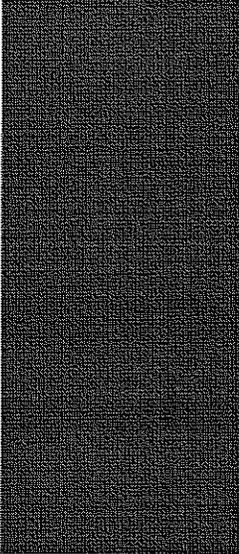


Screening for a history of TBI

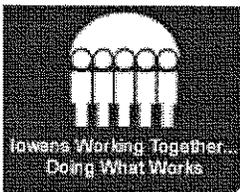


Objectives of Module 3 are to:

1. Learn how to administer and score a TBI screening tool
2. Know when to make a referral for further assessment

When you complete this module, you should know:

- The rationale of the brain injury screening tool
- When to use a brain injury screening tool
- How to interpret the results of the screening tool
- What to do next if brain injury is identified

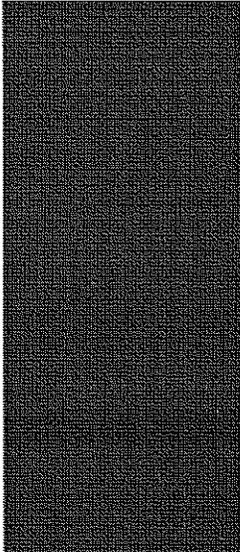


Screening for TBI

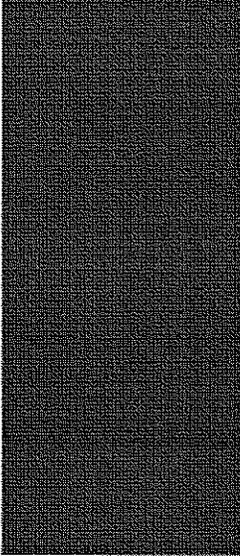
Not everyone who experiences a brain injury will have long term impairments or problems. Alternatively, some people who do suffer from a brain injury will not realize that subsequent problems are due to the earlier injury.

Therefore, screening for brain injury addresses three things:

1. Whether there was an incident in which the person sustained a serious injury (such as a car accident, assault, or fall)
2. How serious the injury seemed at the time (Was there loss of consciousness? Did the person seek treatment?)
3. Whether the person experiences symptoms consistent with brain injury (many of which were presented in Module 1)



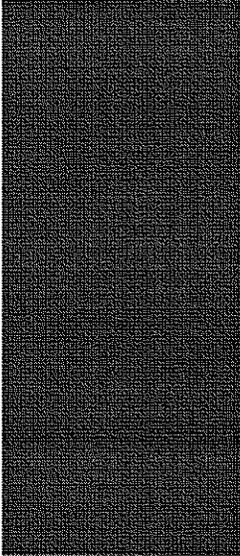
The HELPS screening tool



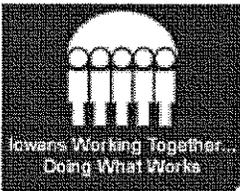
- The screening tool presented in this course is based upon the HELPS TBI screening tool (Picard et al., 1991) and guidance from the Centers for Disease Control and Prevention regarding mild TBI (CDC, 2003)
- It is highly recommended that this or a similar tool be permanently incorporated into existing eligibility, needs assessment, and/or care planning protocols



When should the screening tool be administered?



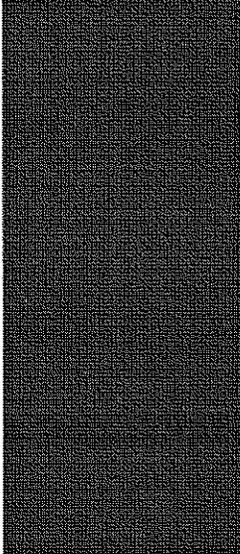
- This screening tool should be administered during the most appropriate stage of your internal process, depending on the intake and assessment protocols of your organization
- The HELPS TBI screening tool can be incorporated into the intake and assessment process of your organization, or later as services are provided and the client is monitored



To whom should the screening tool be administered?

