

Unmasking Brain Injury

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NORTH DAKOTA
BRAIN INJURY
NETWORK

“Statements, opinions, and study results presented may not reflect the policy or science position of the American Heart Association, unless otherwise noted”

Brain Injury Defined

Acquired Brain Injury (ABI)

Traumatic
Brain Injury (TBI)

External Events: assault,
fall, blast injury, motor
vehicle crash

Non-Traumatic
Brain Injury

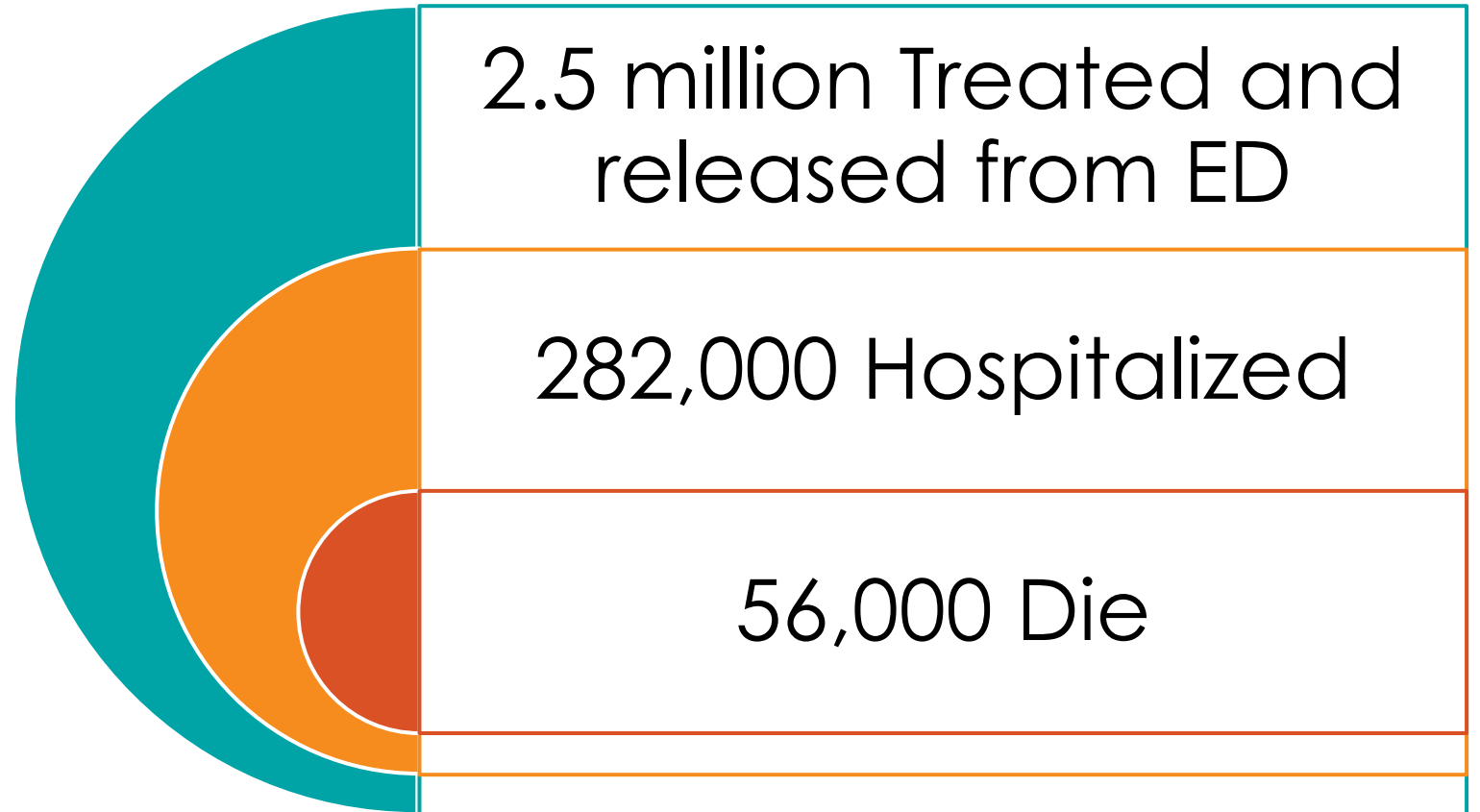
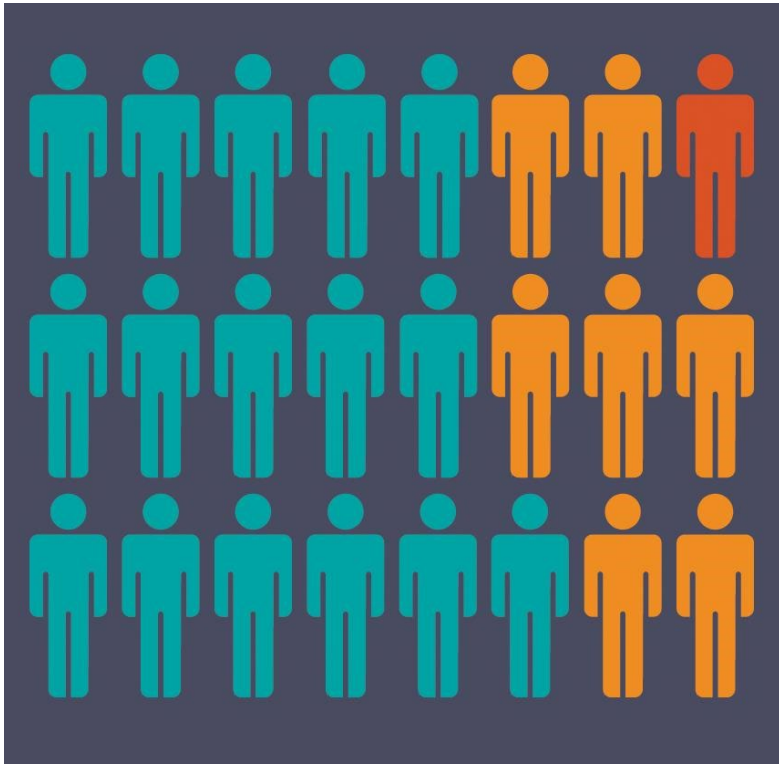
Internal Events: stroke,
tumor, anoxia,
aneurysm, infection

