**Temporary Alterative Screening Approach**

Below is a recommendation for a traumatic brain injury screening approach based on current research and best practices. This approach adapts the state’s existing child welfare intake form, highlighting signs and symptoms that indicate an injury may have occurred or there are signs and symptoms present that are often caused by a traumatic brain injury. It can be used as an interim step before the state agency adopts the use of a more formal brain injury screening tool.

**Intake Form**

Use the child welfare department’sintake to identify indications that a brain injury may have occurred and indications of the possible after effects of an injury. Below are examples of items that may be found on your state’s current form:

1. Place an asterisk next to those items on the intake that indicate a brain injury may have occurred:

\* Head Injuries

\* Child/Youth is currently hospitalized, recently diagnosed w/ concussion or recently treated & released

\* Physical Assault/Abuse

\* Sexual Assault/Abuse

\* Serious Injury

\* Domestic Violence

\* School Violence

\* Community Violence

\* Extreme Interpersonal Violence

\* Natural Disaster

\* Other trauma

\* Child/Youth has experienced controlling, abusive or aggressive behavior in a dating relationship

\* Facial, neck, head or upper body scarring

1. Place a different symbol next to those items that indicate possible after-effects of a brain injury:

^ Developmental delays

^ Learning disability

^ Sleep problems

^ Incontinence

^ Behavior/Mental Health:

Intense anger, Oppositional, Negative peer association, Extreme attention seeking, Makes false statements, School difficulties, Damage of property, Habitual lying, Stealing, Runaway, Problems with concentration/attention, Excessive hyperactivity/does not respond to safety instructions, Requires constant supervision, Anxiety, Depression, Self-injurious behavior/other self-harm, aggressive dangerous or destructive behaviors, Sexual aggression, Homicidal thoughts, Suicidal thoughts, Other mental health or behavioral problems, Other mental health diagnosis, Been hospitalized for mental health problems, Previously placed in residential treatment facility

^ Alcohol/Drug Abuse History

^ History of skipping school, in an alternative school

^ Presenting & Previous Court Actions

^ On medication for ADD/ADHD, but does not seem to be working

1. Place a brief key somewhere on the Intake form:

\* Indicates an incident where a brain injury *may* have occurred.

^ Indicates *possible* after-effects of a brain injury.

**Further screening, evaluation, education, treatment and/or accommodations may be necessary.**

Recommend all children and parents/caregivers be screened for prior brain injury. Recommend screening tools for them to choose from. These could include:

* + [HELPS Brain Injury Screening Tool](https://www.nashia.org/resources-list/cdxvc5lcq3q3ycesazm0wfyg9umxye)
	+ [Ohio State Traumatic Brain Injury Identification Method](https://wexnermedical.osu.edu/-/media/files/wexnermedical/patient-care/healthcare-services/neurological-institute/departments-and-centers/research-centers/ohio-valley/osu_tbiform_july2013.pdf) and [explanatory document](https://wexnermedical.osu.edu/-/media/files/wexnermedical/patient-care/healthcare-services/neurological-institute/departments-and-centers/research-centers/ohio-valley/osu-tbi-id-clinical.pdf)
	+ [Brain Check Survey Colorado State University](https://www.chhs.colostate.edu/ot/research/life-outcomes-after-brain-injury-research-program/)
	+ PIC UP tools from Galveston BI Conference – (link when available)

This approach should be used in conjunction with training for all personnel.

This approach is based on the one used by Brain Links in Tennessee.