

Glossary

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

Acquired brain injury (ABI): An injury to the brain that has occurred after birth and includes: TBI, stroke, near suffocation, infections in the brain, etc. (Brain Injury Alliance of America, 1997). The term does not apply to brain injuries that are congenital or degenerative, or brain injuries induced by birth trauma.

Activities of daily living (ADLs): Basic tasks that a person performs throughout the course of his/her day, such as: eating, bathing, toileting, grooming, transferring and moving about. Tasks that are related to independent living are called instrumental activities daily living and include: taking medications, preparing meals, laundry, housework, shopping, and errands.

Acute: In reference to healthcare for TBI, describes the medical procedures undertaken to stabilize a patient in a hospital; care that is provided on a short-term basis for an immediate need, usually right after the injury occurred. Post acute care is care provided after initial stabilization on a longer-term basis.

Advocate: To argue for a cause, or plead on another's behalf for education, legal, personal, or vocational rights, or a person who argues for their own, or another person's rights.

Anoxia: The cessation of oxygen supply to the brain -- can lead to brain cell death and loss of function.

Assistive technology (assistive devices, adaptive technologies, adaptive equipment): Any technology that enables someone to do something that s/he normally cannot do. A special device that assists in the performance of self-care, work, play/leisure, or physical exercise. Some assistive technologies can be useful in compensating for cognitive deficits. Examples include: personal digital assistants, voice organizers and recorders, reminders, watches, and smart phones.

Antecedents: Factors or events that occur prior to a current situation. Attention to antecedents can assist in promoting desired behaviors and avoiding negative behaviors.

Ataxia: Inability to coordinate voluntary muscle movements.

Axonal shearing: When the brain is moved back and forth against the skull after a head trauma, it is alternatively compressed and stretched because of its soft, gelatin-like structure. The long, fragile axons of the neurons that make up the brain are also compressed and stretched. If the impact is severe enough, axons can be stretched until they are torn. This is called axonal shearing. When this happens, the neuron dies. An injury with substantial axonal shearing is more diffuse -- spread throughout the brain.

Axons: Long nerve fibers that conduct impulses away from the cell body of a neuron.

Brain injury: Any injury that results in brain cell death and loss of function.

Brain injury Alliance of Iowa (BIAIA): A non-profit consumer organization that works to improve the lives of those affected by brain injury through education, advocacy, research and local support groups.

Brain swelling (cerebral edema): The brain swells after a severe trauma, just like any other part of the body. This is also a major cause of damage after brain injury. Very severe swelling can cause death by compressing the brain stem. Brain swelling can lead to neuronal damage by squeezing the cells or from anoxia caused by disrupting the flow of blood and oxygen to the brain.

Centers for Disease Control and Prevention (CDC): One of 13 major operating components of the Department of Health and Human Services; and leads the nation's public health efforts to prevent and control infectious diseases, injuries, workplace hazards, disabilities, and environmental health threats.

Centers for Independent Living (CILs): Centers located throughout the state to provide services designed to maximize self-sufficiency and independence of people with disabilities.

Cognitive functioning: A function of the brain that refers to how one thinks, reasons, stores, and processes information.

Congenital condition: Circumstance that is present at birth.

Contusion (of the brain): Bruising and bleeding of the brain due to the tearing of small blood vessels upon impact. It can lead to the death of neurons. Small contusions (as in concussion) are not usually treated unless blood flow is interrupted.

Coup-contracoup: A pattern of contusion whereby one contusion occurs at the site of the initial impact on the brain ("coup") and another at the site directly opposite ("contracoup"). This pattern is the result of the brain moving back and forth inside the skull upon impact.

Culture: An integrated pattern of socially transmitted human behavior that includes thoughts, communication, actions, customs, beliefs, values, institutions, and all other products of human work or thought, characteristic of a particular community or population (Cross et al., 1989). Though culture is often viewed as simply race and ethnicity, the term encompasses much more. Other groups of people display distinct cultural characteristics and in turn receive culturally insensitive responses from society. Examples of such groups include the poor, the homeless, and the disabled.

Cultural competence: The ability and the will to respond to the unique needs of an individual client or family that arise from the client's culture and the ability to use the person's cultural strengths as resources or tools to assist with the treatment, intervention or helping process. Cultural competence is generally regarded as a long term process towards which one strives. In addition, cultural competence can be thought of as an attribute of an individual provider and as an attribute of an organization.

Depressed skull fracture: This is when bones of the skull are broken or cracked with loose bone fragments actually placing pressure or penetrating the brain, thereby causing damage.

