

Credible History of Traumatic Brain Injury (TBI)

A recent study found that 42% of persons who indicate they had incurred a TBI as defined by the Center for Disease Control (CDC) did not seek medical attention (Corrigan & Bogner, 2007). Obtaining medical documentation of TBI for those individuals who have not sought medical attention poses a greater challenge for school district personnel. CDE and the TBI Networking Teams (TNT) Steering Committee recognizes that the inability to obtain medical documentation for students moving toward special education eligibility has led to misidentification and under-identification of children with TBI in the state of Colorado.

In the case when medical documentation either cannot be obtained or when the individual did not seek medical attention, the following elements will help school personnel to establish a credible history of TBI.

1. The “gold standard for determining prior TBI is self/parent report as determined by a structured or in-depth interview” (Corrigan & Bogner, 2007).
 - Corrigan indicates that screening and structured interviews need to incorporate more than two items related to TBI. These questions should be asked in a variety of ways.

A comprehensive health history form may serve as a template by which a school nurse, social worker or psychologist can interview and ask questions of a parent/caretaker. A school district may choose to use their own district health interview as long as there are multiple questions about head injuries, brain injuries and/or neurological concerns.

Any version of a comprehensive health history used by a school district is meant to be administered in **interview** format; it is not intended to be given to a parent/caretaker for independent completion and return. Credible history of a TBI requires a skilled interviewer to know how to ask certain questions, to ask pointed questions multiple times and in a variety of ways, to establish the details of the TBI(s).

Questions should include:

- Where
- When
- How
- Medical intervention(s) sought at the time, later, through the recovery
- Are answers medically plausible?

*Be aware of assumptions – for example, the report of a “scalp laceration” or “head injury” does not automatically cause a “brain injury”

2. There needs to be a **reported incident(s)** as well as on-going symptoms/behaviors that persist beyond the incident (Corrigan & Bogner, 2007).
 - During the health interview, details of the incident should be clear and consistent. The description of the injury should not vary widely from report to report, from reporter to reporter (if there are multiple reporters of the same incident).
 - If there are multiple injuries, specifics about **each** injury should be well-detailed and consistent.

- The interviewer should be familiar with the acute symptoms related to TBI at the time of the injury. These symptoms are not limited to physical symptoms but may also include cognitive symptoms, emotional symptoms, sleep/energy symptoms and social skill deficit symptoms.
 - The interviewer should also be familiar with the symptoms of TBI that emerge, develop, or morph later in a TBI, especially if misdiagnosed or underdiagnosed. These symptoms are often related to on-going, chronic physical conditions (headaches) or to behaviors that look like learning problems, behavior problems, emotional problems, social skill deficits, executive function deficits.
 - The interviewer should drill down into a comparison between the child functioning levels pre-injury versus post-injury. Are there changes in all/some areas? Has there been skill regression since the injury? Has there been a change in the student's personality? Social skills? Executive function skills? Behavioral skills?
3. Finally, a screen or in-depth interview is not enough to determine a TBI. These tools are simply to "screen" for potential TBI. If a screen or in-depth interview suggests there has been a credible history of TBI, a thorough assessment/evaluation is suggested (Corrigan & Bogner, 2007).
- If the comprehensive health history interview yields a very strong case of credible history, CDE recommends confirming this assessment with the Brain Checklist Screen. This checklist, developed and validated through Colorado State University, provides a more specific screen of the TBI. The Brain Checklist is included in the *Brain Injury in Children and Youth: A Manual for Educators* and can be downloaded from the CDE website (www.cde.state.co.us/cdesped/SD-TBI.asp) and given directly to the parent/caretaker for written completion. If the Brain Checklist also confirms the presence of TBI, then earlier assumption of credible history is confirmed. There is no scoring key to the Brain Checklist. It is not intended to be administered and then given a "cut-off" score of "yes vs. no" of TBI. It is intended to be administered and analyzed "wholly" within the context of potential TBI.

NOTE:

As in the case of medical documentation, simply establishing credible history does not and cannot automatically establish the "impact" of the TBI. Confirming that an injury has occurred does not shed light upon the effect of the injury on subsequent physical, educational, behavioral, emotional, social outcomes. Once credible history has been established, CDE requires that school teams continue to gather a body of evidence to establish "educational impact".