Injury Prevention Advisory Council (IPAC) and Indiana Violent Death Reporting System (INVDRS) Meeting

Friday, March 20, 2020
Trauma and Injury Prevention Mission

To develop, implement and provide oversight of a statewide comprehensive trauma care system that:

• Prevents injuries.
• Saves lives.
• Improves the care and outcomes of trauma patients.

Email questions to: indianatrauma@isdh.in.gov
Prevent injuries in Indiana.
Round Robin and Introductions

- Name
- Position
- Organization/ Association
- Updates
- Current Projects and Programs
- Upcoming events

@INDTrauma #SafetyIN

Email questions to: indianatrauma@isdh.in.gov
Invite New Members

Please forward my contact information to colleagues interested in violence & injury prevention!
Resource Guide App

• UPDATED!
• Free download for iOS & Android
  • phone & tablet capabilities
• Available in Apple & Google Play stores

Email questions to: indianatrauma@isdh.in.gov
Grant Activities

- Students Teachers and Officers Preventing (STOP) School Violence
  - Submitted
Upcoming Events

• Youth Violence Prevention Day
  – March 30
ISTCC/ITN Meeting Dates

- Indiana State Trauma Care Committee, Indiana Government Center, 10 am EST
  - April 17th
  - June 19th
  - August 21st
  - October 16th
  - December 11th

- Indiana Trauma Network, Indiana Government Center, 12:30 pm EST
  - April 17th
  - June 19th
  - August 21st
  - October 16th
  - December 11th

Email questions to: indianatrauma@isdh.in.gov
IPAC/INVDRS Meeting Dates

- May 15th
- July 17th
- September 18th
- November 20th
Intentional Injury Prevention:
Sexual Violence & Technical Package

Conner Tiffany, Rape Prevention and Education Program
Director

Email questions to: indianatrauma@isdh.in.gov
Brief introduction

- Sexual violence has had a traumatic impact on the lives of millions of people in Indiana.
- Almost two-in-five women in Indiana have ever experienced some form of contact sexual violence.
- In 2019, the SVPPC decided to create the Data Sharing Technical Package to address the gap in data sharing in Indiana.
Goals

• The goal of creating this technical package is to increase data sharing among sexual violence stakeholders in Indiana, which will ultimately illuminate the scope and extent of sexual violence in Indiana.
• Further, having access to this data will allow stakeholders to create and implement targeted, programmatic strategies.
<table>
<thead>
<tr>
<th>Risk Factors</th>
<th>Type of Violence Perpetration</th>
<th>Child maltreatment</th>
<th>Teen Dating Violence</th>
<th>Intimate Partner Violence</th>
<th>Sexual Violence</th>
<th>Youth Violence</th>
<th>Bullying</th>
<th>Suicide</th>
<th>Elder Maltreatment</th>
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<tr>
<td>Cultural norms that support aggression toward others</td>
<td>X</td>
<td>X^33,76,77</td>
<td>X^28,79</td>
<td>X^53</td>
<td>X^31</td>
<td>X^30</td>
<td>X^37</td>
<td>X^37,85</td>
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<td>Media Violence</td>
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<td>X^57,82</td>
<td>X^42</td>
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<td>X^37</td>
<td>X^24,85</td>
<td>X^7</td>
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<td>Societal income inequity</td>
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<tr>
<td>Weak health, educational, economic, and social policies/laws</td>
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<td>Harmful norms around masculinity and femininity</td>
<td>X^22</td>
<td>X^24</td>
<td>X^35</td>
<td>X^21,73,74</td>
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<td>X^24</td>
<td>X^91</td>
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<td>Neighborhood poverty</td>
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<td>High alcohol outlet density</td>
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<tr>
<td>Community violence</td>
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<td>Diminished economic opportunities/high unemployment rates</td>
<td>X^42</td>
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<td>Poor neighborhood support and cohesion</td>
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<td>X^45</td>
<td>X^35</td>
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<td>Social isolation/Lack of social support</td>
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<td>X^45</td>
<td>X^35</td>
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<td>Poor parent-child relationships</td>
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<td>X^23,301</td>
<td>X^53</td>
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<td>X^21,57,49</td>
<td>X^37</td>
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<td>Family conflict</td>
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<td>Economic stress</td>
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<td>Associating with delinquent peers</td>
<td>X^45</td>
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<td>X^37</td>
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<tr>
<td>Gang Involvement</td>
<td>X^64</td>
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<tr>
<td>Identified Risk/Protective Factors</td>
<td>Type of Violence Perpetration</td>
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<td>Child maltreatment</td>
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<td>Bullying</td>
<td>Suicide</td>
<td>Elder Maltreatment</td>
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<td>Low educational achievement</td>
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<td>✗53</td>
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<td>✗48</td>
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<td>✗77</td>
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<td>Lack of non-violent social problem-solving skills</td>
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<td>✗43</td>
<td>✗53</td>
<td>✗46</td>
<td>✗48</td>
<td>✗45</td>
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<td>Poor behavioral control/impulsiveness</td>
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<td>✗43</td>
<td>✗53</td>
<td>✗46</td>
<td>✗48</td>
<td>✗45</td>
<td>✗77</td>
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<tr>
<td>History of violent victimization</td>
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<td>✗45</td>
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<td>Witnessing violence</td>
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<td>✗46</td>
<td>✗48</td>
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<td>✗46</td>
<td>✗48</td>
<td>✗45</td>
<td>✗77</td>
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<tr>
<td>Substance use</td>
<td>✗42</td>
<td>✗43</td>
<td>✗53</td>
<td>✗46</td>
<td>✗48</td>
<td>✗45</td>
<td>✗77</td>
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</table>