Depending on your agency's policies and procedures, the screening tool can be administered to all persons applying for services, or it can be used as needed in the following situations:

- When there is any suspected trauma that could have caused a brain injury
- When a consumer is having difficulties functioning or is exhibiting unexplained behaviors - especially those described in Module 2
- When you suspect the possibility of a dual diagnosis, such as substance abuse and TBI

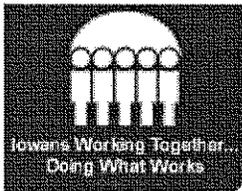
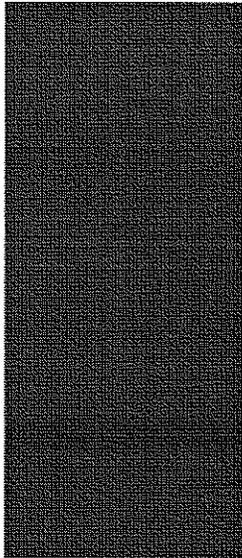


Each letter in the HELPS acronym stands for a question

- 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*?

Disclaimer: The HELPS Tool is only a screening tool and is not intended as a diagnostic instrument for purposes of treatment planning.

[Click Here for a Printable Version of the Screening Tool](#)



Module 3
Back ◀ Page 6 of 20 ▶ Next

HELPS BRAIN INJURY SCREENING TOOL

Consumer Information: _____

Agency/Screeener's Information: _____

H Have you ever **Hit** your **Head** or been **Hit** on the **Head**? Yes No

Note: Prompt client to think about all incidents that may have occurred at any age, even those that did not seem serious: vehicle accidents, falls, assault, abuse, sports, etc. Screen for domestic violence and child abuse, and also for service related injuries. A TBI can also occur from violent shaking of the head, such as being shaken as a baby or child.

E Were you ever seen in the **Emergency** room, hospital, or by a doctor because of an injury to your head? Yes No

Note: Many people are seen for treatment. However, there are those who cannot afford treatment, or who do not think they require medical attention.

L Did you ever **Lose** consciousness or experience a period of being dazed and confused because of an injury to your head? Yes No

Note: People with TBI may not lose consciousness but experience an "alteration of consciousness." This may include feeling dazed, confused, or disoriented at the time of the injury, or being unable to remember the events surrounding the injury.

P Do you experience any of these **Problems** in your daily life since you hit your head? Yes No

Note: Ask your client if s/he experiences any of the following problems, and ask when the problem presented. You are looking for a combination of two or more problems that were not present prior to the injury.

- | | |
|---|--|
| <input type="checkbox"/> headaches | <input type="checkbox"/> difficulty reading, writing, calculating |
| <input type="checkbox"/> dizziness | <input type="checkbox"/> poor problem solving |
| <input type="checkbox"/> anxiety | <input type="checkbox"/> difficulty performing your job/school work |
| <input type="checkbox"/> depression | <input type="checkbox"/> change in relationships with others |
| <input type="checkbox"/> difficulty concentrating | <input type="checkbox"/> poor judgment (being fired from job, arrests, fights) |
| <input type="checkbox"/> difficulty remembering | |

S Any significant **Sicknesses**? Yes No

Note: Traumatic brain injury implies a physical blow to the head, but acquired brain injury may also be caused by medical conditions, such as: brain tumor, meningitis, West Nile virus, stroke, seizures. Also screen for instances of oxygen deprivation such as following a heart attack, carbon monoxide poisoning, near drowning, or near suffocation.

Scoring the HELPS Screening Tool

A HELPS screening is considered positive for a *possible* TBI when the following 3 items are identified:

- 1.) An event that could have caused a brain injury (yes to H, E or S), **and**
- 2.) A period of loss of consciousness or altered consciousness after the injury or another indication that the injury was severe (yes to L or E), **and**
- 3.) The presence of two or more chronic problems listed under P that were not present before the injury.

