

Brain Injury Education after Positive Screening

After a positive screening, your client may be left with many questions about their possible brain injury (BI). Remember, a positive screening is not a brain injury diagnosis. There are things you and your client can do together, and things they can do on their own to educate themselves on brain injury.

Educate

Things you can do together:

- Review HELPS screening.
 - o “Can you share more with me about the troubles you identified on the screening?”
 - o Discuss how some of the problems they are experiencing can be a result of a BI.
- Identify and implement accommodations. There is no set treatment for BI, but you can employ cognitive and behavioral strategies for successful participation.
 - o What issues are currently bothering your client the most?
 - Brainstorm appropriate accommodations & implement them
 - o What does the client need to be successful in your program?
 - Memory books, planner, phone reminders, color-coded reminders
 - Extra check-ins with staff, shorter meeting times, written summaries of meetings
 - Taking frequent breaks, working in a quiet environment
- Safety planning
 - o “What actions you can take to keep yourself safe?”
 - What can they do to protect their head from additional injury?
 - o Discuss when to seek medical care after a head injury
 - If the client is experiencing any of these warning signs, seek medical care immediately
 - Headache that does not go away or gets worse
 - One pupil is larger than the other
 - Cannot remember what happened
 - Extreme drowsiness or difficulties waking up

- Slurred speech, numbness, or decreased coordination
- Repeated vomiting or nausea
- Shaking or twitching
- Unusual behavior, confusion, restlessness, or agitation
- Unintentional urination or defecation
- Loss of consciousness, or “knocked out”
- If the survivor has been strangled:
 - It becomes more difficult or painful to breathe
 - Trouble swallowing
 - Voice changes or problems speaking
- Discuss how to gradually return to normal activity after a head injury
 - Reduce screen time, plan ahead, dial back activities, give yourself time to recover
 - Stay with a trusted person for 24-72 hours after the injury to watch for warning signs
- Determine need for medical or mental health referral
 - Does your client have insurance and will it cover the visit?
 - What service provider works with the client’s insurance?
 - Use information from your brain injury program partner
 - Remember that even without a lot of resources or access to health insurance, you can still work on making changes to the environment a client is experiencing at your program, and they can make accommodations to their daily life.
- Discuss sharing information about a history of head trauma with a provider
 - Will writing down trauma history help the client during the visit?
 - What questions does the client have for the service provider? Write these down.
 - Does the client need help with directions or transportation to the visit?

Refer the client to additional resources

Things the client can do on their own:

- Review educational materials on BIAV website
- Read Invisible Injuries packet from Ohio Domestic Violence Network (ODVN)
- Join support groups for brain injury survivors offered by BIAV, BI program, or community
- Create a self-care plan
- JUST BREATHE booklet from ODVN offers daily self-care ideas for taking care of your mental health

References

Ohio Domestic Violence Network. (2016). *CHATS Advocate Guide- Has Your Head Been Hurt?*

<https://www.odvn.org/wp-content/uploads/2020/08/CHATSAdvocateGuide.pdf>

Ohio Domestic Violence Network. (2016). *Invisible Injuries- When Your Head is Hurt.*

https://www.odvn.org/wp-content/uploads/2020/04/ODVN_Resource_InvisibleInjuries_web.pdf

Content last reviewed: January 2023

This article was adapted from content provided by the Ohio Domestic Violence Network. It is provided for informational and educational purposes only. The information is not intended as a substitute for professional advice, diagnosis or treatment, and you should not use the information in place of the advice of your medical, psychological, or legal providers.

This project is supported [in part] by Contract #709BN032953 administered by the Virginia Department of Health (VDH).