**Protective Factors**

|                                   |                           |                           |                           |                          |                          |                           |                           |
| Community                         |                           |                           |                           |                          |                          |                           |                           |
| Coordination of resources and services among community agencies | ✗49               |                           |                           |                          |                          |                           |                           |
| Access to mental health and substance abuse services | ✗42               |                           |                           |                          |                          |                           |                           |
| Community support/connected-ness | ✗42               | ✗51               | ✗52               | ✗46               | ✗48               | ✗45               | ✗77               |

| Relationship                      |                           |                           |                           |                          |                          |                           |                           |
| Family support/connected-ness    | ✗42               | ✗45               |                           |                          |                          |                           |                           |
| Connection to a caring adult     | ✗45               |                           |                           |                          |                          |                           |                           |
| Association with prosocial peers | ✗45               |                           |                           |                          |                          |                           |                           |
| Connection/commitment to school  | ✗45,145 | ✗52               | ✗53               | ✗46               | ✗48               | ✗45               | ✗77,47             |

| Individual                       |                           |                           |                           |                          |                          |                           |                           |
| Skills in solving problems non-violently | ✗36               | ✗57               |                           |                          |                          |                           |                           |
|                                 |                           |                           |                           |                          |                          |                           |                           |
Areas for input

- Currently searching for databases/surveys that are reflected in the risk and protective factors on the previous slide
  - EX: R/P Factor: Neighborhood Poverty
  - Survey ID: American Health Rankings – Violent Crime in Indiana
- Needing input for Societal/Individual risk factors
  - Open to any and all ideas for each r/p factor
How can you help?

• If you can identify a name and link for the database/source, that is all the information that I need to be logged within the survey monkey

• https://www.surveymonkey.com/r TYBXGS

Indiana State Department of Health
Thank You

• For more information about sexual violence primary prevention in Indiana or to sign up for the Sexual Violence Primary Prevention news blast, please do not hesitate to contact Conner Tiffany at CTiffany@isdh.IN.gov or via phone at (317) 234-1796.