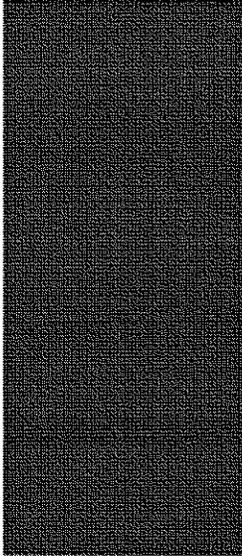
Note:

- A positive screening is **not sufficient to diagnose TBI** as the reason for current symptoms and difficulties - other possible causes may need to be ruled out
- **Some individuals could present exceptions** to the screening results, such as people who do have TBI-related problems but answered "no" to some questions
- Consider positive responses within the context of the person's self-report and documentation of altered behavioral and/or cognitive functioning

The original HELPS TBI screening tool was developed by M. Picard, D. Scarisbrick, R. Paluck, 9/91, International Center for the Disabled, TBI-NET, U.S. Department of Education, Rehabilitation Services Administration, Grant #H128A00022. The Helps Tool was updated by project personnel to reflect recent recommendations by the CDC on the diagnosis of TBI. See http://www.cdc.gov/ncipc/pub-res/tbi_toolkit/physicians/mntbi/diagnosis.htm.

This document was supported in part by Grant 6 H21 MC 00039-03-01 from the Department of Health and Human Services (DHHS) Health Resources and Services Administration, Maternal and Child Health Bureau to the Michigan Department of Community Health. The contents are the sole responsibility of the authors and do not necessarily represent the official views of DHHS.

H

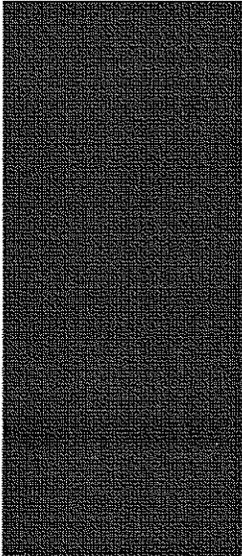


Have you ever *hit* your *head* or been *hit* on the *head*?

- Prompt your client to think about all incidents that may have occurred at any age, even those that did not seem very serious, such as vehicle accidents, falls, an assault, abuse, sports accidents, blast injuries, etc.
- Screen for domestic violence and child abuse
- Screen for military service-related injuries
- Screen for violent shaking of the head, such as whiplash or being shaken as a baby or child

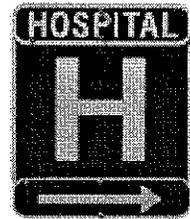


E

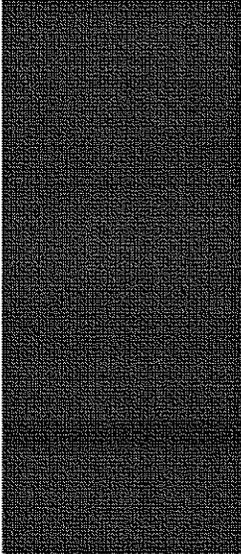


Were you ever seen in the emergency room, hospital, or by a doctor because of an injury to your head?

- Many people are seen for treatment of a head injury. This can be an indication that the individual felt the injury was serious at the time.
- However, there are those who do not receive treatment because they cannot afford treatment or do not think they require medical attention. Be sure to ask your client if s/he feels s/he should have been seen by a doctor for the injury, even if s/he was not.



