

# Screening and Accommodations

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# Screening & Accommodations

## Learning Objectives:

- Become aware of how traumatic brain injury compounds the domestic violence victim's life.
- Recognize signs that a brain injury may have occurred.
- Introduced to and instructed on proper use of a simple screening tool for brain injury- "Brief Screening for Possible Brain Injury."
- Introduced to and instructed on typical physical and cognitive impairments post brain injury.
- Introduced to and instructed on common accommodations for functional impairments post brain injury.
- Enhance domestic violence service provider's knowledge of physical and cognitive impairments, that can negative impact treatment efficacy.

# **Roles for DV Staff with Clients with TBI/DV**

**Screening  
Accommodations**



## **Awareness of TBI will...**

- **Increase DV staff sensitivity to TBI**
- **Allow for focused screening and referral for further assessment by AHIF**
- **Permit accommodations within intervention approaches**
- **Result in better outcomes for the client!**



# A Client With DV and TBI...

- May be more difficulty to engage.
- May show poorer follow-through on tasks.
- Likely to “not remember” prior discussions or routines.
- May have difficulty profiting from interventions provided.



## **A Client With DV and TBI...**

- **Is more likely to have difficulty adjusting to group living/shared responsibilities.**
- **May have greater behavioral control issues.**
- **May appear more confused, more inattentive and more fatigued than other residents.**



# The Complicated Realities of a Client's Life After DV



# The Complicated Realities of a Client's Life

My phone has been turned off

Who's going to hold me at night?

We've been together so long

How can I continue to teach Sunday School?

I don't want to be alone

His family won't talk to me



His parents live so close

I might be pregnant

My family lives 200 miles away

Who will watch the kids while I'm at school at night?

# The Complicated Realities of a Client's Life

My phone  
has been  
turned off

Who's going to  
hold me at night?

I can't get to work without his car

How can I  
continue  
to teach  
Sunday  
School?

My little  
girl has  
dance on  
Tuesdays

I don't want  
to be alone

We've been  
together so  
long

His  
family  
won't  
talk to  
me

What will people  
think?

I have Bible study this weekend

He just  
got his  
hours  
cut at  
work



My family lives 200 miles away

His  
parents  
live so  
close

I might be  
pregnant

Who will watch  
the kids while  
I'm at school at  
night?

# The Complicated Realities of a Client's Life

My phone  
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Who's going to  
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I can't get to work without his car

How can I  
continue  
to teach  
Sunday  
School?

I can't pay  
the bills on  
my own

We've been  
together so  
long

My little  
girl has  
dance on  
Tuesdays

I don't want  
to be alone

I love  
him

His  
family  
won't  
talk to  
me

What will people  
think?

I have Bible study this weekend

Why  
doesn't he  
love me?

He just  
got his  
hours  
cut at  
work

The kids  
need  
their  
father



His  
parents  
live so  
close

I might be  
pregnant

My family lives 200 miles away

This can't be  
happening to me

What's  
wrong  
with me?

Who will watch  
the kids while  
I'm at school at  
night?

# The Complicated Realities of a Client's Life with TBI/DV

My phone has been turned off

**I can't remember anything now..I feel like I am going crazy!**

I love him

He just got his hours cut at work

My family lives 200 miles away

This can't be happening to me

Who's going to hold me at night?

My little girl has dance on Tuesdays

His family won't talk to me

**I can't seem to make decisions**

The kids need their father

What will people think?



I can't get to work without his car

I can't pay the bills on my own

I don't want to be alone

**I can't think of any ways out of this mess!**

**My judgement is so poor!...**

His parents live so close

What's wrong with me?

We've been together so long

Why doesn't he love me?

**What should I do first?**

Who will watch the kids while I'm at school at night?

How can I continue to teach Sunday School?

**I just can't seem to be able to stop and think things out!**

I might be pregnant

# What can DV staff do to help?

Help the client *identify* his/her TBI...

- ✓ Ask appropriate screening questions
- ✓ Refer your client for further screening/evaluation/services



# Screening for TBI

**During her shelter intake, Julia says that she has been living with her mother, who threw her out after Julia “went ballistic” following a phone call from her husband. She left her husband a month ago after he almost killed her. He has been following her around & harassing her wherever she goes. She needs to find an apartment & a job but feels overwhelmed by the process of looking.**

# Screening for possible TBI in your DV clients



# Brief Screening: Possible Brain Injury

## Part 1: Events

- ...blow to your head?
- ...hit your head?
- ...head hit against solid objects?
- ...told you had a concussion?
- ...ever seen in hospital or ER?
- ...hit your head during a fall?
- ...been strangled?



