



TBI

A Moment in Time

Increased incidence, survivability and awareness create both opportunity and challenge for SLPs.

By Lucas Steuber, MA-T, MS SLP/CF

A few years ago, I worked with a man who experienced a traumatic brain injury (TBI) in a skiing accident when he was young. He said he hit a patch of ice going “warp eight”—his own words—and then everything went black. I know he used those exact words because he told me that story every time I saw him, which was several times a week for months. He didn’t remember my name, but he remembered those trees, that ice—a moment of time captured in his mind like light in film.

Stories like his are becoming more common, both because of rising incidence of TBI (the bad news), but also by increased survivability of those injuries (the good news). Seven out of 1,000 emergency department visits in the U.S. in 2010 were found to be due to TBI, up from four in 1,000 in 2001. At the same time, only 2.3% of those patients passed away in 2010—down from 4.4% in 2001.¹

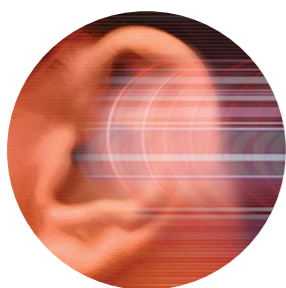
Part of the increase in injury may be due to heightened awareness and diagnosis of brain injury due to publicity about the risks associated with sports. The ASHA Leader recently reported the number of sports-related concussions in children ages 8-19 increased 200-fold between 2001 and 2005, despite a 13% reduction in participation.²

The combination of higher incidence, higher survivability, and heightened overall diagnostic awareness surrounding TBI has at least one definite outcome for speech-language pathologists: we're going to encounter more young people who have been identified as experiencing TBI. This presents both an opportunity and a challenge: an opportunity to educate the public about TBI, but a challenge in diagnosis and treatment. A professor in graduate school once told me, "if you have met one person with a TBI, you have met one person with a TBI"—meaning that the constellation of signs and symptoms of brain injury are as varied and diverse as the people who experience them. This is particularly challenging in children, where the full scope of the injury's impact may not be evident for years.

There are, however, some things that we know. TBI has been repeatedly found to have measurable impacts on cognition and communication all throughout the lifespan. The full range of those impacts and the signs and symptoms associated with them could fill (and has filled) many textbooks, so what follows is a short list of practices that can serve individuals with TBI at all ages and stages of recovery.

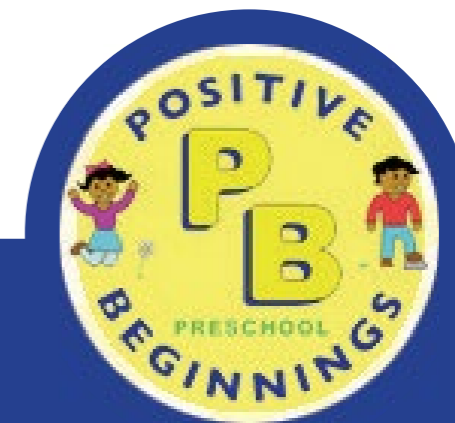
- Don't just teach the individual—teach the family. It's an understatement to say that having a loved one experience a brain injury can profoundly disrupt the routines and dynamics at home. Because few people have firsthand experience with TBI, providing resources, support and guidance regarding how to interact with their family member is critical. There are excellent national resources, such as BrainLine and the Brain Injury Association of America, and many communities offer support groups as well.^{2,3}
- Be prepared to treat deficits in executive function. Attention, memory, self-monitoring and impulse control are all areas frequently impacted by TBI. ASHA has prepared a treatment efficacy summary reviewing many of the current best practices in the field; take the time to learn what can work for your client, and then use that to inform your practice in order to find what does.⁵ Also keep up on emerging research,

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as the field of acquired neurological disorders progresses rapidly.

- Build external supports—or what I like to call “cognitive prosthetics”—to assist the individual in everyday life. These can be as simple as calendars and to-do lists to supplement executive function or visuals and reminders around self-regulation and impulse control. It’s often the simplest interventions that have the greatest impact. I once saw an SLP use a talking photo book from Hallmark (in which each page can be accompanied by a recorded audio description) as perhaps the most effective external memory support I’ve ever seen.
- Frequency and intensity are strong predictors of success. Be prepared to repeat yourself, and be sensitive to deficits in receptive language. Perceived issues with “compliance” can instead be issues with understanding. Again, whatever interventions and supports you build—also communicate them to the individual’s broader network of support.

The points above are just the beginning of what could be said about intervention in TBI, and great new ideas are coming to light every day. Perhaps the most important thing, though, is to keep in mind the fact that you’re working with an individual who has experienced a neurological change that is unique to them. By definition, then, effective therapy for an individual with TBI needs to be built based on the individual rather than based on a therapeutic recipe book. Don’t bring your expectations and presuppositions about competence and capacity based on similar cases you’ve seen; assess the individual and then plan intervention from there.

Golden Repair

There’s a Japanese art form called Kintsukuroi, which can be loosely defined as “golden repair.” In this art form, cracked or broken pottery is rejoined using laquer mixed with gold so as to emphasize an object’s

repairs—its history—rather than disguise it. After a TBI, it is common for there to be a period of mourning on the part of both the impacted individual and his or her loved ones. I’ve been told things like “my brain is broken,” to which I like to reply: No, your brain is being repaired. “I have half a brain.” No, you have a brain that is functioning differently than it used to. “I’m not myself anymore.” Yes, you absolutely are. You’re still the same person; you’re still a product of the same experiences, passions and perspectives that define the core of who you are. You may just process them differently now. To whatever extent possible, let’s practice Kintsukuroi; celebrate the change, don’t hide it.

“So there I was, going warp eight through the trees ...” It’s the same story again, told in the same way. Someday he might remember me, someday he might remember that he told it; but for now, I don’t mind. It’s a great story, and it’s uniquely his. 🌈

Lucas Steuber is an applied linguist and Clinical Fellow of Speech Language Pathology. He is the CEO of LanguageCraft, a clinic and curriculum consulting company based in Portland, Ore.; and sits on the core services and strategic planning committees for the Autism Society of America.

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