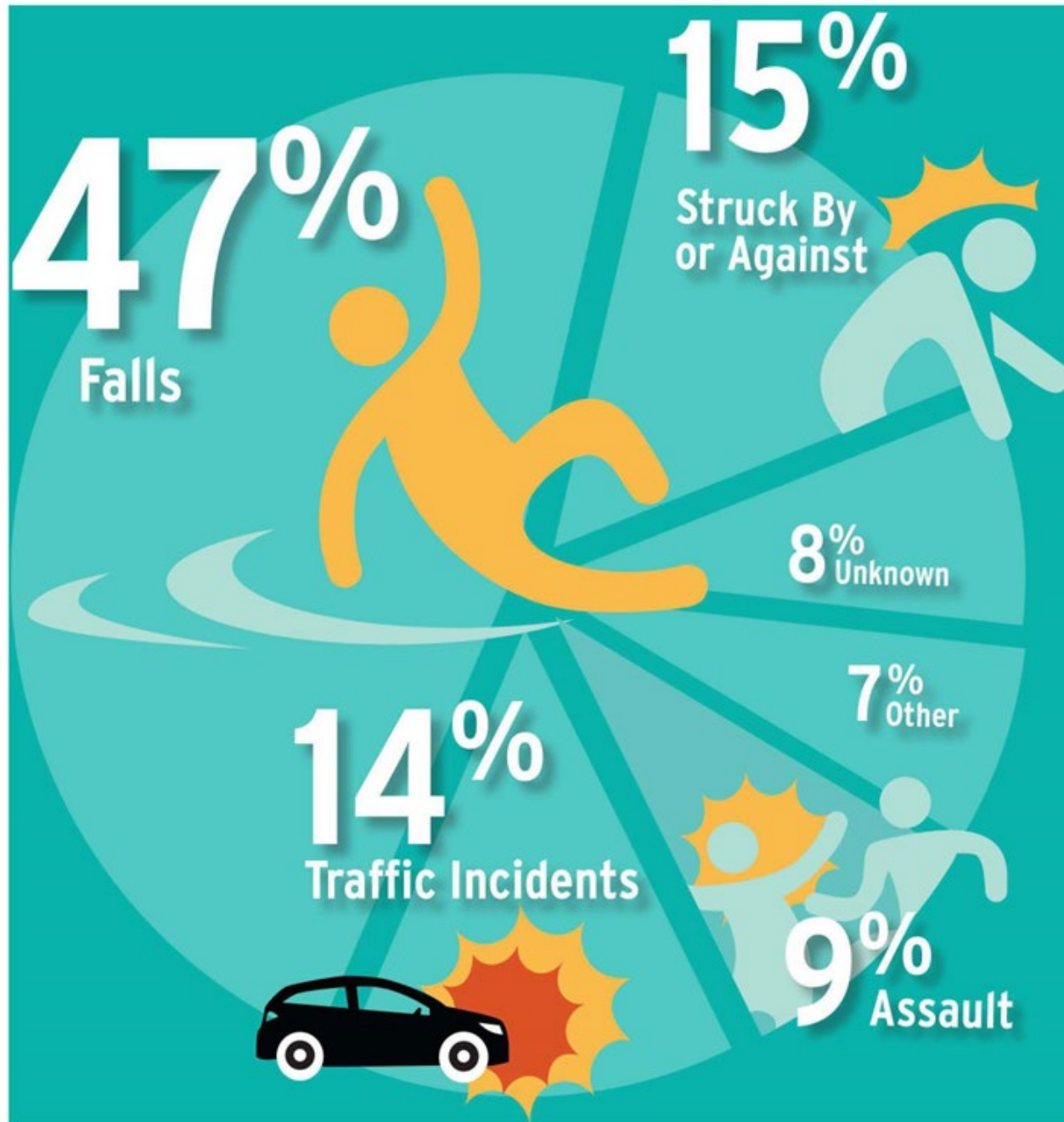
North Dakota's Definition

"Brain injury means damage to the brain or the coverings of the brain which produces an altered mental state and results in a decrease in cognitive, behavioral, emotional, or physical functioning. The term does not include an insult of a degenerative or congenital nature."

NDCC 50-06.4

2.8 Million TBIs a year





Leading Causes of TBI

Severity Continuum

Mild

75-90%

LOC less
30min

15% have
long term
impairments

Moderate

10-30%

LOC
between
30min-24hrs

30-50% have
long term
impairments

Severe

5-10%

LOC greater
24hrs

80% have
long term
impairments

Brain injuries are like earthquakes.