L



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

- The length of time a person remained unconscious can be associated with the severity of the brain injury
- People with brain injury may not lose consciousness but experience an "alteration of consciousness." This may include feeling dazed, confused, or disoriented at the time of the injury, or being unable to remember the events surrounding the injury (CDC, 2003).
- Even a minor injury can result in lasting problems



Module 3
Back ◀ Page 9 of 20 ▶ Next

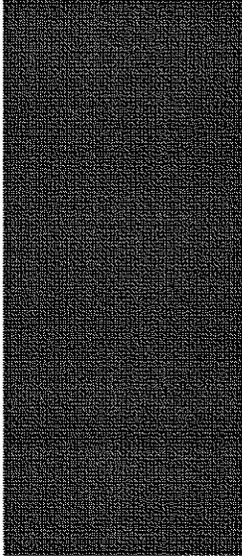
P

Do you experience any of the following problems in daily life since you hit your head?

Ask your client if s/he experiences any of the following problems, and ask when the problem presented. You are looking for a combination of two or more problems that were not present prior to the injury.

- Headaches
- Dizziness
- Anxiety
- Depression
- Difficulty concentrating
- Difficulty remembering
- Difficulty reading, writing, calculating
- Poor problem solving
- Irritability
- Difficulty performing your job/school work
- Change in relationships with others
- Poor judgment (e.g., being fired from a job, arrests, fights)

If the person was a child at the time of the injury, you may not be able to know if a symptom dates to the time of injury. You may need to consult family or appropriate records.



S

Have you ever experienced a significant sickness?

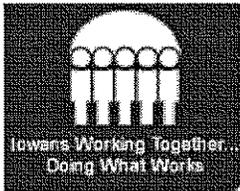
Brain injury generally implies a physical blow to the head.

However, acquired brain injury may be caused by medical conditions, such as:

- Brain tumor
- Meningitis
- West Nile virus
- Stroke
- Seizures

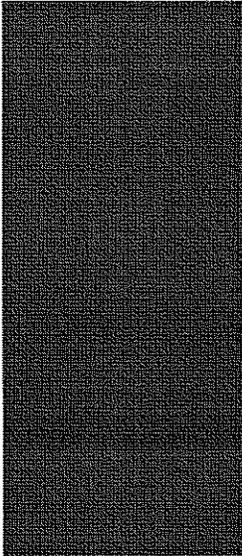
Also screen for instances of oxygen deprivation, such as:

- Near drowning
- Suffocation
- Heart attack
- Asphyxia
- Carbon monoxide poisoning



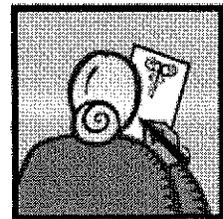
Module 3
Back ◀ Page 11 of 20 ▶ Next

How to score HELPS



A HELPS screening is considered positive for a *possible* TBI when the following 3 items are identified:

1. An event that could have caused a brain injury (yes to H, E or S)
2. A period of loss of consciousness or altered consciousness after the injury or another indication that the injury was severe (yes to L or E)
3. The presence of any chronic problems listed under P that were not present before the injury

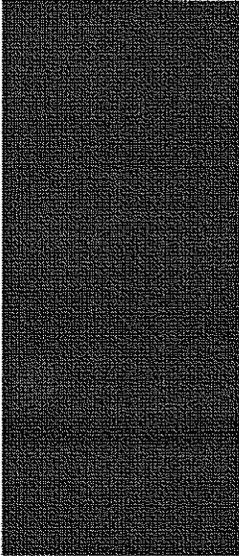


Module 3
Back ◀ Page 12 of 20 ▶ Next

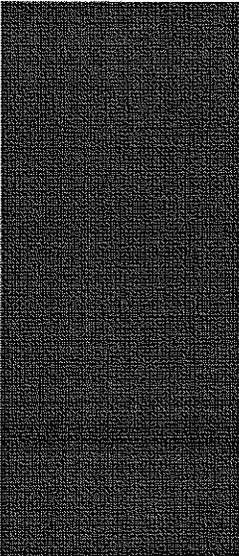
How to score HELPS (continued)

Please Note!!!

