3. Self-advocate / advocate
4. Peer-specialist / peer-mentor
5. Social worker, counselor, or care manager
6. Researcher / analyst
7. Service provider organization employee
8. Government employee (federal, state, tribal, or municipal)

# Meet Today's Presenter



## **Jack Storti – CBIS, CAS, ILST**

*Director of Denver  
Reentry*

The Brain Injury Alliance of  
Colorado

[Jack@BIAColorado.org](mailto:Jack@BIAColorado.org)

Jack Storti, is a Certified Brain Injury Specialist and a Certified Addiction's Specialist. He is the Director of Denver Reentry at the Brain Injury Alliance of Colorado, where he began working in 2020. Through this program, he is a brain injury reentry specialists, providing support services to brain injury survivors who have recently been in-custody and attending specialty treatment courts. In this role he also provides technical assistance to court staff and probation / parole officers in developing reasonable and accessible accommodations to increase survivors' chances in achieving their various legal requirements and restarting their lives. Jack has been working within the brain injury field since 2018 as an Independent Living Skills Trainer. He also has experience being a court ordered treatment therapist for nearly a decade. He has lived experience in the legal system, in the recovery from addiction and brain injury. Jack graduated from Metropolitan State University of Denver in 2015 with a Bachelor's Degree in Human Services - Addiction Studies.



# OVERVIEW



# Denver Reentry Program

- Alternatives to Jail grant
  - Sobriety Court - Community
  - Wellness Court - Community & In-custody
  - REACH Court - Community & In-custody
  - Helping, Engaging Motivating (HEM) Court - Community
  - Outreach Court - Community




# On the day to day

- Screening BI history & Intake with Colorado BI screening protocol
- Reentry Specialist “case management” like services then full BIAC Connection
- AHEAD Groups
- Court & Community Supervision Accommodations
- Reentry Planning
  - If releasing soon: Resources
  - If not releasing soon or facing a long sentence, BI symptom reentry plan

# CO's BI Screening Protocol

Screening tools must be:

- Valid and reliable
- Sensitive to the population
- Appropriate to the setting
  
- Screen → explain results
- Symptoms Questionnaire → how past injuries are impacting survivor today
- Resources & Plan

An anatomical model of a human head and neck, showing the skull, brain, and major blood vessels (red and yellow) and nerves. The model is mounted on a stand. The background is a blurred indoor setting, possibly a museum or laboratory.

# **BRAIN INJURY SCREENING: TRAUMA INFORMED APPROACH**

# Expanded OSU

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Interviewer Initials: \_\_\_\_\_ Date: \_\_\_\_\_  ML or  Booking #: \_\_\_\_\_  
 (If Applicable)

County of Residence: \_\_\_\_\_

## OSU Brain Injury Identification Method — Interview Form

*Additional table on second page, if needed*

### Step 1

*Ask questions 1-5 below. Record the cause of each reported injury and any details provided spontaneously in the chart on the subsequent page. You do not need to ask further about loss of consciousness or other injury details during this step.*

I am going to ask you about injuries to your head or neck that you may have had anytime in your life.

1. In your lifetime, have you ever been hospitalized or treated in an emergency room following an injury to your head or neck? Think about any childhood injuries you remember or were told about.

No  Yes—Record cause in chart

2. In your lifetime, have you ever injured your head or neck in a car accident or from crashing some other moving vehicle like a bicycle, motorcycle, or ATV?

No  Yes—Record cause in chart

3. In your lifetime, have you ever injured your head or neck in a fall or from being hit by something (for example: falling on ice, being hit by a rock)? Have you ever injured your head or neck playing sports or on the playground?

No  Yes—Record cause in chart

4. In your lifetime, have you ever injured your head or neck in a fight, from being hit by someone, or from being shaken violently? Have you ever been shot in the head?

No  Yes—Record cause in chart

5. In your lifetime, have you ever been nearby when an explosion or a blast occurred? If you served in the military, think about any combat or training-related incidents.

No  Yes—Record cause in chart

**Interviewer instruction:**

*If the answers to any of the above questions are "yes," go to Step 2. If the answers to all of the above questions are "no," then proceed to Step 3.*

### Step 2

*Interviewer instruction: If the answer is "yes" to any of the questions in Step 1 ask the following additional questions about each reported injury and add details to the chart on the subsequent page.*

Were you knocked out or did you lose consciousness (LOC)?

If yes, how long?

If no, were you dazed or did you have a gap in your memory from the injury?

How old were you?

### Step 3

*Interviewer instruction: Ask the following questions to help identify a history that may include multiple mild TBIs and complete the Step 3 table on page 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)?

If yes, what was the typical or usual effect?

Were you ever knocked out, and if yes, how long did you lose consciousness?

Were you ever dazed or did you have a gap in your memory from the injury?

What was the most severe effect from one of the times you had an impact to the head?

How old were you when the injuries began? Did you get your injuries within a six month timeframe?