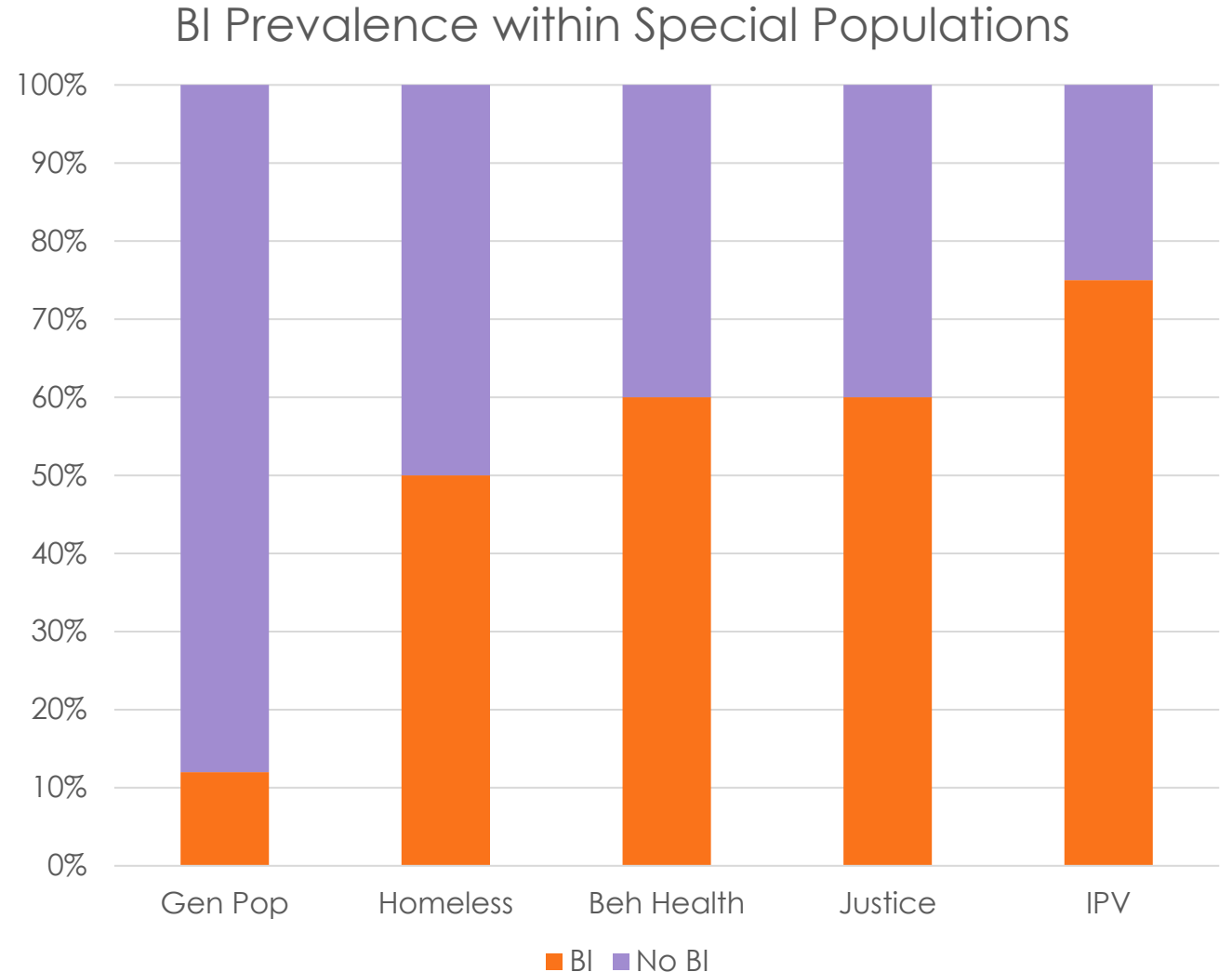
- ▶ In a major quake, a severe brain injury involving fractures, hemorrhages or penetrating wounds — bridges go down and buildings collapse. The city is devastated.
- ▶ But mild brain injuries are smaller quakes: Books fall off shelves; vases are broken. It's harder to survey the damage and easy to miss what's broken, but something is clearly wrong.