Developmental disability (DD) -- According to the Iowa Department of Human Services, this is defined as a severe, chronic disability of a person which: is attributable to a mental or physical impairment or combination of mental and physical impairments; is manifested before the person attains age 22, unless the disability is caused by a traumatic head injury and is manifested after age 22; is likely to continue indefinitely; results in substantial functional limitations in three or more of the following areas of major life activity: self-care, receptive and expressive language, capacity for independent living, learning, mobility, self-direction and economic self-sufficiency; and reflects the person's need for a combination and sequence of special interdisciplinary, or generic care, treatment, or other services which are of a lifelong or extended duration and are individually planned and coordinated; or when applied to children from birth through four years of age, may be evidenced as a developmental delay.

Diffuse injury: An injury to the brain in which damage is not limited to one location in the brain, but affects multiple areas.

Eligibility: Requirements that need to be met by the applicant, in order to receive services or enroll in a program.

Executive functioning: Cognitive functions having to do with planning, abstract reasoning, problem-solving, information processing, judgement, working memory, etc.

Glasgow Coma Scale (GCS): The GCS is commonly used for initial assessment of brain injury severity. The GCS uses a 15 point scale to rate eye opening, motor, and verbal response functions. Unfortunately in practice, the time of the assessment can vary (e.g., at the scene of injury, upon arrival in the emergency department, etc.) -- making results from one patient to the next difficult to compare. Moreover, GCS results may not be valid for children, people under the influence of alcohol, or people with language differences.

HELPS: Acronym for the brain injury screening tool described in this training. Each letter of the acronym stands for one of the five questions of the tool:

H = Have you ever hit your head or been hit on the head?"

E = Were you ever seen in the emergency room, hospital or by a doctor because of an injury to your head?

L = Did you ever lose consciousness or experience a period of being dazed and confused because of an injury to your head?

P = Do you experience any problems in daily life since you hit your head?

S = Have you ever experienced a significant sickness?

Hematoma: If the blood vessels damaged by the impact inside the skull are large enough, they may bleed enough to create a pool of blood or hematoma. A hematoma can cause brain injury by directly damaging the neurons it comes in contact with or by squeezing neurons through increased pressure in the brain due to its volume. The treatment for a hematoma is to surgically drain it, if possible.

Hypovolemic shock: After injury, loss of blood volume can further compromise healthy brain tissue.

Incidence: In reference to TBI data, incidence refers to the number of a given type of events, or new instances of TBI, in a year.

Increased intracranial pressure: intracranial pressure occurs because of a build-up of pressure within the skull. Because the brain, membranes and cerebrospinal fluid are encased with the bones of the skull, the fluid formed as a result of swelling or bleeding "backstop" in the brain causing increased pressure inside the brain which results in further damage to brain tissue.

Individualized Education Program (IEP): A written plan for a child or student who has a disability and who qualifies for special education services. The IEP must include, among many other specific features, measurable annual academic and functional goals; and the types of special educational and related services and supplementary aids and services that the child will receive (such as speech and language services, or physical or occupational therapy) to enable the child or student to be involved in and make progress in the general education curriculum. The IEP is developed, reviewed and revised in a meeting consisting of a team that includes school personnel, family members, and other individuals.

Individuals with Disabilities Education Act (IDEA): A federal law, first enacted in 1975 and most currently re-authorized and revised in 2004, that requires public schools to determine whether a child has a disability, develop a plan that details the education and support services that children and students will receive, provide the services, and re-evaluate the plan periodically. There is federal funding available for some of these responsibilities.

Initiation: The act of beginning a task or setting in motion a course of events.

Local Management Entities (LMEs): are agencies of local government-area authorities or county programs-who are responsible for managing, coordinating, facilitating and monitoring the provision of mental health, developmental disabilities and substance abuse services in the catchment area served. LME responsibilities include offering consumers 24/7/365 access to services, developing and overseeing providers, and handling consumer complaints and grievances.

Long Term Care services: Long term care (LTC) services are the medical, social, personal care, and supportive services needed by people who have lost capacity for self-care due to a chronic illness or condition. It's different from acute health care because assistance is required for an indefinite period of time, and because recovery of function may be incomplete.

Mental illness (MI): A mental condition characterized by a substantial disorder of thought or mood that interferes with an individual's ability to function in day-to-day life.