• To access the Indiana State Sexual Violence Primary Prevention Plan, please visit https://www.in.gov/isdh/files/Indiana_Sexual_Violence_Primary_Prevention_Plan_2016-2021.pdf
Contact Information

Conner Tiffany
Violence Prevention Program Director
Office of Women’s Health
317-234-1796
CTiffany@isdh.IN.gov
Adult Injury Prevention:
Vaping Trends in Indiana

Miranda Spitznagle
Tobacco Prevention and Cessation
Intentional Injury Data: Youth Violence - Homicide

Morgan Sprecher, INVDRS Epidemiologist

Email questions to: indianatrauma@isdh.in.gov
<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2017</th>
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<tbody>
<tr>
<td>Indiana</td>
<td>11.4</td>
<td></td>
</tr>
<tr>
<td>United States</td>
<td>7.5</td>
<td>5.5</td>
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<td>4.5</td>
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Teen (15-19) Homicide Rates per 100,000

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indiana</td>
<td>14.9</td>
<td>10.6</td>
</tr>
<tr>
<td>United States</td>
<td>6.6</td>
<td>8.7</td>
</tr>
</tbody>
</table>

Indiana and United States data shows a significant decrease in teenage homicide rates from 2013 to 2017.
Weapon Type

- **Firearm**: 77%
- **Personal Weapon**: 10%
- **Intentional Neglect**: 4%
- **Blunt Instrument**: 3%
- **Other**: 6%
Other Crime in Progress

- 8 Total
  - 2 Burglary
  - 1 Assault
  - 1 Drug Trade
  - 2 Other
  - 2 Unknown

- 4 Drive By Shooting
- 3 Random Violence
- 1 Unknown
Wound Locations
Contact Information

Morgan Sprecher, INVDRS Epidemiologist
Trauma and Injury Prevention Division
317.233.9825 (office)
msprecher@isdh.in.gov

Email questions to: Indianatrauma@isd.in.gov
In the Plan

- Vision & Goals
- Investment Prioritization
- Methodology
- Implementation
- Recommendations
Provide a safe, efficient, and balanced comprehensive pedestrian network that promotes local and regional connectivity, maximizes community benefit, and establishes pedestrian facilities as an equal component of the regional transportation network. This system should provide for residents’ daily transportation, recreation, and everyday walking uses.
**Goals**

**Connectivity:** Create a regional network of convenient, connected, and well-designed sidewalks and paths throughout the Central Indiana region.

**Safety:** Create a safe and inviting sidewalks and paths network throughout the MPA.

**Wellness & Quality of Life:** Create sidewalks and paths that promote walking, increase opportunities to walk, and connect people to meaningful destinations.

**Community Benefit:** Recognize and develop projects that provide additional community benefit beyond just the benefits of walking.

**Collaboration & Education:** Communities should work together, across municipal and county boundaries, to support sidewalks and paths that are enjoyable, useful, and have an impact on the most people’s lives.
Plan uses **regional priorities** to recommend investments

May not match **local priorities**

Plan does not propose what communities should do or build

- data-driven analysis
- resource for local pedestrian planning and implementation
- Communities are encouraged to adapt the methodology to their own needs and apply their own priorities to this analytical process
Identify Gaps

Rather than proposing projects, identify gaps

"Gaps" are missing segments of the pedestrian network

Gaps create barriers between neighborhoods, public facilities, and people

Gaps identification did not include neighborhood streets or interstates.
Gather Data

- Block/Block Group data for
  - youth, older adults, non-white, poverty households, zero-car households, population
- InfoUSA data for employment
- Points for
  - parks and recreation, healthcare facilities, educational facilities
- Crash Data (ARIES - Automated Reporting Information Exchange System)
- Lane Widths
- Traffic Volumes (AADT)
- Speed Limits
Prioritize investment in high-crash or likely risk areas to improve pedestrian safety.

**Measures of Pedestrian Safety:**
1. Density of Pedestrian/Vehicular Collisions
2. Existing Pedestrian Infrastructure Network
3. Lane Widths
Prioritize investment where people may be more dependent on walking or public transit for the majority of their trips.

**Measures of Equity:**
1. Densities of Youth
2. Densities of Older Adults
3. Densities of Minority Populations
4. Household Poverty Levels
5. Zero-Car Households
Prioritize investment where the pedestrian environment can negatively impact the health of residents.