Health Disparities

▶ Screening programs have shown that brain injuries hide in plain sight

▶ Particularly in high-risk populations



Recovery After Brain Injury

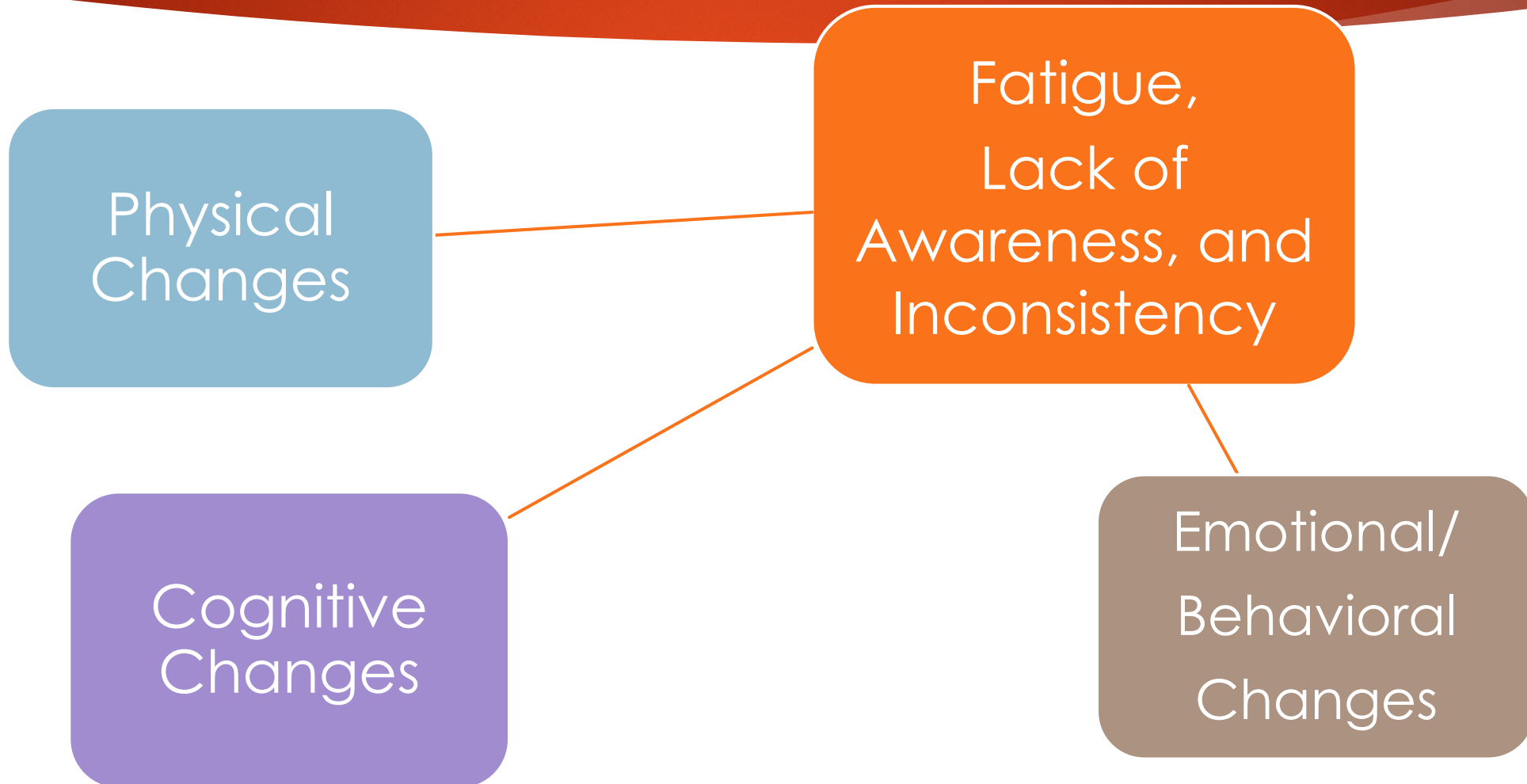
There is no cure for brain injury.....

- ▶ Recovery is usually most rapid in the first six months.
- ▶ More like a **chronic condition** that has changing needs.

Outcome Predictors

- ▶ Severity of injury
- ▶ Age of injury
- ▶ Access to appropriate acute care and rehabilitation
- ▶ Family life and support system

Possible Consequences after a Brain Injury

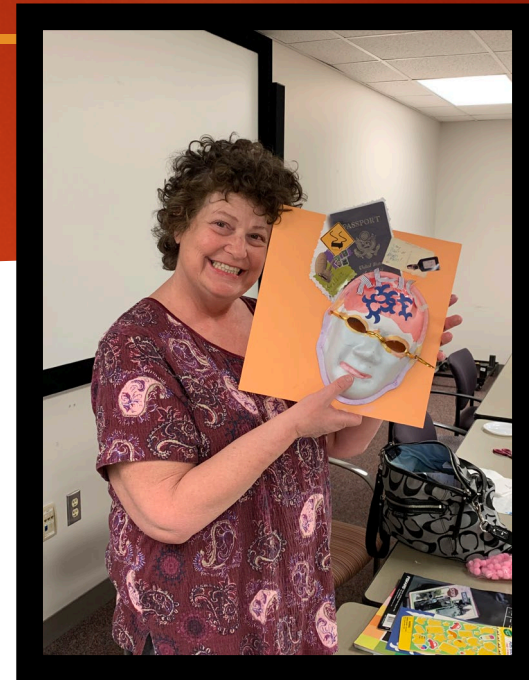


“Silent Epidemic” “Invisible Disability”