Mild TBI: Medically defined as any period of loss of consciousness (typically less than 15 minutes); any loss of memory for events immediately before or after the accident; or any alteration in the mental state at the time of the accident (e.g., feeling dazed, disoriented or confused). Mild TBI generally does not include posttraumatic amnesia greater than 24 hours (NIH, 1998). Mild TBI is associated with a Glasgow Coma Scale score of 13-15.

Moderate TBI: Medically defined as a loss of consciousness that can last minutes or a

few hours and is followed by a few days or weeks of confusion. Persons with moderate TBI may have a longer period of impaired consciousness, more impaired verbal memory shortly after the injury and a lower likelihood of achieving a good recovery within 6 months than persons suffering mild TBI (NIH, 1998). Moderate TBI often is associated with a GCS of 9 -- 12.

Motor functioning: Involving or relating to movements of the muscles.

Multidisciplinary Evaluation Team (MET): The team that assesses students to determine eligibility for special education or early intervention services.

Negative reinforcement (escape and avoidance): When the consequence of a behavior resulted in avoiding or getting out of an unpleasant situation, and the effect is to encourage the behavior again in the future.

Networking: refers to the developing of contacts or exchanging of information with others in order to reach a common goal.

Neurologic: Related to the nervous system and its structure and functions.

Neurologic exam: An examination conducted by a neurologist, which might include the following: a detailed medical history and assessment of neurologic functions (reflexes, cranial nerve functioning, gross movements, muscle tone, and perception of sensory stimuli).

Neuropsychological evaluation: A neuropsychological evaluation can be very helpful after a TBI and is a comprehensive assessment used to help determine cognitive and emotional and intellectual functioning. The assessment is conducted by a doctor of psychology trained to evaluate brain/behavior relationships in order to develop strategies and plans to help the person with a brain injury return to normal functioning.

Neurons: Impulse conducting cells that constitute the brain, spinal column, and nerves, consisting of a nucleated cell body with one or more dendrites and a single axon.

Neuropsychologist: A professional who evaluates the relationship between brain and behavior; conducts extensive testing and counseling; does not prescribe medication.

Occupational therapy (OT): The use of self-care, work and play activities to increase independent function, enhance development and prevent disability; OT may include the adaptation of a task or the environment to achieve maximum independence. An Occupational Therapist is a professional who helps a person to regain skills in activities of daily living (e.g., dressing, eating, bathing, etc.) and routine "occupations" (e.g., cooking, shopping, scheduling, driving, etc.).

Person Centered Planning (PCP): Person-centered planning is a process of determining real-life outcomes with individuals and their families, as well as developing strategies to achieve those outcomes.

Physical therapy (PT): Treatment that uses physical agents such as exercise and massage to restore or facilitate recovery of physical abilities. A Physical Therapist is a

professional who treats injury or physical dysfunction with exercises and other physical treatments to restore or facilitate recovery of physical abilities.

Positive reinforcement (rewards): When good things happen following a behavior and that behavior is repeated in the future in order to achieve that result, the behavior is likely to continue -- it has been reinforced.

Posttraumatic amnesia: The loss of memories of events after the brain injury; also refers to the length of time that it takes for the return of full consciousness and memory for recent events following trauma.

Posttraumatic depression: The occurrence of the psychiatric condition of depression following brain injury.

Primary event: In reference to TBI, brain damage, such as contusion and axonal shearing, that occurs during the initial phase of injury (during impact). The primary event is distinguished from the secondary event, or subsequent brain damage, that occurs because of the body's reaction to the primary event (such as brain swelling and anoxia).

Provider Services: According to NC DMH/DD/SAS, qualified provider agencies must be endorsed by the LMEs and directly enrolled with the Medicaid program for each service they wish to provide. The endorsement process includes a service-specific checklist and adherence to the following: a. Rules for MH/DD/SA Facilities and Services; b. Confidentiality Rules; c. Client Rights Rules in Community MH/DD/SA Services; d. *Records Management and Documentation Manual*; e. Implementation Updates to rules, revisions, and policy guidance; f. Person-Centered Plan Manual.

Psychiatric evaluation: An assessment of mental, emotional, or behavioral disorders.

Psychological/behavioral strategies of pain management: Behavioral techniques to deal with physical pain. The focus of treatment is to increase a person's ability to manage, function, and cope with pain. Such techniques may include relaxation training, developing coping skills to deal with emotions such as sadness, anxiety, or anger, and to deal with beliefs and expectations related to pain. Problem-solving techniques and communication skills regarding expressing and dealing with pain may also be included.

Psychological testing: Standardized assessment of emotional and intellectual functioning, and the personality characteristics of an individual.

