



HELPS BRAIN INJURY SCREENING TOOL

INSTRUCTIONS

ABOUT THE TOOL

This document offers guidance for completing the **HELPS Brain Injuries Screening Tool**, which was developed by M. Picard, D. Scarisbrick, R. Paluck, in 1991 at the International Center for the Disabled. This tool has been widely used within the brain injury community to screen for all types of brain injuries in any setting within any population.

Complete this screening to determine if a person may have had exposure to a brain injury in their lifetime. Administration of the tool is recommended in the following situations:

- Routinely completed at Referral, Intake, Reassessment AND/OR Redetermination of services.
- When there is any suspected trauma that could have caused a brain injury.
- When an individual is having difficulty functioning or is exhibiting unexplained behaviors.
- When you suspect the possibility of risk factors including domestic violence/intimate partner violence, military service, dual diagnosis, depression, unhealthy substance use or misuse, etc.

This screening tool does not result in a diagnosis or indicate an absence of a brain injury; nor does it replace face-to-face evaluation/assessment with a trained professional. It is only meant to assess for a person's exposure to a *potential* brain injury. This information should be treated as Protected Health Information.

WHY SCREEN

In Massachusetts alone, 67,000 brain injuries occur each year. Brain injury is a chronic condition that worsens with age. It is often a multi-occurring condition with chronic pain, mental health, unhealthy substance use/misuse, unemployment, corrections involvement, and homelessness. There are factors that increase the vulnerability for sustaining a brain injury in certain populations (e.g., medical history, age, mental health concerns, unhealthy substance use, hx with domestic violence, military experience to name a few). Symptoms of brain injury often go undiagnosed, misdiagnosed, mistreated, misunderstood, or overlooked as individuals navigate through many service delivery systems. Not everyone who experiences a brain injury will have long term impairments or problems. Alternatively, some people who do suffer from a brain injury will not realize that subsequent problems are due to the earlier injury. Even a minor injury can result in lasting problems. Screening for a history of brain injury is a best practice when responding to or planning clinical and community-based responses for clients served in health, community, and corrections services.

- **Acquired brain injuries (ABI)** occur when there is an event that results in damage to the brain anytime during a person's life after birth which temporarily or permanently impairs a person's physical, cognitive, or behavioral functions. Brain injuries are not primarily related to a degenerative disease or aging process.
- **Non-traumatic brain injuries** are ABIs caused by stroke, infection, anoxia, vascular lesions, or tumor of the brain. Non-fatal overdoses, choking and strangulation events

can result in an anoxic (no oxygen flow to the brain) or hypoxic injuries (limited oxygen flow to the brain).

- **Traumatic brain injuries (TBI)** are ABIs caused by an external force affecting the brain. TBIs may result from the head hitting an object, something hitting the head, or the head being shaken. Concussions are a type of TBI

ADMINISTERING THE SCREENING TOOL

To guide you through the screening process each letter in the HELPS acronym stands for a question to ask the consumer.

H - Have you ever **H**it your **H**ead or have been **H**it on the **H**ead?

E - Emergency room, hospital, or visit to a doctor for injury to the Head?

L - Lose consciousness or experience period of being dazed and confused because of injury to head?

P - Experience any of these **P**roblems in your daily life since you hit your head?

S - Any significant **S**icknesses?

INTERPRETING THE RESULTS

A HELPS screening is considered positive for a possible TBI when the following 3 items are identified:

1. An event that could have caused a brain injury (Yes to *H*, *E* or *S*), **AND**
2. A period of loss of consciousness or altered consciousness after the injury or another indication that the injury was severe (yes to *L* or *E*), **AND**
3. The presence of two or more chronic problems listed under *P* that were not present before the injury.