- ▶ Injury forgotten once physically healed
- ▶ Person looks the same
- ▶ May have no conclusive measures
- ▶ Individuals often told they would be fine
- ▶ Unreported/non-accidental injuries
- ▶ Minor blows to the head or “concussions” are often not perceived as “brain injuries”

Unmasking Brain Injury

- ▶ Part of a national awareness effort
 - ▶ <http://unmaskingbraininjury.org/>
- ▶ NDBIN hosts events across ND
 - ▶ Over 150 total masks





unmasking brain injury

THE MISSION

PROMOTE awareness of the prevalence of brain injury.

GIVE survivors a voice and the means to educate others of what it is like to live with a brain injury.

SHOW others that people living with a disability due to brain injury are like anyone else, deserving of dignity, respect, compassion, and the opportunity to prove their value as citizens in their respective communities.



JOIN THE MOVEMENT

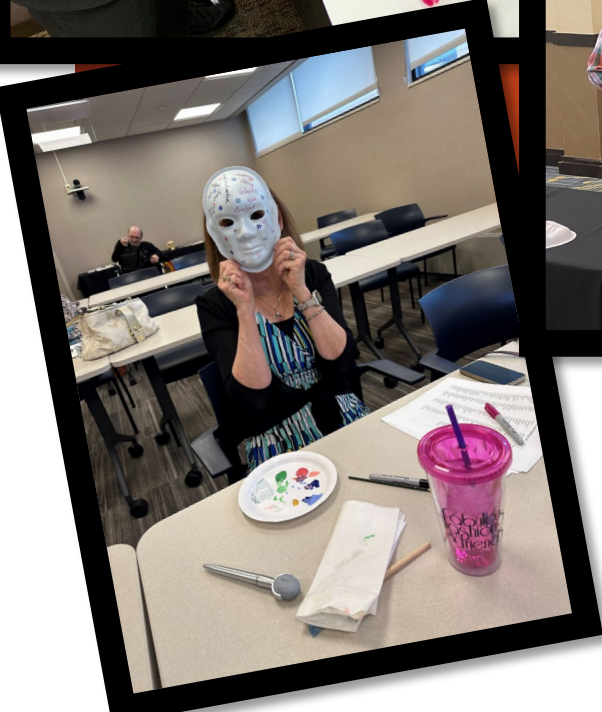
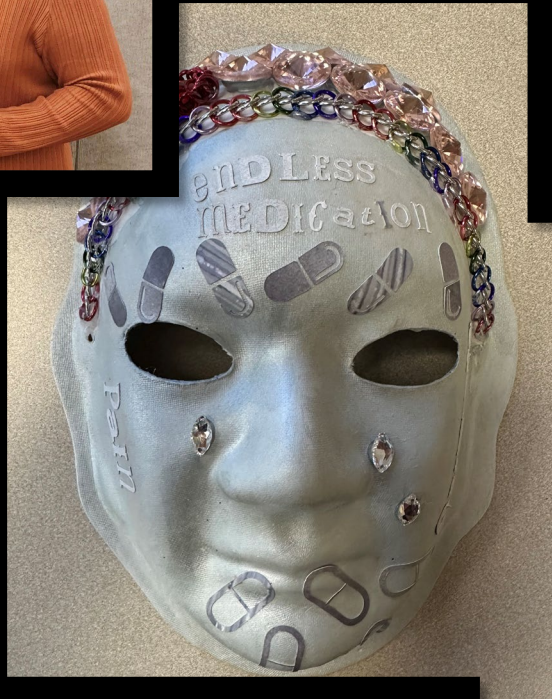
- VISIT ndbin.org/unmasking
- **MAKE** your own mask and add it (and your voice) to the collection.
- **SCHEDULE** a mask making event.
- **HOST** a traveling display of masks in your location!