Skull fracture: Bones of the skull are broken or cracked. Injury severity can range from simple, undisplaced fractures to compound fractures which involve loose bone fragments placing pressure on or penetrating the brain.

Secondary event: In reference to TBI, this is the injury or complication resulting from the reaction of the brain to the primary event, including: brain swelling (edema), pooling of blood (hematoma), increased intracranial pressure, hypovolemic shock, and loss of oxygen (anoxia).

Seizures: Waves of synchronized nerve cell activation that can involve the entire brain, or can be confined to a particular area of the brain. When the entire brain is

involved it is called a generalized seizure or grand mal; and symptoms include loss of consciousness, rhythmic jerking body movements, and other possible symptoms. If only part of the brain is involved, it is called a partial or focal seizure; generally the person does not lose consciousness and other symptoms depend on the area of the brain affected.

Self monitoring: Regarding behavior, the ability to act appropriately and refrain from inappropriate behavior based on a given social situation.

Sequencing: The ability to recognize the necessary order of events.

Severe TBI: Medically defined by a loss of consciousness, or coma, for 6 hours or longer, either immediately after the injury or after an intervening period of clarity. Severe TBI is often associated with a GCS of 8 or lower.

Sleep routines: The activities and environment surrounding sleep can affect a person's ability to get enough rest. The following might have an impact: going to bed on a consistent schedule, limiting sleep during the day, having a relaxing bedtime routine, having a comfortable sleeping environment, etc.

Sleep study: Monitoring the cycles and stages of sleep using direct observation or by using electrodes to make continuous recordings of brain waves, electrical activity of muscles, eye movement, respiratory rate, blood pressure, blood oxygen saturation, and heart rhythm. The test is performed for people who suffer from insomnia, excessive daytime sleepiness, obstructive sleep apnea, breathing difficulties during sleep, or behavior disturbances during sleep.

Spasticity: Involuntary increase in muscle tone (energy sent to the muscles from the brain and spinal cord) which causes the muscle to resist being stretched and move in an coordinated fashion.

Speech and language therapist: A professional who evaluates and treats communication and cognitive skills including speaking and understanding written and spoken language.

Substance Abuse services: Services to treat substance abuse issues that may include types of outpatient therapy, short-term and long-term residential treatment, detoxification, and intensive outpatient services.

Traumatic Brain Injury (TBI): Injury caused by an external trauma to the head or violent movement of the head, such as from a fall, car crash or being shaken. TBI may or may not be combined with loss of consciousness, an open wound or skull fracture (Thurman et. al., 1994).

Resource Links

Information on Brain Injury

- The Brain injury Alliance of Iowa
www.biaia.org
- The Iowa Association of Community Providers
www.iowaproviders.org
- Traumatic Brain Injury Central
www.mssm.edu/tbicentral/
- National Resource Center for Traumatic Brain Injury
www.tbinrc.com
- Brain Injury Resource Center
www.headinjury.com
- Traumatic Brain Injury Survival Guide
www.tbiguide.com
- Facts about Traumatic Brain Injury
www.cdc.gov/ncipc/tbi/FactSheets/Facts_About_TBI.pdf
- Traumatic Brain Injury Resource Directory
tbi-sci.org/tbird/main.html
- COMPASS' Brain Injury Website
www.iowacompass.org/

Difficulties After Brain Injury

- Iowa Gambling Treatment Program
www.1800betsoff.org

Neuropsychology

- American Psychological Association – Division of Clinical Neuropsychology
www.div40.org/
- American Board of Clinical Neuropsychology
<http://www.theabcn.org>
- Neuropsychology Central
www.neuropsychologycentral.com
- International Neuropsychological Society
www.the-ins.org

Brain Injury Studies and Research

- Traumatic Brain Injury Model Systems
www.tbims.org
- TBI Research Studies at NYC's Mt Sinai BI Research Center
braininjury.blogs.com/braininjury/2009/06/traumatic-brain-injury-research-studies-at-new-york-citys-mt-sinai-brain-injury-research-center.html
- NIH Consensus Development Program, Rehabilitation of Persons with Traumatic Brain Injury
consensus.nih.gov/1998/1998TraumaticBrainInjury109html.htm

ASSOCIATIONS AND FOUNDATIONS

- Brain injury Alliance of Iowa
<http://biaia.org>
- Brain Injury Association of America