**Measures of Health:**
1. Lack of access to Parks and Recreational Opportunities
2. Lack of access to Healthcare Facilities
3. Density of Pedestrian/Vehicular Collisions
Prioritize investment in areas with higher pedestrian demand (the average volume of pedestrians on the pedestrian network).

**Measures of Pedestrian Demand:**
1. Population Density
2. Employment Density
3. Locations of Educational Facilities
Prioritize investment in areas where the level of walking comfort (the level of comfort people feel that the street provides for their mental and physical needs) can be improved.

**Measures of Walking Comfort:**
1. Traffic Volumes (AADT)
2. Speed Limits
3. Existing Pedestrian Infrastructure Network
Layering

- Public survey
- Steering Committee input
- Regional Transportation Council input
Prioritization results are as follows:

- Pedestrian Safety
- Equity
- Wellness
- Pedestrian Demand
- Walking Comfort
Gap Tiers

Process:

• 5-tier grid
• Cross-referenced with gap network
• Non-intersecting gaps were not assigned a tier
• Individual county maps
Process:
- 5-tier grid
- Cross-referenced with gap network
- Non-intersecting gaps were not assigned a tier
- Individual county maps

Legend:
- Tier 1 Priority Project
- Tier 2 Priority Project
- Tier 3 Priority Project
- Tier 4 Priority Project
- Tier 5 Priority Project
- Not Tiered Priority Project
Plan uses regional priorities to recommend investments

May not match local priorities

Plan does not propose what communities should do or build

- data-driven analysis
- resource for local pedestrian planning and implementation
- Communities are encouraged to adapt the methodology to their own needs and apply their own priorities to this analytical process
Data Limitations

- Limited to data applicable to the entire MPA
- Incomplete data sets that excluded one or more county were not used to reduce bias
  - Fixed transit service
  - Health department data
- Local streets were left out for scale
- Communities and organizations with specific boundaries are encouraged to apply data that was left out of the regional analysis
Get more people walking

- Examine factors that affect how and where people are walking
- Examine concerns and challenges related to pedestrian connectivity
- Examine ways in which pedestrian infrastructure can impact the options and outcomes of walking
Pedestrian Safety Measures

Along the Roadway

• Multi-Use Paths
• Paved Shoulders
• Sidewalks
• Pedestrian Amenities
Pedestrian Safety Measures

Across the Roadway

- Accessible Curb Ramps
- Automated Pedestrian Detection
- Pedestrian Signalization
- Crossing Islands
- Curb Extensions
- Raised Pedestrian Crosswalks
- Marked Crosswalks
- Pedestrian Overpasses/Underpasses
- Advance Stop/Yield Lines
- Road Diet
- High-Intensity Activated Crosswalk Beacon (HAWK)
- Rectangular Rapid Flash Beacon (RRFB)
Complete Streets Policies

- Funding Policies
- Planning Policies
- Design Policies
- Maintenance Policies
Support Policies

- Parking Policies
- Encouragement Policies
- Transit Integration Policies
- Safety and Enforcement Policies
- Education Policies
Full Plan:
- tinyurl.com/ulo2a8v

Prioritization Maps:
- tinyurl.com/u9m64da
Unintentional Injury Data Presentation:
Pedestrian Fatalities in Indiana

Andzelika Rzucidlo, *Injury Prevention Epidemiologist*
Trauma and Injury Prevention Division

Email questions to: Indiana trauma@isd.in.gov
Pedestrian Fatalities

- Pedestrian fatalities have been steadily increasing across the United States and in Indiana.
- Indiana’s pedestrian fatality rate has more than doubled over the last 10 years.

Data Source: Fatality Analysis Reporting System
Pedestrian Fatalities by Location (2016-2018)

- 302 fatalities in the past three years
- Marion County had the most fatalities (75)
  - Lake Co. had 34 and Allen Co. had 13 fatalities
  - These three counties encompass over 40% of all fatalities in the past three years
- Several counties had fatalities for all three years including:
  1. Allen
  2. Delaware
  3. Elkhart
  4. Grant
  5. Howard
  6. Lake
  7. Madison
  8. Marion
  9. Monroe
  10. Porter
  11. St. Joseph
  12. Vanderburgh
  13. Vigo

Data Source: Fatality Analysis Reporting System
Pedestrian Fatalities based on Dates and Time of Day

- October had the highest number of pedestrian fatalities
  - November and December both followed with the second highest

Data Source: Fatality Analysis Reporting System
Pedestrian fatalities were twice more likely to be male and be between the ages of 15-64.

