

Brookhaven Presentation
September 5th, 2007
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Dr. Davis, could you briefly describe your topic?

Individuals after traumatic brain injury face an array of challenges in physical, emotional, social, and cognitive-linguistic areas. Due to the diffuse nature of the brain damage, individuals are very diverse in their needs and in their strengths and may appear to have made an excellent physical recovery, yet be very challenged to return to their prior roles personally and professionally. Deficits are often present in thinking and communication skills especially at higher level tasks such as attention, self-monitoring, organizing, pragmatics, and behavioral control. This presentation will briefly discuss some of the most common deficits found in this population as well as intervention and assessment strategies.

Why do you feel passionate about this topic?

This is a very challenging and rewarding group to work with and a group with much potential to return to a functional role in society, when provided with appropriate services and support. It is also, sadly, a group for which long-term, community-based services are sorely lacking.

What experience do you have with this topic?

I teach a graduate level course in cognitive-communicative disorders to speech-language pathology students at the University of Tulsa and have taught this class since 2000. I have attended numerous continuing education seminars on TBI and TBI rehabilitation. I work clinically with clients in inpatient and home settings in rehabilitation for TBI and have done so since 1992.

How has this topic affected you personally?

I think everyone has had a family member or friend who has experienced some level of TBI. You observe on a professional and personal level the devastating impact of these injuries on a person's social skills, work abilities, and personality and how life-changing these injuries are for the entire family system. Professionally, I have grown close to many of my patients with TBI since I have the opportunity to see them on a professional basis for an extended period of time. Also, I have had many experiences working with clients who needed placement due to behavioral or cognitive skills after the hospital and who were unable to find anything appropriate on a long-term basis.

What are the focal points for listeners to remember?

- Individuals after brain injury often “talk well but communicate little”.

- Deficits may be subtle and involve high-level processing and organization skills as well as self-monitoring
- Tasks must be broken down into component parts in order to be relearned
- Behavioral problems are often related to breakdowns in communication
- Individuals after brain injury often needs assistance with organization, time management, and initiation through supported employment or the use of technology and outside organizers
- Many individuals after brain injury will require lifelong support in order to be successful and productive members of society

Resources for additional information on this topic:

American Speech-Language-Hearing Association: ASHA.org

Oklahoma Speech-Language-Hearing Association: OSLHA.org

Brain Injury Association of America: BIAUSA.org

Brain Injury Association of Oklahoma: braininjuryoklahoma.org

Traumatic Brain Injury Resource Center: braininjuryresources.org

International Brain Injury Association: internationalbrain.org

Brain Trauma Foundation: braintrauma.org

National Institute of Neurological Disorders and Stroke:

NINDS.nih.gov/disorders/tbi/tbi.htm

North American Brain Injury Society: NABIS.org

World Federation for Neurorehabilitation: WFNR.co.uk