### Step 1

Cause

Cause	Loss of consciousness (LOC) / Knocked Out				Dazed/Memory Gap		Age
	No LOC	<30 min	30 min – 24 hrs	>24 hrs	Yes	No	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

### Step 4

*Interviewer instruction: Ask the following questions to help identify a history that may include other types of brain injury (NonTBI).*

Have you ever experienced any of the following?

- unmanaged or untreated epilepsy or seizures
- a stroke, cerebral vascular disease or a transient ischemic attack
- a tumor of the brain
- swelling of the brain (edema)
- a drug overdose (e.g., stopped breathing, required resuscitation)
- toxic effects or poisoning (e.g., carbon monoxide poisoning)
- infection like meningitis or encephalitis
- a brain bleed or hemorrhage
- loss of oxygen to the brain for 2 minutes or more - like from a time when you stopped breathing, had a near drowning
- experienced a strangulation in which you lost consciousness

# At the beginning and throughout

- Before getting started share that after the screening, results will be explained. If results indicate injury history, there will be next steps to identify symptoms. Strategies to address those symptoms will be shared. Referrals for resources will be discussed and those agreed upon will also be made to start addressing any areas of concern.
- Provide a gentle reminder that they only need to share the information they are comfortable sharing and that an estimated age range and typical effect of LOC / AOC is enough.
- Throughout the screening, take notice if a client appears uncomfortable (shifting body language, stuttering speech, sudden language gaps, statements like “oh, I don’t know, come on!” or “I am a different person now”)
- Thank them for sharing their experiences and acknowledge their effort.

# A few key points

- Hospital & ER Visits
- Abuse / Assault / Intimate Partner Violence
- Explosions and blasts
- Traumatic Injury to Non- Traumatic Injury (External vs. Internal)
- Overdoses
- Suicide Attempts
- Repeated Injuries
- Before moving on

The image features a blurred background of a laboratory or classroom. In the foreground, there is an anatomical model of a human head and neck, showing the skull, muscles, and internal structures like the trachea and esophagus. The model is mounted on a stand. On the left side, there is a large, semi-circular graphic element with a white border and a light orange-to-white gradient. Overlaid on the right side of the image is the text "SYMPTOMS QUESTIONNAIRE" in a bold, white, sans-serif font.

# SYMPTOMS QUESTIONNAIRE

# Find your flow

- Explain they are answering in general
- Adapt to their environment
- Symptoms relate to each other, connect the questions
- Explain follow up skills and strategies
- Resource planning together

## SYMPTOMS QUESTIONNAIRE

Name: \_\_\_\_\_ Date: \_\_\_\_\_

In recent weeks, how much have you been bothered by the following problems?  
Please mark only one circle per item.

SECTION 1	N/A I don't have this problem at all	I have this problem but it <b>never</b> bothers me	I am <b>slightly</b> bothered by this problem	I am <b>very</b> bothered by this problem	I am <b>extremely</b> bothered by this problem
I lose or misplace important items (keys, wallet, papers)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I forget what people tell me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I forget what I've read	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I lose track of time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I forget what I did yesterday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I forget things I've just learned	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I forget meetings/appointments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I forget to turn off appliances (iron, stove)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SECTION 2	N/A I don't have this problem at all	I have this problem but it <b>never</b> bothers me	I am <b>slightly</b> bothered by this problem	I am <b>very</b> bothered by this problem	I am <b>extremely</b> bothered by this problem
I have a hard time following conversations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can remember only one or two steps of instructions or directions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I take too long to figure out what someone is trying to tell me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



# Resource connection for survivors

- Engage in teamwork style resources
  - I know of this resource, explain, are you interested
- May need assistance identifying needed resources
  - Identify, organize, prioritize and most important:
- Individualize!

# Data from 22-23 Denver Reentry

- 34% recidivism rate
- 87.5% positivity rate of screening
- 69.2% said yes to first time screen, first time learning about BI
- 46.4% had anoxic injuries
- 69% continued to engage with BIAC after intake

# QUESTIONS



# Real-Time Evaluation Questions (1 of 2)

- Please take a moment to respond to these six evaluation questions to help us deliver high-quality TBI TARC webinars
- If you have suggestions on how we might improve TBI TARC webinars, or if you have ideas or requests for future webinar topics, please send us a note at [TBITARC@hsri.org](mailto:TBITARC@hsri.org)

# Real-Time Evaluation Questions (2 of 2)

- 1. Overall, how would you rate the quality of this webinar?**
- 2. How well did the webinar meet your expectations?**
- 3. Do you think the webinar was too long, too short, or about right?**
- 4. How likely are you to use this information in your work or day-to-day activities?**
- 5. How likely are you to share the recording of this webinar or the PDF slides with colleagues, people you provide services to, or friends?**
- 6. How could future webinars be improved?**

# Thank You

The Traumatic Brain Injury Technical Assistance and Resources Center (TBI TARC) is an initiative from the Administration for Community Living that helps TBI State Partnership Program grantees promote access to integrated, coordinated services and supports for people who have sustained a TBI, their families, and their caregivers. The Center also provides a variety of resources to non-grantee states, people affected by brain injury, policymakers, and providers.