Pedestrians fatalities were highest for those aged 45-54 between 2016-2018.

Data Source: Fatality Analysis Reporting System
67.9% of pedestrian fatalities occurred in an urban area.
# Pedestrian Location at Time of Collision

<table>
<thead>
<tr>
<th>Location</th>
<th>Count</th>
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<tbody>
<tr>
<td>At Intersection - In Marked Crosswalk</td>
<td>11</td>
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<tr>
<td>At Intersection-Unmarked / Unknown if Marked Crosswalk</td>
<td>22</td>
</tr>
<tr>
<td>At Intersection - Not In Crosswalk</td>
<td>11</td>
</tr>
<tr>
<td>Not at Intersection - On Roadway, Not in Marked Crosswalk</td>
<td>214</td>
</tr>
<tr>
<td>Shoulder/Roadside</td>
<td>15</td>
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<tr>
<td>Sidewalk</td>
<td>8</td>
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<tr>
<td>Other</td>
<td>14</td>
</tr>
<tr>
<td>Not Reported/Unknown</td>
<td>7</td>
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</tbody>
</table>

Data Source: Fatality Analysis Reporting System
Conclusion

- Pedestrian fatality rate has more than doubled in the past ten years
- More pedestrian fatalities have:
  - Occurred in Marion Co., Lake Co., and Allen Co. (over 40% of total)
  - Happened between 4 pm and 11:59 pm
  - Ensued in urban areas
  - Been on a roadway that was not at an intersection or marked crosswalk area
- Males between the ages of 45-54 are most at risk

Data Source: Fatality Analysis Reporting System
Contact information

Andzelika Rzucidlo
Injury Prevention Epidemiologist
Trauma and Injury Prevention Division
317.234.7463 (office)
arzucidlo@isdh.in.gov

Email questions to: Indiana trauma@isd.in.gov
Acquired Brain Injury: The Silent Epidemic

March 20, 2020
Wendy Waldman, BSW, CBIST
Rehabilitation Hospital of Indiana
Brain Injury – “The Silent Epidemic”

• The term “Silent Epidemic” is used to characterize the incidence of brain injury worldwide, in part because many cases are not recognized and are, therefore, excluded from official statistics.

• You typically can’t “see” the disability after brain injury (that is why hundreds of different tests have been developed.

• Because of impaired awareness, most people with brain injury won’t report their injury or its effects.

• Brain Injury does not discriminate, it can happen to anyone.
Acquired Brain Injury

An **Acquired Brain Injury** is an injury to the brain, which is not hereditary, congenital and degenerative.

- **All Brain Injuries** are considered **Acquired Brain Injuries**.
- Some examples of **Acquired Brain Injury** include stroke, intracranial hemorrhage, tumor, encephalopathy (e.g. hypoxia, infectious), neurotoxins or electric shock, TBI.
Acquired Brain Injury

**Traumatic Brain Injury (TBI)** is defined as an alteration in brain function, or other evidence of brain pathology, caused by an external force.

- Examples: motor vehicle accidents, motorcycle accidents, bicycle accidents, assaults, falls, gunshot wounds, concussions, sports accidents, etc.