- A positive screening is **not sufficient to diagnose with brain injury** as the reason for current symptoms and difficulties - other possible causes may need to be ruled out
- **Some individuals could present exceptions** to the screening results, such as people who do have brain injury-related problems but answered "no" to some questions
- Consider positive responses within the context of the person's self-report and documentation of altered behavioral and/or cognitive functioning
- This information in concert with your judgment can be used as a basis for further inquiry
- Follow your agency's protocols on how to obtain further assessment



If screening leads you to suspect TBI



Most public human services agencies do not require a diagnosis of brain injury for a person to receive services. Eligibility for services is typically based on functional or financial difficulties that a person is experiencing. Therefore, a person with a suspected brain injury should continue to be assessed for service eligibility while undergoing the process of further evaluation for determination of a brain injury diagnosis.

Depending on your agency's protocols and your role in serving the client, consider the following next steps:

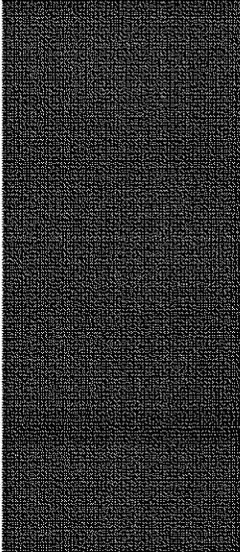
1. Confer with the client about the possibility that the head injury and current problems or symptoms are linked
2. Document reasons for suspecting a brain injury in your client's file
3. Continue with the normal eligibility and assessment protocols of your agency or organization



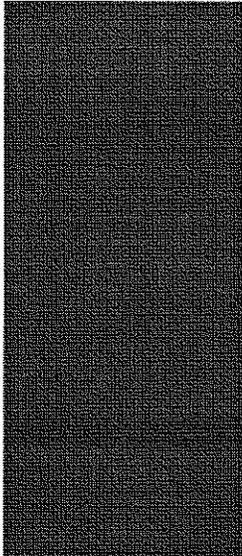
If screening leads you to suspect TBI (continued)

Possible next steps (continued):

4. Follow your agency's protocols for evaluation and referral
5. As always, when appropriate, refer your client to other sources for services for which they may be eligible
6. Consider referring your client to a physician or primary care provider for further assessment. Such a provider may use the following sources of information to diagnose brain injury:
 - Medical records from the injury
 - A neuropsychological assessment
7. If a person is diagnosed with impairments related to brain injury, his/her plan of care should incorporate appropriate treatment, rehabilitation, and compensatory strategies, as described in Module 2
8. If a specialist diagnoses the client with impairments related to brain injury, in your continued role of serving your client, you may be in a position to consider referral to an advocacy or support group for assistance. The Brain injury Alliance of Iowa provides these services for residents of Iowa.



Case study



The theoretical case study of Judy will allow you to explore this module's topics further. Below you will find a brief description of this study. Use the next button at the bottom of the page to begin.

Case study: Judy – This study describes the situation of a woman with a possible brain injury that has not been identified.



Case study - Judy

Judy's background

Judy is a 24 year old single woman who is being referred for a substance abuse intake. Six months ago, after having too much to drink, she crashed her uninsured car. Her six year old daughter was killed in the crash. Neither mother nor daughter were wearing seatbelts, and Judy went through the windshield. Judy had a brief loss of consciousness and a long hospital and acute rehabilitation stay due to multiple trauma, including a spinal cord injury causing paraplegia. She doesn't remember a large portion of her hospital stay, including the time of her daughter's funeral. She now uses a wheel chair for mobility.

Judy was independent before her injury. She demonstrated good job stability and was actively involved with her community. She believes she was unable to return to her minimum wage job in the tourism industry because of her wheelchair.

She is unable to return to her apartment because it is too expensive now that she is unemployed, and it is not barrier free. She has no immediate family in the area, but does have several close friends. None of her friends, however, have barrier free housing.



