

The Ohio State University Traumatic Brain Injury Identification Method

The Ohio State University (OSU) Traumatic Brain Injury (TBI) Identification Method (OSU TBI-ID) is a standardized procedure for eliciting a person's lifetime history of TBI via a 3-5 minute structured interview. While not ideal for determining lifetime exposure to potentially damaging brain injury, self-report remains the gold standard for research and clinical use. The OSU TBI-ID has proven useful in many settings, including medical, mental health, substance abuse, domestic violence, corrections and aging. Health care and social service professionals need this tool to elicit a person's history of TBI.

Why is it important to screen for TBI? Research indicates that a person's lifetime history of TBI is useful for judging current cognitive and emotional states, particularly behavior associated with the executive functioning of the frontal parts of the brain (e.g., planning, impulsivity, addiction, interpersonal abilities). Due to how TBI damages the brain, more exposure (i.e., a worse history of lifetime TBI) increases the likelihood that an individual will struggle with current life stressors, whatever they are. A person who has compromised functioning in the frontal areas of the brain:

- adapts less well in new or stressful situations
- has greater problems following through on recommendations from professionals
- has more difficulty making lifestyle changes, particularly when rewards are in the future.

As a result, it is important that professionals be aware of a person's history of TBI and the potential that current abilities are being affected.

How does the OSU TBI-ID work? The validity of the OSU TBI-ID is not based on elicitation of a perfect accounting of a person's lifetime history of TBI. Instead, the OSU TBI-ID provides a means to estimate the likelihood that consequences have resulted from one's lifetime exposure. We recommend additional consideration be given to the potential effects of this exposure when:

- WORST — there has been one moderate or severe TBI (i.e., any TBI with 30 minutes or more loss of consciousness)
- FIRST — TBI with any loss of consciousness before age 15
- MULTIPLE — had 2 or more TBIs close together, including a period of time when they experienced multiple blows to the head even if apparently without effect
- RECENT — a mild TBI in recent weeks or a more severe TBI in recent months
- OTHER SOURCES — any TBI combined with another way that their brain has been impaired.

What can I do if there is a potentially important history? If the person you've screened has had a sufficient history of TBI, consider the following treatment planning issues:

- [Learn more about TBI](http://www.brainline.org) <www.brainline.org> and share what you've learned with the impacted individual.
- Consider simple [accommodations](http://www.ohiovalley.org/informationeducation/tbi101) <www.ohiovalley.org/informationeducation/tbi101> you can make in your treatment.
- If cognitive problems are getting in the way of treatment or services, consider consulting a rehabilitation professional.
- Consider how side effects of any medication you are prescribing may interact with existing impairment.

For more information on the OSU TBI-ID visit <www.ohiovalley.org/tbi-id-method>.