**Non-Traumatic Brain Injury**

- Examples: Stroke, Aneurysm, Tumor, Overdose, Hypoxia or Anoxia, Disease process (non-progressive), Neurotoxins, Electric shock or lightening strike (ECT)
Mild TBI (mTBI)

- mTBI and concussion are often thought of as interchangeable terms
- Diagnostic Criteria for MTBI by the American Congress of Rehabilitation Medicine

A traumatically induced physiological disruption of brain function, as manifested by at least one of the following:

- Any loss of consciousness
- Any loss of memory before or after injury
- Any alteration of mental state
- Focal neurological deficit that may or may not be transient
- Severity of Injury does not exceed the following:
  - LOC ≤ 30 minutes
  - After 30 minutes, an initial GCS score of 13-15
  - PTA ≤ 24 hours
Common Effects after Brain Injury

• **Cognitive:**
  - Short-term memory loss
  - Awareness
  - Mental flexibility
  - Slowed processing speed
  - Lack of judgment
  - Lack of Initiation
  - Concentration/attention problems
  - Organizational Problems
  - Decision-making

• **Physical**
  - Seizures
  - Loss of smell and/or taste
  - Fatigue
  - Muscle Spasticity
  - Speech Impairments
  - Balance
  - Vision Issues
  - Headaches

• **Emotional/Behavioral**
  - Depression
  - Irritability
  - Impulsivity
  - Anxiety
  - Egocentric Behaviors
  - Mood Swings
Populations at Risk of BI

- People with addiction issues
- People in domestic violence situations
- People in the criminal justice system
- People experiencing homelessness
- Athletes
- Males
- Veterans

Mental health population—may develop depression, anxiety, PTSD after the brain injury (up to 60% of TBI population has depression)
Undiagnosed Brain Injury

- “You just had a concussion”
- Never went to the doctor—lots of reasons!
- Other injuries distract
- Incorrect diagnosis

**Important to ASK!**

- OSU Screening Instrument
  - Originally published in 2007 by John Corrigan, PhD
  - A standardized procedure for eliciting lifetime history of TBI via a structured interview
  - Strong psychometric properties
- We utilize an adapted version of the OSU TBI-ID Short Version
Ohio State University TBI Identification Method + AHI — Interview Form

Step 1
Ask questions 1-4 below. Record the cause of each reported injury and any details provided spontaneously in the chart at the bottom of this page. You do not need to ask further about loss of consciousness or other injury details during this step.

1. In your lifetime, have you ever been hospitalized or treated in an emergency room following an injury to your head or neck? Think about any childhood injuries you remember or were told about.
   - No
   - Yes — Record cause in chart

2. In your lifetime, have you ever injured your head or neck in a car accident or from crashing some other moving vehicle like a bicycle, motorcycle or ATV?
   - No
   - Yes — Record cause in chart

3. In your lifetime, have you ever injured your head or neck in a fall or from being hit by something (for example, falling from a bike or horse, rollover, falling on ice, being hit by a rock)? Have you ever injured your head or neck playing sports or on the playground?
   - No
   - Yes — Record cause in chart

4. In your lifetime, have you ever injured your head or neck in a fall from being hit by something? Have you ever been shot in the head?
   - No
   - Yes — Record cause in chart

5. In your lifetime, have you ever been near a dangerous object? Have you ever been in the military, think about any combat or training-related incidents.
   - No
   - Yes — Record cause in chart

Interviewer Instruction:
If the answers to any of the above questions are “yes,” go to Step 2. If the answers to all of the above questions are “no,” then proceed to Step 3.

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Step 2
If the answer is “yes” to any of the questions in Step 1 ask the following additional questions about each reported injury and add details to the chart below.

1. Were you knocked out or did you lose consciousness (LOC)?
   - If yes, how long?
   - If no, were you dazed or did you have a gap in memory from the injury?
   - How old were you?

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)?
   - If yes, what was the typical or usual effect — were you knocked out (LOC)?
   - If no, were you dazed or did you have a gap in your memory from the injury?
   - What was the most severe effect from one of the times you had an impact to the head?
   - How old were you when these repeated injuries began?

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Step 3
Ask the following questions to help identify a history that may include multiple mild TBIs and complete the chart below.