Module 3

Back ◀ Page 17 of 20 ▶ Next

Case study - Judy

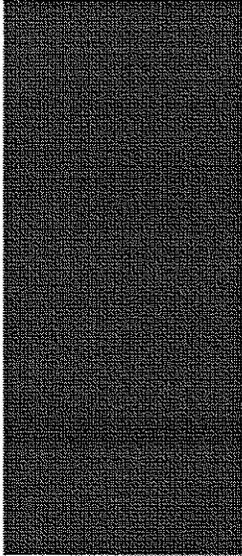
Judy's background continued

Judy was discharged to a wheelchair accessible Adult Foster Care (AFC) Facility where she feels she has no friends since the average age of others in the house is 65 years and most have a lifetime of chronic mental illness. Judy leaves the AFC occasionally with friends, but often returns drunk. Judy denies that she had problems with drugs or alcohol before she was hurt, and there is no documentation to the contrary. According to AFC staff members, Judy has begun to request additional pain medications, complaining that her pain is very severe.

AFC staff report that Judy displays signs of depression and cries often. She will not discuss the death of her daughter with her therapist or anyone else. She is distrustful of her doctors and is uncooperative at her physical therapy appointments. Judy spends long periods of time simply sitting and staring and rarely shows emotion.



Case study - Judy



Summary of Judy's issues

- She does not interact with the other residents
- Judy reports severe pain and often requests larger doses of pain medication
- She cries often with vivid recollections of the crash and her daughter's death, and she complains frequently of being depressed
- She is distrustful of her therapists and doctors, and is not cooperative at her physical therapy appointments
- She is listless and her affect is very flat



Case study - Judy

You now have the option to view an expert's solution to this case scenario on video or to view a transcript of this solution. Please make your selection below.

Please disregard any references in the video or transcripts to services available in Michigan and/or North Carolina.

Brain injury services and support group information for residents of Iowa are available throughout this training program and through the Brain Injury Alliance of Iowa (www.biaia.org).

[View the Video](#)

[View the Transcript](#)



Module 3
Back ◀ Page 20 of 20 ▶ Next

Possible strategies to address Judy's issues - transcript

There are ways to help Judy. She's dealing with some pretty significant changes in her life including the death of her daughter, a new living situation and reliance on a wheelchair. An undiagnosed brain injury might be making her adjustment even more difficult. If you were to administer the HELPS screening tool to Judy, she would screen positively for a possible TBI. Although, Judy has several issues that should be addressed before trying to determine if she has disabilities resulting from a brain injury. Judy's treatments should be provided with the understanding that she may have a coexisting brain injury, and Judy should be given some resources on TBI, such as the *Michigan Resource Guide for Persons with Traumatic Brain Injury and their Families*.

Judy has not spoken to a therapist regarding the loss of her daughter. She needs an evaluation for depression and grief counseling. She may also benefit from a substance abuse evaluation and possibly a support group meeting for persons who use substances.

Judy needs to see a rehabilitation physician to manage and evaluate her pain issues and to explore alternative pain management options. Judy's pain may be related to her spinal cord injury and may require special attention. Special exercises taught by a physical therapist may also reduce her pain and discomfort and improve her mobility.

Other suggestions that could help Judy live a better life include the following. Judy needs to learn that use of certain substances might physically affect her differently post injury. Judy needs a co-occurring disorder model of substance abuse treatment.

Based on Judy's positive employment history, she would likely benefit from vocational counseling and getting back to work. Judy should be encouraged to get out into the community, which will give her more opportunities for interaction with friends and may help lessen her listlessness.

Judy may be inappropriately placed in the Adult Foster Care Facility. Other housing options should be explored for Judy, such as section 8 housing or financial assistance to make an apartment barrier free.

If Judy remains uncooperative with her physical therapy appointments, alternative forms of activity should be encouraged, such as a recreation program that she can participate in with her peers or a home exercise stretching program.

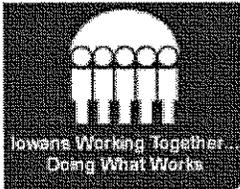
Once Judy's immediate issues have been addressed, she should see a neuropsychologist for an evaluation to identify if any of her issues are related to an injury to her brain.