NORTH DAKOTA
BRAIN INJURY
NETWORK



north dakota
department of
human services



Screening/Symptom Inventory

Name: _____ Current Age: _____ Interviewer Initials: _____ Date: _____

Lifetime History of Traumatic Brain Injury (from the OSU TBI-ID) and other Acquired Brain Injuries

Take this simple test to evaluate if you may have sustained a brain injury. It is important to note that this test is not a diagnosis, not to be used for eligibility determination and DOES NOT replace a face-to-face evaluation and assessment with a trained professional. All information is kept confidential. Your answers may be analyzed statistically for program evaluation and research.

1. Please think about injuries you have had during your entire lifetime, especially those that affected your head or neck. It might help to remember times you went to the hospital or Emergency Department. Think about injuries you may have received from a car or motorcycle wreck, bicycle crash, being hit by something, falling down, being hit by someone, playing sports or an injury during military service.

a. Thinking about any injuries you have had in your lifetime, were you ever knocked out or did you lose consciousness?
 Yes
 No (IF NO, GO TO QUESTION 2)

b. What was the longest time you were knocked out or unconscious? (Choose just one; if you are not sure please make your best guess.)
 knocked out or lost consciousness for less than 30 minutes
 knocked out or lost consciousness between 30 minutes and 24 hours
 knocked out or lost consciousness for 24 hours or longer

c. How old were you the first time you were knocked out or lost consciousness?
 _____ years old

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)?

Yes
 No (IF NO, GO TO QUESTION 3)

a. How old were you when these repeated injuries began?
 _____ years old

b. How old were you when these repeated injuries ended?
 _____ years old

3. Have you ever lost consciousness from a drug overdose or being choked/strangled?

Yes
 No (IF NO, GO TO QUESTION 4)

a. How many times from a drug overdose?
 _____ overdoses

b. How many times from being choked/strangled?
 _____ choked/strangled

4. Have you EVER been told by a doctor or other health professional that you had any of the following?


epilepsy or seizures
 a stroke, cerebral vascular disease or a transient ischemic attack
 a tumor of the brain
 swelling of the brain (edema)
 toxic effects or poisoning by substances
 infection like meningitis or encephalitis
 a brain bleed or hemorrhage
 loss of oxygen to the brain - like from a time when you stopped breathing, had a near drowning or experienced a strangulation

Interpreting Findings
 The validity of this tool is not based on elicitation of a perfect accounting of a person's lifetime history of brain injury. Instead, it provides a means to estimate the likelihood that consequences have resulted from one's lifetime exposure.


A person may be more likely to have ongoing problems if they have any of the following:

- WORST: One moderate or severe TBI
- FIRST: TBI with loss of consciousness before age 15
- MULTIPLE: A period of time when they experienced multiple blows to the head
- OTHER SOURCES: Any TBI combined with another way their brain function has been impaired

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Brain Injury Symptom Inventory

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 never bothers me	I am slightly bothered by this problem	I am very bothered by this problem	I am extremely 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 never bothers me	I am slightly bothered by this problem	I am very bothered by this problem	I am extremely 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"/>

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 Modified from Colorado Brain Recovery, March 2019.

SYMPTOM INVENTORY 1

ATTENTION ACCOMMODATIONS

- Reduce auditory and visual distractions
- Use visual aids to help with focus
- Work in quiet/non-distracting places or wear earphones to drown out noise
- Break larger tasks into smaller, written down steps
- Use highlighters or color coding when following along with handouts
- Take frequent “brain breaks”
- Use a recorder to help remember important details
- Try using doodling or fidget devices to stay focused
- Schedule appointments during most alert time frames



Aside from being awake and alert, one of the most important cognitive abilities is being able to pay attention or concentrate on important things happening around us.

