Please discuss the differences between the acquired brain injury and traumatic brain injury.
A: The exact definitions of ABI vs. TBI are listed in the beginning of the presentation, but to answer your question as simply as possible – ABI is an internal injury whereas TBI is an external injury. The resulting deficits can be similar however. The largest determination of deficit will be what area of the brain was injured, not necessarily how.

When you mentioned Motivational Interviewing and offering a reward for a behavioral change, don't you see a risk of developing an instant need/dependence for/on being rewarded in this type of patient?
A: I believe there is always a risk for developing dependence in treatment. It is our job as clinicians to be able to recognize when this is occurring and attempt to be proactive in managing it. Using behavioral techniques to manage/treat brain injury can be very useful when done correctly. You would want to have very clear guidelines as to what earns a reward. The idea is that this is just temporary and that over time the survivor will begin to see the more natural rewards that can come from their positive behavior and begin to rely more on those natural rewards.

How do clients with TBI and organizations that treat sub. ab. handle the clients memory lapses and missing appts when usually if there is 3 missed appts a client is dropped from any program they are in?
A: More patience and understanding. The reality is that if we stick to our "standard" ways of treatment it won't be as effective for the brain injury survivor. We need to be willing to allow for these missed appts while the person learns skills to manage them better. Along with this, clinicians should be willing to assist the survivor with creating ways to remember appts better - ie. calendars, alerts, reminders, etc.

Is the screening instrument available in public domain?
A: Yes, all screenings mentioned are available via Google search

Are there any times when short term therapy is helpful until the individual can decide to do further longer term treatment?
A: Any treatment is better than no treatment at all. While it is more useful to utilize an extended treatment model, it is possible to use only a few sessions to build rapport, provide community resources, and maybe do some work around one struggle they may be having such as some strategies to manage appts, anger or impulse control.