Test your knowledge

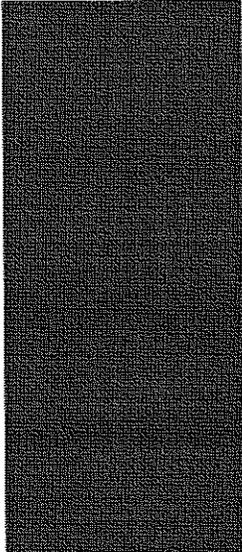
This final section of Module 3 consists of eight questions.

- You must complete the questions to receive a score for this module on your training transcript.
- When you submit an answer for each question, a box will appear stating whether or not your answer was correct, along with an explanation of the correct answer.
- Once you submit an answer for each question, it cannot be changed. However, you may return to the assessment section of this module on another day and retake the test. Your most recent score will appear on your transcript.

Begin Test



Module 3 - Question 3



3. Which of the following constitutes having been "hit in the head" for the purposes of the HELPS screening tool?

- (a) The client played football and had one concussion.
- (b) The client was pushed down the stairs during a domestic assault.
- (c) The client hit the windshield in a car accident.
- (d) All of the above.

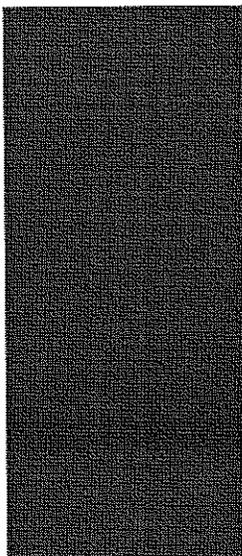


Submit

Module 3 - Question 2

2. What does HELPS stand for?

- (a) Hit head, extra services, loss of consciousness, poor judgment, stressed state
- (b) Hit head, emergency room, loss of consciousness, problems in daily life, significant sickness
- (c) Health problems, emergency room, lobe damage, problems in daily life, stressed state
- (d) Health problems, epileptic seizures, life support, personality changes, support services

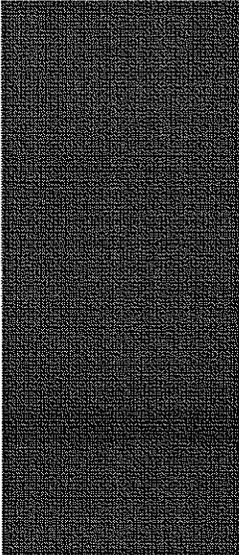


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Module 3 - Question 3

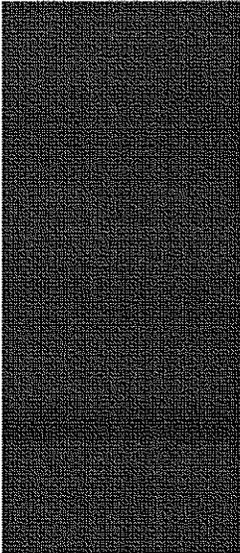
3. Which of the following constitutes having been "hit in the head" for the purposes of the HELPS screening tool?

- (a) The client played football and had one concussion.
- (b) The client was pushed down the stairs during a domestic assault.
- (c) The client hit the windshield in a car accident.
- (d) All of the above.



Submit

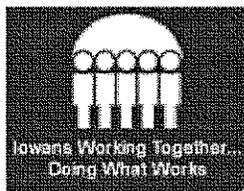
Module 3 - Question 4

- 
4. Maria is a teenager living with adoptive parents. Although Maria showed no developmental delays in elementary school, her grades have declined over the last few years - especially since middle school. In addition she is showing behavioral problems: lack of attendance, not turning in homework, and generally seeming very disorganized.

You ask whether Maria has ever had a serious blow to the head. Maria's parents reply that they do not know of a specific incident in which Maria lost consciousness due to a blow to the head. However, Maria was taken from her biological parents for child abuse when she was 2 years old.