# For any events acknowledged, ask...

- ✓ **Did you lose consciousness or feel dazed or confused after the blow to the head?**
- ✓ **If so how long and how often did it happen?**



**If events reported but no loss of consciousness/dazed/confused...**

**No further questioning needed...**

**Screening is *Negative***



## Part II

**Do you experience any of the following symptoms since the blow to the head...**

- ' Headaches
- ' Dizziness
- ' Difficulty sleeping
- ' Easy loss of temper
- ' Difficulty being in crowds



## Part II

**Do you experience any of the following symptoms since the blow to the head...**

- ' Difficulty remembering new information
- ' Difficulty reading, writing, or doing math
- ' Difficulty concentrating
- ' Poor judgment (e.g., taking unnecessary risks)
- ' Difficulty in problem solving
- ' Difficulty getting tasks started



## If the client acknowledges...

- > event(s) in which a blow to the head occurred
- > a loss of consciousness or period of feeling dazed/confused tied to the event(s)
- > ongoing TBI related symptoms

**The Screening is *Positive*...**

Consider referral to the AHIF



# Accommodations



**How can DV staff best  
accommodate for TBI  
changes in their clients?**



# Physical Changes

- Overall slowness
- Clumsiness
- Decreased vision/hearing/smell  
Dizziness
- Headaches
- Fatigue
- Increased sensitivity to noise  
and bright lights



# **Help your client compensate for** *Physical changes*

- **Allow additional time to get from place to place due to general slowness**
- **Keep environment quiet**
- **Keep noise and lights to a minimum**
- **Keep sessions short to minimize onset of headaches and fatigue.**
- **Schedule rest periods and breaks from planned activities.**



# Thinking Changes

## ➤ Attention

- Reduced concentration
- Reduced visual attention
- Inability to divide attention between competing tasks

## ➤ Processing speed

- Slow thinking
- Slow reading
- Slow formulation of either verbal and written responses



# Help your client compensate for changes in *Attention*

- Work on one task at a time.
- Have client become active participant in discussions & development of plan.
- Limit distractions (both visual and verbal).
- Meet individually in quiet room.
- Redirect when focus is lost.
- Keep meetings time limited.
- Encourage rephrasing or recheck to ensure comprehension.
- Encourage client to take breaks when needed



## **Help your client compensate for changes in *Processing Speed***

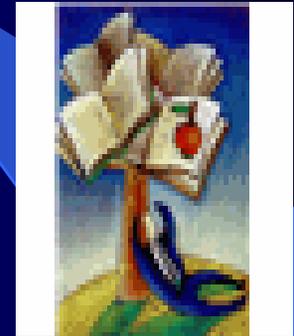
- **Allow additional time for client to provide written and/or verbal responses.**
- **Slow down the speed of your discussions, speaking slowly, making sure client understands.**
- **Don't rush client!**
- **Offer assistance with completing written forms.**



# Thinking Changes

## ➤ Communication

- Difficulty finding the right words, naming objects
- Disorganized in communication
- Impaired interpersonal skills



## ➤ Learning and Memory

- Information before TBI intact
- Reduced ability to learn new information
- Memory for new information markedly



# Help your client compensate for changes in *Communication*

- Cue if client is having word-finding difficulties (provide alternatives).
- Help client stay on topic; redirect when necessary.
- Ask client to re-state aspects of a discussion to ensure comprehension.
- Encourage client to prepare an “agenda” in advance.
- Avoid open-ended questions...use yes/no or structured formats where possible.



# Help your client compensate for changes in *Learning and Memory*

- Provide written summary of discussed information to enhance recall
- Encourage client to write down instructions/information, and review accuracy of these notes in session.
- Present new information in small, concise chunks.
- Check client's understanding by asking for restatement of information
- Keep interactions brief to minimize memory demands
- Avoid open-ended questions...use yes/no or structured formats where possible.