1. Have you ever been told that you have had a stroke or bleeding in your brain? Other words may have been "ruptured aneurysm" or "infarct?"
   - No
   - Yes — Record cause in chart

2. Have you ever been told that you have had a loss of oxygen to the brain? This could result from losing consciousness or passing out after a drug overdose, strangulation, near-drowning, heart attack/heart stopping, breathing stopped or inability to wake up after a medical procedure, excessive blood loss, complications of anesthetics.
   - No
   - Yes — Record cause in chart

3. Have you ever been electrocuted or struck by lightning?
   - No
   - Yes — Record cause in chart

4. Have you ever had an infection in your brain? You may have heard the words "meningitis" or "encephalitis"?
   - No
   - Yes — Record cause in chart

5. Have you ever had a tumor in your brain?
   - No
   - Yes — Record cause in chart

6. Have you ever had brain surgery? This could have been surgery for epilepsy, shunt placement, or tumor removal.
   - No
   - Yes — Record cause in chart

7. Have you ever been exposed to toxic hazards? This could result from exposure to lead, mercury, uranium/nuclear, environmental hazards, or carbon monoxide.
   - No
   - Yes — Record cause in chart

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Step 4
Have you ever been asked about any other illness or medical problem you may have had.

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*Addition of Step 4 is provided by the RH Resource Facilitation Department.
Education and Resources for Individuals with ABI
Brain Injury Association of Indiana (BIAI)
www.biaindiana.org

• 1\textsuperscript{st} Charter Chapter of Brain Injury Association of America (BIAA).

• Dedicated to reducing the incidence and impact of brain injury through education, advocacy, support, prevention and by facilitating inter-agency commitment and collaboration.

• Services Provided:
  • Statewide information, referral and connection to services, resources and support for individualized needs.
    • By phone, email and in person.
  • Advocacy by responding to their challenges and representing their concerns through legislative efforts and active support of programs created for their needs.
  • Support Groups
  • Etc.
Professionals that work with Acquired Brain Injury

- Neuropsychologists
- Neurologists
- Physiatrists (PM&R)
- Cognitive Rehabilitation Providers
- OT, PT, SLP
- Mental Health Professionals

- Social Services Providers
- Indiana Vocational Rehabilitation Providers
- Etc.
Resource Facilitation

• Specialized service for people with brain injuries who have a return to work or return to school goal
  ▪ Funded by Vocational Rehab
  ▪ Assists with access to services & supports
  ▪ Coordination among those services & supports
  ▪ Provide education on BI and resources
  ▪ Provided by a team of brain injury specialists
  ▪ Specific service is tailored to specific needs
Evidence-Based Group Interventions

• Brain Injury Coping Skills:
  • Manualized group intervention designed to help both survivors with brain injuries as well as family members or caregivers.
  • Large amount of education and training about the brain injury, as well as important therapeutic skills in learning how to deal with the effects of the injury.
  • Research shows participants report feeling more confident in their ability to handle their challenges than those who do not get BICS. They also report improvement in irritability, anger, impulsivity, and emotional challenges.

• Couples CARE- Caring and Relating with Empathy
  • Manualized intervention designed to help a couple improve and enhance their relationship after a brain injury.
  • Couples CARE participants report significant improvements in their satisfaction, adjustment, and communication skills when compared to those who do not go through the program.
Concussion/ mTBI Services

• Post Concussion Syndrome (PCS) Service
  • Neuropsychologist leads an interdisciplinary team in managing persistent symptoms of concussion ( 
  • Services include neuropsychological consult, assessment, and individual and group treatment as indicated. The neuropsychologist works with the treatment team including speech therapy, vision therapy, vestibular and physical therapy to provide evidence-based treatment of PCS.

COPE Concussion Group
• 10-session group treatment which Integrates psychoeducation, psychotherapy, and cognitive rehabilitation strategies with the overall goal of improving coping and self-efficacy.
• Participants will learn about the effects of concussive injury, what to expect in terms of recovery, risk factors for prolonged recovery, and various treatments available for specific symptoms.
  • Including emotional regulation strategies based on Cognitive-Behavior Therapy (CBT) and Mindfulness-Based Stress Reduction (MBSR).
  • Including cognitive rehabilitation strategies to improve attention, memory, and executive functioning.
Indiana Brain Injury Support Groups
https://biaindiana.org/support/
Brain Injury Websites and Fact Sheets

• **Brain Injury Association of Indiana**: [biaindiana.org](http://www.biaindiana.org)
  - The Brain Injury Association of Indiana is a nonprofit 501 c (3) service organization dedicated to reducing the incidence and impact of brain injury through education, advocacy, support, prevention and by facilitating inter-agency commitment and collaboration.

