

Social workers can help patients recover from mild traumatic brain injuries

May 6 2014, by Doree Armstrong

More than a million people are treated for mild traumatic brain injuries in U.S. hospitals and emergency rooms each year. Yet few receive appropriate psychological and social follow-up care that can make the difference in whether or not they fully recover.

A University of Washington researcher has found that a 20-minute conversation with a social worker has the potential to significantly reduce the functional decline of those diagnosed with a mild traumatic brain injury.

The research is published in the April issue of *Brain Injury*.

Megan Moore in the UW's School of Social Work is training social workers in emergency departments to provide education and resources to patients with mild traumatic brain injuries to help them deal with symptoms and the recovery process.

"Social workers are masters-level trained clinicians who are already embedded in [emergency room](#) treatment teams," Moore said. "The goal of my work is to provide them with specialized training on mild traumatic brain injuries to help bridge the psychological and social aspects of treatment with medical care."

Traumatic brain injury occurs when the head is hit by an outside force, causing the brain to move rapidly within the skull, altering consciousness and damaging the nervous system. Anyone who experiences a fall, car or

bike accident, sports head injury or an assault, may experience a traumatic [brain injury](#), but most are considered mild.

While a serious [traumatic brain injury](#) is usually obvious, mild brain injuries are often harder to detect, and can cause unexplained physical, cognitive, behavioral or emotional symptoms. Typical symptoms – nausea, vomiting, dizziness, headache, blurred vision, fatigue and sleep disturbances – are common in many other diagnoses, or resolve quickly, and patients don't always seek medical care.

If a patient does go to the emergency room to be evaluated, he or she may go home thinking they're physically okay, but then continue to have trouble with memory, depression, or completing once-routine tasks. That makes it all the more important that a [social worker](#) completes an evaluation while the patient is still in the emergency room, Moore said.

"It's a critical intervention point not only for the patients with mild traumatic brain injuries, but also for patients with other types of medical and psychosocial problems," she said.

Moore joined the UW in the fall of 2012. While conducting her doctoral research at the University of California, Berkeley, she designed a study that is currently running at San Francisco General Hospital, a Level 1 Trauma Center. There, medical staff identify patients with mild traumatic brain injuries and refer them to social workers, who provide education, coping strategies, resources and a brief alcohol intervention screening. Social workers later follow up with a phone call to see how the patient is doing.

Moore's initial study showed that an intervention lasting less than 20 minutes significantly reduced [brain injury patients'](#) alcohol use and prevented [functional decline](#). (A second, randomized trial is now under way.)

Moore said social workers already conduct evaluations and provide resources for patients in hospitals and emergency rooms, and would need only a small amount of training on recognizing and dealing with mild traumatic brain injuries. They could provide patients with education about symptoms and the recovery process, as well as coping strategies such as getting enough rest and avoiding alcohol and drugs (which increase the risk of re-injury). Social workers also link patients to support groups, counselors, substance abuse services and appropriate [medical care](#).

Moore is especially concerned with thousands of soldiers returning from the battlefield with such brain injuries. The Defense and Veterans *Brain Injury* Center estimated that more than 220,000 U.S. service members were diagnosed with traumatic brain injuries between 2000 and the third quarter of 2011; 77 percent were considered mild. Such cases may not be detected or treated immediately because of more serious battlefield injuries taking precedence, and once the [patients](#) return home they may not report to a hospital for follow-up care.

"Soldiers are coming back with different issues than civilian populations that are injured in a car accident," Moore said. "Social workers definitely need to know the unique issues of soldiers coming back from the battlefield."

More information: Paper: [informahealthcare.com/doi/full...
?prevSearch=allfield
%253A%2528Megan%2BMoore%2529&searchHistoryKey=](http://informahealthcare.com/doi/full...?prevSearch=allfield%253A%2528Megan%2BMoore%2529&searchHistoryKey=)

Provided by University of Washington

Citation: Social workers can help patients recover from mild traumatic brain injuries (2014, May

6) retrieved 5 May 2024 from

<https://medicalxpress.com/news/2014-05-social-workers-patients-recover-mild.html>

This document is subject to copyright. Apart from any fair dealing for the purpose of private study or research, no part may be reproduced without the written permission. The content is provided for information purposes only.