# Thinking Changes in “Executive Functioning”

Difficulty  
planning/  
setting goals

Problems  
being  
organized

Difficulty  
being  
flexible



Difficulty  
problem solving

Difficulty  
prioritizing

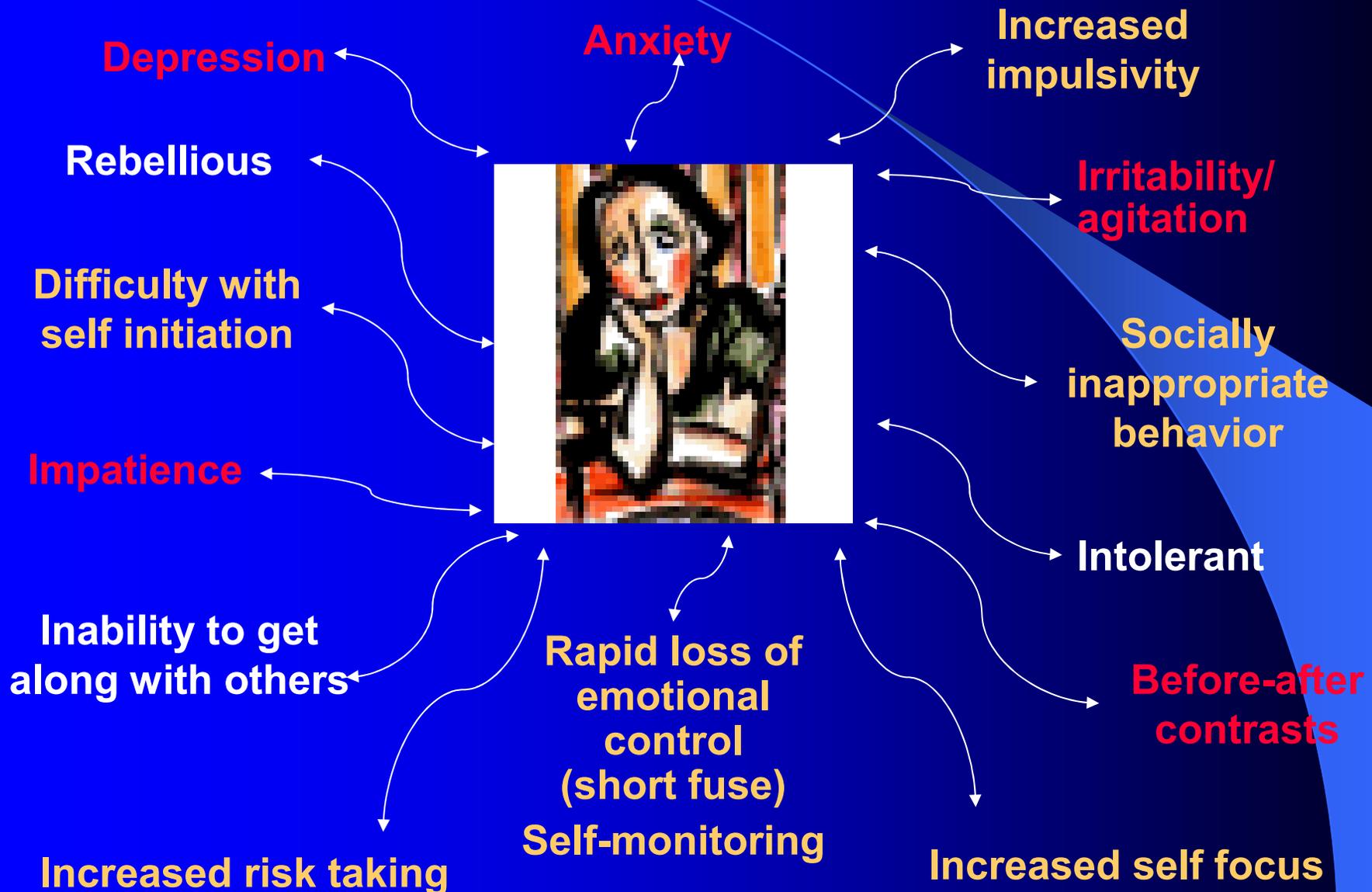
Decreased  
awareness of  
thinking changes  
in self

# Help your client compensate for changes in *Executive Functioning*

- Present information in factual manner, avoid abstract concepts.
- Provide several solutions to a problem and encourage client to make the best choice.
- Help formulate alternative approaches.
- Provide written direction- summarize steps to be followed in plan. Breakdown “next” steps to be accomplished.
- Help prioritize and organize tasks to be accomplished.
- Encourage writing plan and strategies.
- Keep things as structured as possible.



# Emotional/Behavioral Changes



# Specific Challenges for the Client With DV/TBI

- Depression and/or anxiety may immobilize the client
- Difficulty with self initiation may prevent action steps needed
- Poor self awareness may limit the client's ability to change approach taken
- Cognitive difficulties serve to maintain depression/anxiety



# Help your client compensate for changes in *Emotions/Behaviors*

- Minimize anxiety with reassurance, education, and structure.
- Avoid focusing only on client's deficits.
- Don't interpret lack of emotion as a sign of lack of interest.
- Provide neutral, but direct, feedback if the client behaves inappropriately.
- Suggest breaks if the client becomes irritable or agitated.
- Point out possible consequences of decisions, short- & long-term



## **Help your client compensate for changes in *Emotions/Behaviors***

- **Establish an agenda and follow it**
- **Minimize the unexpected**
- **Provide advance notice of an upcoming change**
- **Avoid discussion when client is fatigued or over-stimulated**
- **Provide written outline of expected behaviors and responsibilities**



# Use of TBI screening and accommodations will result in...

- Better understanding of TBI changes by the client and DV staff
- Enhanced communication with the client
- Better follow-through by the client
- Better outcomes for the client!