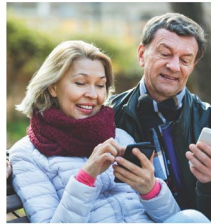


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ATTENTION



TYPES OF ATTENTION:

1. Sustained: the ability to focus on one thing over a period of time
2. Selective: the ability to focus on one thing despite distractions
3. Alternating: the ability to shift attention from one thing to another
4. Divided: the ability to focus on multiple things at the same time

LOOK FOR:

- Sustained
 - Difficulty staying on task when working independently
 - Difficulty listening across the duration of a conversation/lesson/TV Show
 - Inability to complete tasks
- Selective
 - Difficulty following a conversation and ignoring background noise
 - Reduced concentration caused by auditory or visual distractors
 - Difficulty concentrating caused by fatigue, worry or sadness
- Alternating
 - Leaving tasks incomplete after interruption
- Divided
 - Difficulty focusing on more than 1 thing at a time
 - Difficulty engaging in 2 tasks at once

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ATTENTION ACCOMMODATIONS FOR PROFESSIONALS

- Attention Grabber
 - Check for eye contact and initial attention
 - Begin an activity with something that demands attention or involves active participation (like an ice breaker, a challenge, or demonstration that includes their participation)
 - Utilize visual aids
- Reduce Distractions
 - Allow for work in a quiet space/wear earphones to drown out excess noise
- Break it Down
 - Keep instructions brief, simple, and to the point
 - Summarize critical points of discussion/conversation
 - Present information in short and concise segments, one at a time
 - Suggest using a calendar or reminders on phone/watch/computer
- Hands On
 - Use movement and tactile activities to enhance energy and attention
 - Encourage note taking to record important information. (e.g., having them write down the date of the next meeting they are in the room)
 - Try to schedule appointments earlier in the day



Aside from being awake and alert, one of the most important cognitive abilities is being able to pay attention or concentrate on important things happening around us.



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Tip Sheets for Individuals & Professionals

The screenshot shows the homepage of the North Dakota Brain Injury Network. At the top left is the logo, which features a stylized profile of a head with a hand reaching up to the brain, and the text "NORTH DAKOTA BRAIN INJURY NETWORK". To the right of the logo are buttons for "Subscribe" and "Client Referral", and a search bar. Below the logo is a dark red navigation bar with the following menu items: "Services", "Resource Directory", "Brain Injury Information", "Events & Training", and "Caregiver Corner".

The main content area features a "Fall 2022 Newsletter" section with a description: "The North Dakota Brain Injury Network newsletter is a quarterly e-newsletter that features stories, news, and events." Below this is a blue button labeled "Fall 2022 Issue". To the right of the text is an image of several blue envelopes and a mailbox with a yellow flag and an @ symbol.

Below the newsletter section are four featured articles, each with a small image and a title:

- Brain Injury Guide**: View this helpful guide from NDBIN. It provides information to individuals with a brain injury. (Image: People riding bicycles on a path.)
- Free Deck of Cards**: NDBIN is offering free cards. Each card features unique brain injury facts. (Image: A deck of playing cards with the NDBIN logo on the bottom card.)
- Mind Matters Conference**: Our annual conference highlights new research and collaborative models of care for brain injury survivors. (Image: A group of people sitting around a table in a meeting.)
- Resource Facilitation**: NDBIN's Resource Facilitators provide customized assistance for navigating the services available to brain injury survivors and their families. (Image: People wearing helmets, likely at a sports event.)

The footer is divided into three columns:

- Funded By**: North Dakota Health & Human Services. Logo: "NORTH Dakota Be Legendary."
- Stay Connected**:
 - Receive Updates and Newsletter
 - Suggest an Event
 - Share your brain injury story with us
 - Share photos of you making a difference on Facebook or contact Rebecca Quinn
- Contact Us**:
 - General Inquiries: (855) 866-1884
 - Fax: (701) 777-1431
 - info@ndbin.org
 - For further contact information, refer to our contact us page

At the bottom of the page is a navigation bar with links: Home | About NDBIN | Services | Resource Directory | Brain Injury Information | Events | Contact Us. On the far right is the copyright notice: © 2023 - North Dakota Brain Injury Network.



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