THINGS TO CONSIDER

- A positive screening is **not sufficient to diagnose TBI** as the reason for current symptoms and difficulties - other possible causes may need to be ruled out.
- **Some individuals could present exceptions** to the screening results, such as people who do have TBI-related problems but answered “no” to some questions.
- Consider positive responses within the context of the person’s self-report and documentation of altered behavioral and/or cognitive functioning

NEXT STEPS

If the individual shows evidence of a history of brain injury, consider the following:

- Conferring with the individual about your findings.
- Reporting the positive finding to the team supervisor and/or clinical team.
- Documenting reasons for suspecting a brain injury in the consumer file if applicable.
- If appropriate, advising the individual to seek further medical evaluation with PCP and/or rehabilitation/neurological specialists.
- Adjusting service plan/goals when appropriate.
- Implementing simple accommodations/compensatory strategies you can make (e.g., cuing for problems with memory or initiation) and considering how you communicate with the individual moving forward.
- Determining if cognitive problems are getting in the way of treatment or services and considering consultation with a rehabilitation professional.
- Identifying if/how side effects of any medication may interact with existing impairment(s).
- Making a referral to the Brain Injury Association of Massachusetts (1-844-839-7154 or www.biama.org) to access beneficial brain injury resources and information.

Additional steps may be recommended by your organization for further assessments or medical record requests.

IDENTIFY ACCOMMODATION NEEDS

Lastly, review tips for implementing accommodations for ongoing cognitive, physical, and behavioral problems resulting from a brain injury. Using accommodations can increase the odds of treatment success.

If an individual shows evidence of a history of brain injury, ask the individual if they are experiencing any current difficulties with any of the following areas:

- Attention and Concentration
- Slow processing
- Memory
- Executive Functioning such as
 - Inhibition/impulse control
 - Organizational problems
 - Mental flexibility, and/or
 - Emotional dysregulation
- Emotional Behavioral
- Communication
- Language (receptive, expressive, social pragmatics)
- Physical
- Sensorimotor
- Sleep

If the individual endorses difficulty with any of the above, you can use the following two resources to help you make accommodations for the identified challenges; Massachusetts Rehabilitation Commission Community Based Services: Accommodations and Compensatory Strategies for Cognitive Deficits Resulting from a Brain Injury handout that correspond to the identified challenges.

To access ongoing brain injury educational opportunities, visit <http://www.biama.org/education.html>



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HELPS Brain Injury Screening Tool

Name: _____ Date of Screen: _____ Screener: _____

H Have you ever **Hit your Head** or been **Hit on the Head**? Yes No

Note: Prompt client to think about all incidents that may have occurred at any age, even those that did not seem serious: vehicle accidents, falls, assault, abuse, sports, etc. Screen for domestic violence and child abuse, and also for service-related injuries. A TBI can also occur from violent shaking of the head, such as being shaken as a baby or child.

E Were you ever seen in the **Emergency room, hospital, or by a doctor** because of an injury to your head? Yes No

Note: Many people are seen for treatment. However, there are those who cannot afford treatment, or who do not think they require medical attention.

L Did you ever **Lose consciousness** or experience a period of being dazed and confused because of an injury to your head? Yes No

Note: People with TBI may not lose consciousness but experience an “alteration of consciousness.” This may include feeling dazed, confused, or disoriented at the time of the injury, or being unable to remember the events surrounding the injury.

P Do you experience any of these **Problems** in your daily life since you hit your head? Yes No

Note: Ask your client if s/he experiences any of the following problems and ask when the problem presented. You are looking for a combination of two or more problems that were not present prior to the injury.

Mark all that apply:

- | | |
|---|--|
| <input type="checkbox"/> Headaches | <input type="checkbox"/> Difficulty remembering |
| <input type="checkbox"/> Dizziness | <input type="checkbox"/> Difficulty reading, writing, calculating |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Poor problem solving |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Difficulty performing your job/schoolwork/daily tasks |
| <input type="checkbox"/> Difficulty concentrating | <input type="checkbox"/> Change in relationships with others |
| <input type="checkbox"/> Poor judgment (fired from job, suspended/expelled from school or day program, arrests, fights) | |

S Any significant **Sicknesses**? Yes No

Note: Traumatic brain injury implies a physical blow to the head but acquired brain injury may also be caused by medical conditions, such as: brain tumor, meningitis, West Nile virus, stroke, seizures. Also screen for instances of oxygen deprivation such as following a heart attack, carbon monoxide poisoning, near drowning, near suffocation/choking/strangulation, failed suicide attempts, unhealthy substance use and overdose history.

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