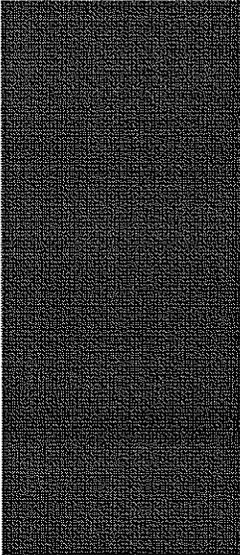
When scoring the HELPS, would you indicate that Maria screened positive for TBI?

- (a) Yes, this is a possible case of TBI
- (b) No, Maria's current difficulties are probably not due to TBI



Submit

Module 3 - Question 5



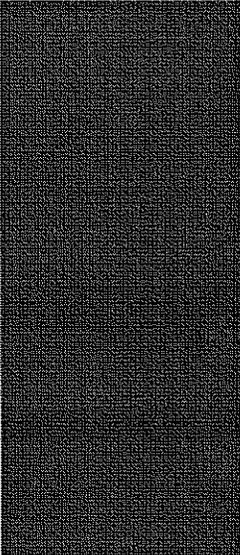
5. Which of the following are not "problems in daily life" as defined by the HELPS screening tool?

- (a) Headaches & dizziness
- (b) Poor medical coverage & minimum wage
- (c) Depression & anxiety
- (d) Poor judgment & poor problem solving



Submit

Module 3 - Question 6



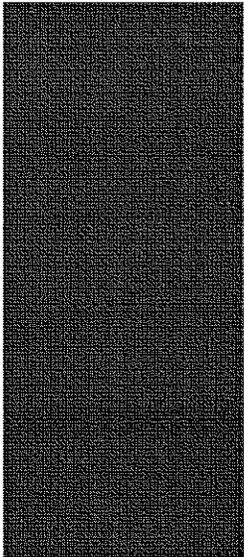
6. When administering the HELPS screening tool, you ask your client, Martin, if he has ever experienced a significant sickness or an event that caused oxygen deprivation. Your client indicates that he was trapped under the pool cover as a child and almost drowned. How would you score this response?

- (a) Yes, Martin had a significant sickness that may have resulted in a TBI.
- (b) Yes, Martin had a significant sickness that may have resulted in an acquired brain injury.
- (c) No, Martin did not have a significant sickness.
- (d) It would be necessary to determine whether Martin lost consciousness before deciding how to score his response.



Submit

Module 3 - Question 7



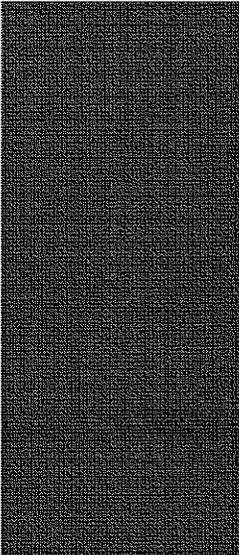
7. Which of the following is required for a positive HELPS result?

- (a) An event that could have caused a brain injury.
- (b) A period of altered consciousness or a loss of consciousness or another indication that the injury was severe.
- (c) The presence of two or more problems in daily life that were not present before the injury or event.
- (d) All of the above.



Submit

Module 3 - Question 8

- 
8. Your client, Angie, has been having difficulty at work completing tasks, staying organized, and prioritizing her work. You administered the HELPS and found that Angie had a car accident six months ago during which she hit her forehead on the dashboard and lost consciousness. You find that, since the accident, Angie has experienced difficulty with problem solving, judgment, and concentration. Given these findings, you determine that Angie may have a TBI.

Which of the following should not be included in your next steps?

- (a) Tell Angie that she has a TBI.
- (b) Document your findings.
- (c) Refer Angie to a medical professional for further assessment.
- (d) Identify other services for which Angie may be eligible.



Submit