- www.biausa.org
- United States Brain Injury Alliance
www.usbia.org
- National Association of State Head Injury Administrators
www.nashia.org
- National Center on Physical Activity and Disability
www.ncpad.org
- National Aphasia Association
aphasia.org
- National Headache Foundation
www.headaches.org
- Vestibular Disorders Association
www.vestibular.org

Iowa Resources

- Iowa Brain Injury Resource Network Virtual Tote Bag (in Word format)
www.biaia.org/support.htm#Tote
- Center for Disabilities and Development
www.healthcare.uiowa.edu/cdd/ucedd/
- Disability Rights Iowa
www.disabilityrightsiowa.org
- The Governor's Developmental Disabilities Council
idaction.com/
- Iowa Association of Community Providers
www.iowaproviders.org
- Iowa Training Consortium Training Calendar
disabilitytraining.mhsoftware.com/
- Department of Human Services Policy Manuals
<http://dhs.iowa.gov/policy-manuals/medicaid-provider>
- In-Home Health Related Services DHS Employee Policy Manual
<http://dhs.iowa.gov/ime/providers/rulesandpolicies>
- The Mental Health, Mental Retardation, Developmental Disabilities, and Brain Injury Commission
<http://dhs.iowa.gov/about/mhds-advisory-groups>

State University Disability Resources and Services

- University of Iowa Disability Resources
www.uiowa.edu/homepage/diversity/disability.html
- Iowa State University Disability Resources
www.dso.iastate.edu/dr
- University of Northern Iowa Office of Disability Services
www.uni.edu/disability
- We Connect is dedicated to uniting college students with disabilities in access to higher education and employment issues.
weconnectnow.wordpress.com/

Online Brain Injury Supports

- Brain Injury Information Network
<http://tbinet.org>
- The Perspectives Network
<http://www.tbi.org>
- The Brain Injury Ring
<http://f.webring.com/t/Brain-Injury-Ring>
- B Independent
<http://www.bindependent.com>

Iowa Government

- State of Iowa Home Page
<http://www.iowa.gov>
- Advisory Council on Brain Injuries
<http://www.idph.state.ia.us/ACBI/>
- Department of Public Health
<http://www.idph.state.ia.us>
- Department of Education
<http://www.iowa.gov/educate>
- Department of Human Services
<http://dhs.iowa.gov>
- HCBS Brain Injury Waiver Waiting List
When you arrive at page scroll to section titled HCBS Funding Slots and click on "Slot and Waiting list information".
<http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hcbs>
- Department of Human Rights
<http://www.iowa.gov/government/dhr/index.html>
- Division of Persons with Disabilities
<http://www.iowa.gov/government/dhr/pd/index.html>
- Iowa Vocational Rehabilitation Services
<http://www.ivrs.iowa.gov/>
- Iowa Division of Health Facilities
https://dia-hfd.iowa.gov/DIA_HFD/Home.do
- Iowa General Assembly
<https://www.legis.iowa.gov/index.aspx>
- Iowa Code
<http://www.legis.state.ia.us/IowaLaw.html>
- Iowa Administrative Code
<http://www.legis.state.ia.us/IAC.html>
- Iowa State Association of Counties
<http://www.iowacounties.org>

Iowa's Neighboring Brain injury Alliances

- Brain Injury Association of Illinois
<http://www.biaill.org/>
- Brain Injury Association of Kansas and Greater KC
<http://www.biaks.org>
- Minnesota Brain Injury Alliance
<http://braininjurymn.org>
- Brain Injury Alliance of South Dakota
<http://www.braininjurysd.org/>
- Brain injury Alliance of WISCONSIN
<http://biaw.org>

Federal Government

- The Americans with Disabilities Act
<http://www.usdoj.gov/crt/ada/adahom1.htm>
- CDC's Help Seniors Live Better, Longer: Prevent Brain Injury
<http://www.cdc.gov/braininjuryinseniors/>
- U.S. Fall Prevention Program for Seniors
<http://www.cdc.gov/ncipc/falls/default.htm>
- Defense and Veterans Brain Injury Center Program
<http://dvbic.dcoe.mil/>

Finding Additional Information

- Google Search Engine
<http://www.google.com>
- National Library of Medicine
<http://www.ncbi.nlm.nih.gov/Literature/>
- National Library of Medicine: Bibliographies on Brain Injury (scroll down the page)
<http://www.nlm.nih.gov/archive/20040830/pubs/cbm/tbi.html>
- HDI Publishers
<http://braininjurybooks.com>
- Defense and Veterans Brain Injury Center Program
<http://dvbic.dcoe.mil/>

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