

## APPENDIX 5: SCREENING QUESTIONS FOR COGNITIVE DISABILITY AND ACQUIRED BRAIN INJURY

When you screen for cognitive disability with a person using violence, remember they may not answer the questions honestly for a range of reasons.

They may be distrustful of why you are collecting the information, or may not remember or know the answers.

Refer to **Responsibility 1** for guidance on developing trust and rapport for safe engagement.

The responses to questions are indicated with 'disclosed' or 'not disclosed' to note that these questions don't lead to a definitive 'yes' or 'no'. Instead, they screen for what the person is willing and able to tell you.

The responses you get in these screening questions are not definitive 'assessments', but they may prompt you to adjust your communication approach and support referrals to another service.

It may be appropriate for you to ask if there is a family member or another person that knows the service user who could support with providing this information.

To initiate the screening assessment,<sup>1</sup> you can say and ask the following:

'We ask all service users a broad range of questions about their health and wellbeing in order to better support them. With this in mind ...'

<sup>1</sup> Abbreviated version of the OSU TBI-ID screening tool; Corrigan JD and Bogner J 2007 'Initial reliability and validity of the Ohio State University TBI identification method', *Journal of Head Trauma Rehabilitation*, vol. 22, no. 6, pp. 318–329.

### Screening questions

#### Screening for possible general cognitive disability

*Q: Can you tell me why you are here today?*

#### Guidance and further questions

This question asks the person why they think they are at the service and to explain their situation.

This will give an indicator of capacity or potential limitations if they are not able to explain.

It can also support you to understand which communication adjustments or supports might be required.

Follow-up questions you can ask about a person's daily life include:

*How did you get here today?*

*What kind of doctors do you see?*

*Do you drive?*

Answers to these questions may indicate the supports they receive.

You may be able to contact these services for secondary consultation when considering approaches to adapting communication.

## Screening for possible general cognitive disability

Q. Have you had an injury to the brain?  
This could be from stroke or other illnesses, use of alcohol or other drugs, near drowning, strangulation or any other causes?

## Guidance and further questions

If relevant to their response, you can ask:

*Have you ever needed help with how much you drink alcohol or because of the drugs you take?*

*Have you ever had an operation on your brain? Did you have difficulties learning at school?*

*Which school did you go to? (Look for any answers suggesting a specialist school or specialist support service.)*

*Did you have specialist support in the classroom, such as speech therapists, occupational therapists or other aides?*

### If not disclosed – stop here.

If not disclosed, you can still offer adaptations to communication. Suggested wording for this could be:

*'I understand this can be a stressful situation.*

*When I'm stressed, I understand information better when it's in an easier way.*

*Does that work for you too?'*

### If disclosed:

Q: From this injury, have you had troubles with your body or mood? Such as: your speech, memory, increased feelings of anger or being impulsive, or any other changes?

If relevant, you can reflect on other progressive neurological disorders, including multiple sclerosis or dementia.

Q: Do you receive support from NDIS, TAC or Forensic Clinical Service?  
If so, which one and what for?

Q: Do you receive a disability support pension?  
If so, what for?

Q: Have you ever had an assessment, including the following:

- ... speech pathology
- ... occupational therapist
- ... neuropsychiatrist
- ... other professional?

Remember to ask these questions with sensitivity. It is helpful to have developed a level of trust and rapport with the service user before asking these questions.

Q: Do you think people in your life would say there has been a big change in your behaviour recently?

## Screening for other forms of cognitive disability

There are further behaviours you might observe that could indicate a person has cognitive disability, including:

- ... verbal aggression
- ... physical aggression against objects
- ... physical acts against self
- ... physical aggression against other people
- ... inappropriate sexual behaviour
- ... repetitive behaviour
- ... wandering/absconding
- ... inappropriate social behaviour
- ... Impulsivity and risk-taking behaviours

These indicators are documented in the Overt Behaviour Scale,<sup>2</sup> a measure purpose-designed to assess challenging behaviours after ABI. If you are trained you may choose to use this resource measure, however, you are not expected to as part of your MARAM responsibilities.

2 Kelly G, Todd J, Simpson GK, Kremer P, Martin C. The Overt Behaviour Scale (OBS): A tool for measuring challenging behaviours following ABI in community settings. *Brain Injury*. 2006; 20: 307-319.

## Screening questions specifically for acquired brain injury<sup>3</sup>

## Guidance and further questions

Q. *Have you ever had an injury to your head?*

If relevant, further questions include:  
*Have you ever gone to the hospital or Emergency room?*  
*Have you ever had any injuries from:*  
... *car or bicycle accidents*  
... *being hit by something or someone*  
... *falling down*  
... *playing sport*  
... *injury during military service or at work?*

### If not disclosed, stop ABI screening questions here

Consider asking about other forms of cognitive disability using the above prompts.

### If disclosed:

Q. *Were you ever knocked out or did you lose consciousness?*

*If so, what was the longest time you were knocked out or unconscious?*

This question helps you to identify the most severe traumatic brain injury (TBI) the person has sustained. The severity of the injury is classified by the length of time that the person was knocked out or lost consciousness (less than 30 min, indicates a MILD TBI; between 30 min and 24 hours indicates a MODERATE TBI; 24 hours or longer indicates a SEVERE TBI).

Q. *How old were you the first time you were knocked out or lost consciousness?*

The age that someone first sustained a TBI is important to know, as people who sustain injuries at a younger age (children, adolescent, early adulthood), have an increased chance of displaying more challenging behaviours.

Q: *Have you ever sustained an injury to your neck?*

This question is asking about non-fatal strangulation and the possibility of loss of oxygen to the brain (hypoxia).

If a person has a diagnosed cognitive disability including ABI, discloses this, or your observation using the above information suggests they might have, use Practice Guides for **Responsibilities 5 and 6** to inform your approach to secondary consultation and referral for specialist support including neuropsychological assessment, aged care assessments (if appropriate), Forensic Clinical Services and NDIS.

<sup>3</sup> Note that acquired brain injury includes traumatic brain injury (TBI) due to an external force applied to the head, and non-TBI, including from stroke, lack of oxygen or strangulation, or poisoning. Brain Injury Australia (2018) *The Prevalence of Acquired Brain Injury among Victims and Perpetrators of Family Violence*, page 2.