

# IMPAIRMENT

# SIGNS

# ACCOMMODATIONS

Attention	Fidgets, squirms in seat, can't sit still; Interrupts conversation; Low frustration tolerance; Talks excessively; Off topic; Inability to inhibit impulses	Work on only one task at a time; Have client participate in discussion & development of case plan; Reduce distractions; Meet in quiet environment; Use verbal (e.g. "look", "listen") & non-verbal (e.g. eye contact) cues
Inhibition	Fidgets, squirms in seat, can't sit still; Interrupts conversation; Talks excessively; Not able to respond to multi-step instructions; Acts on the first thing that pops into their mind; Unable to verbally, physically, or mentally "put on the brakes"; Difficulties with transitions (area to area, task to task)	Provide & help create structure & routine; Mindfulness; Provide cuing; Direct, honest, & kind feedback; Prepare for transitions
Processing Speed	Slow to respond to questions; Appears to not be paying attention; Looks confused; Doesn't follow instructions	Provide additional time to review information; Speak slowly, making sure the client understands (ask them to rephrase back to you what they heard); Offer assistance with completing forms; Utilize checklists & a written schedule of routines; Provide written cues to organize information (e.g. "first do this, then do this")
Memory Loss	Can't remember more than one thing at a time; Can't remember details; Appears disorganized; Appears to have an "attitude" problem; Appears manipulative	Repeat information & summarize; Teach client to use a reminder system, e.g. planner; Teach "chunking" as a way to aid in retention; Stick to routine as much as possible; Keep information tangible & relevant
Sensory Motor	Appear overwhelmed; Emotional melt downs; Irritable, short fused; May appear oppositional; Shuts down; Complains of physical ailments	Keep environment quiet; Keep noise & lights to a minimum; Keep sessions short to minimize the onset of headaches & fatigue; Schedule rest periods & breaks from planned activities
Language / Social Pragmatics	Do not interpret body language; Use inappropriate eye contact; May get in your space; May say either too little or too much; Have little insight or awareness of how their behavior may be inappropriate	Provide direct, structured, & concrete feedback; Do not rely on body language to convey a message; Role play; Provide shaping, cueing, & fading; Videotaping interactions
Receptive Language	Confused; May say "huh" frequently; Followers; Struggle with abstract language/sarcasm; May withdraw	Be direct; Avoid abstract humor, sarcasm, metaphors, colloquialisms; Allow wait time for person to process what has been said; Provide instructions/directions slowly & one at a time; Ask if it would be helpful to repeat or rephrase your message; Let the individual know that you value their input, thoughts & feelings
Expressive Language	Poor grammar or immature speech; Difficult to follow in conversation; Difficulty staying on topic; Difficulties navigating social rules; May withdraw	Redirect if the client is off topic; Provide opportunities to practice expression; Role play common real life conversations; Teach individual to rehearse silently before replying; Be patient & allow the client time to respond
Visual / Spatial	Appear clumsy; overwhelmed; Inability to write clearly; Reading difficulties; Does not understand information from charts or graphs; Gets confused when reading a map; Inability to read social cues or facial expressions	Provide precise and clear verbal directions; Simplify visual information given; Check for understanding; Ask if it would be helpful to repeat or rephrase your message; Enlarge written materials; Provide support in organizing writing/expressing thoughts; Reduce clutter in work area
Initiation	Appears lazy or spacey; Appears unmotivated; Follower; Needs constant cueing; Lags in independent living skills	Provide written instructions; Ask client to repeat instructions to ensure comprehension; Use underlining or highlighting for significant instructions; Break complex directions into simple steps & assign action items; Utilize color coding; Help the client get started; Repeat instructions or interventions multiple times in multiple ways
Planning	Rigid thinking; Can't think of more than one way to do something; Gets confused; Often late and unprepared; Difficulties doing more than one task at a time; Difficulties organizing thoughts	If client appears stuck, ask, "What should you do first?" or "What happens next?"; Break each expectation down into clear steps; Teach time management and prioritizing; Teach how to develop short term and long term goals; Connect new information with what they already know; Develop and practice schedules and routines; Provide a written schedule
Mental Flexibility	Perseverate; Difficulties taking feedback; Resistant; Can appear stubborn or argumentative; May appear to lack empathy	Develop & practice routines; Plan ahead for changes; Prepare for transitions; Help develop alternative plans; Ensure goals are broken down into smaller, achievable tasks; Provide respectful feedback to potential or obvious problem areas
Organization	Inability to create or maintain orderliness in thoughts, activities, materials and the physical environment; Resistant; Confused; Unable to do more than one step in a task; Conversations may be disjointed; Difficulties answering open ended questions; Appears to have memory issues and loses things easily	Provide step by step instruction and present information in small, concise, concrete steps; Use checklists for tasks; Suggest and model the use of notebooks for communication and information gathering
Reasoning	Concrete thinkers; Can't think of alternative solutions; Difficulties answering open ended questions; Difficulties learning from experience, cause & effect	Point out possible short & long-term consequences of decisions; Teach step-by-step approaches to problem solving; Avoid open-ended questions; Speak concretely; Be clear on expectations & consequences of risk taking behaviors; Be supportive & continually identify strengths
Emotional / Behavioral	Over/under reaction; Difficulties with anger management; Meltdowns; Can appear emotionally "flat"; Difficulties making friends; Can appear argumentative	Minimize anxiety with reassurance, education & structure; Avoid focusing only on deficits; Don't misinterpret lack of emotion as a lack of interest; Suggest breaks if the client becomes irritable or agitated; Use mindfulness exercises to aid clients in identifying emotional states; Role play

# Suspect a TBI? *Start at step one*

## Have medical documentation of a TBI? *Skip to step four*

1. Conduct screen, e.g. OSU-TBI-ID. If the screen is positive, proceed to step 2.

2. Refer for brain injury neuropsychological screening battery

Provide the evaluator with a description of the probationer's strengths and deficits

3. Ask for:

A description of how the probationer's cognitive functioning will impact supervision and treatment

A list of needed accommodations for probation supervision and treatment engagement

4. If there is a positive screen on OSU-TBI-ID AND confirmed impairment OR medical documentation of a TBI:

Ask if probationer wants additional services

Refer to BIAC at <https://biacolorado.org/pathways/>

Obtain required consents

Advise others of TBI and needed accommodations