• **Brain Injury Association of America**: [http://www.biausa.org/](http://www.biausa.org/)
  - The Brain Injury Association of America (BIAA) is the voice of brain injury. We are dedicated to advancing awareness, research, treatment, and education and to improving the quality of life for all individuals impacted by brain injury.

  - The MSKTC is a national center that helps facilitate the knowledge translation process to make research meaningful to those with spinal cord injury (SCI), traumatic brain injury (TBI) and burn injury (Burn). The MSKTC works closely with researchers in the 16 Traumatic Brain Injury (TBI) Model Systems to develop resources for people living with traumatic brain injuries and their supporters.

• **Resource Facilitation for Individuals with Brain Injury**: [http://www.resourcefacilitationrtc.com](http://www.resourcefacilitationrtc.com)
  - Prepare an individual with brain injury so they may return to the workforce. Resource Facilitation assists with access to services and supports to enhance recovery and make informed choices to meet their goals.
Brain Injury Educational Resources cont.

• **Brainline**: [http://www.brainline.org/](http://www.brainline.org/)
  
  BrainLine is a national multimedia project offering information and resources about preventing, treating, and living with TBI. BrainLine includes a series of webcasts, an electronic newsletter, and an extensive outreach campaign in partnership with national organizations concerned about traumatic brain injury.

• **Lash and Associates Publishing/ Training Inc.**:
  
  Lash and Associates Publishing/ Training Inc. is the Leading Source of Information and Training on Brain Injury, Blast Injury and PTSD in Children, Adolescents, Adults and Veterans.

• **United States Brain Injury Alliance**: [http://usbia.org/](http://usbia.org/)
  
  The mission of the United States Brain Injury Alliance is to engage the community in preventing brain injury and improving lives.

• **Center for Disease Control and Prevention- Traumatic Brain Injury**: [https://www.cdc.gov/traumaticbraininjury/](https://www.cdc.gov/traumaticbraininjury/)
  
  CDC’s research and programs work to prevent TBIs and help people recognize, respond, and recover if a TBI occurs.
Brain Injury Educational Resources cont.

• **National Resource Center for TBI- Virginia Commonwealth University:** [http://www.tbinrc.com/](http://www.tbinrc.com/)
  - The mission of the National Resource Center for Traumatic Brain Injury (NRCTBI) is to provide relevant, practical information for professionals, persons with brain injury, and family members. With input from consumers and nationally recognized experts, the NRCTBI have developed a wide variety of assessment tools, intervention programs, and training programs.

• **National Institute of Neurological Disorders and Stroke:** [https://www.ninds.nih.gov/](https://www.ninds.nih.gov/)
  - NINDS’s mission is to supports and performs basic, translational, and clinical neuroscience research through grants-in-aid, contracts, scientific meetings, and through research in its own laboratories, and clinics. NIND funds and conducts research training and career development programs to increase basic, translational and clinical neuroscience expertise and ensure a vibrant, talented, and diverse work force.

• **ACRM- American Congress of Rehabilitation Medicine:** [https://acrm.org/resources/professional/](https://acrm.org/resources/professional/)
  - ACRM is a vibrant group with diverse individual backgrounds from all over the world — all united with the common interests in rehabilitation and evidence-based research to enhance the lives of those with disabling conditions.
For more information on:

- Acquired Brain Injury
- Information, Referral and Triage for Brain Injury
- Screening for brain Injury and next steps
- Resource Facilitation
- Brain Injury Community Resources

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http://ohiovalley.org/informationeducation/screening/index.cfm

http://ohiovalley.org/tbi-id-method/

Questions?
Thanks for joining!

Feel free to invite new attendees for the next meeting on March 20th!