Abstract: Study examined the community integration of individuals with TBI, compared to male and female control subjects. The Community Integration Measure was used to assess levels of community integration in all 3 groups. Mann-Whitney U tests showed a statistically significant difference between female controls and people with TBI. Females were more integrated into their communities than males, who were more integrated than survivors of TBI.


Abstract: Forty people were evaluated 3 to 15 years after severe traumatic brain injury to identify factors that predicted their level of community integration. In addition to collecting demographic and injury data, the Community Integration Questionnaire, the Community Integration Measure, and the Sydney Psychosocial Reintegration Scale were administered. Factors examined as potential predictors included age, sex, years of education, premorbid intelligence quotient, premorbid employment status, premorbid level of community integration, length of post-traumatic amnesia, length of hospital stay, activity limitations, challenging behavior, financial resources, and social support. Discriminant function analyses identified the following factors as predictive of the level of community integration: severity of injury, age at the time of injury, level of disability, and challenging behavior.


Abstract: Study identified barriers to driving after TBI and examined the extent to which these barriers affected driving status and community integration. Correlational analyses of driving status, community integration outcomes, and survivor characteristics indicated that drivers had better objective community integration outcomes, reported fewer barriers to driving, and used alternative transportation less often than did non-drivers. Social barriers, such as directives against driving from significant others, accounted for the most variance in driving status among TBI survivors. Decisions to cease driving were more common among those with no formal driving evaluation than among those who had been evaluated.


Abstract: Issue focuses on research conducted by the Rehabilitation Research and Training Center on Community Integration of Individuals with Traumatic Brain Injury (TBI). Articles address the following topics: methods of implementing a participatory action research framework, power relationships within measurement research, a review of quality of life research on individuals with TBI, articles summarizing research on depression, an evaluation of a method of identifying TBI in schoolchildren, a study of aging in people with TBI, an evaluation of an innovative community-based vocational rehabilitation program, and a description of findings from a follow-up study of individuals hospitalized with TBI. Articles are included separately in the NARIC collection under accession numbers J46444, J46447, J46450 through J46455, J46463 and J46574.

NIDRR Grantees on the Cutting Edge TBI Transition System (T-BITS): Systematic Hospital-to-School Transition for Students with Traumatic Brain Injury, Western Oregon University (H133A060075) led by Ann E. Glang, PhD. A. Cate Miller, PhD, Project Officer.

Abstract: Due to the absence of effective procedures for transitioning students from hospital to school, many students with traumatic brain injury (TBI) who need specialized services are not identified for special education. This lack of identification can lead to inappropriate services, and perpetuates the lack of awareness of TBI among school professionals. This project utilizes a systematic approach to developing, testing, and disseminating a comprehensive hospital-school transition intervention, called the TBI Transition System (T-BITS). Researchers evaluate the effectiveness of the T-BITS intervention, which includes referral to a school-based transition specialist, long-term tracking of student performance, and parent advocacy training, in a three-phase research plan.

Rehabilitation and Training Center on Community Integration of Persons with TBI, The Institute for Rehabilitation and Research (TIRR) (H133B031117) led by Angelle M. Sander, PhD and Margaret Struchen, PhD. Dawn Carlson, PhD, MPH, Project Officer.

Abstract: The research program of this project includes: development and evaluation of a social network mentoring program; an investigation of racial/ethnic differences in acceptance of disability, community integration needs, barriers, and supports; a distance learning program to train family members in rural areas as paraprofessionals; assessment of employers' attitudes toward persons with TBI and a pilot educational intervention to reduce attitudinal barriers in the workplace; a randomized clinical trial to assess the effectiveness of a brief substance abuse intervention; a qualitative exploration of intimacy following TBI; and a study investigating the role of social communication abilities and environmental factors on social integration. Training projects include: a National Information, Educational Resources, Dissemination, and Technical Assistance Center for the Community Integration of Individuals with TBI; development of educational materials for increasing community awareness of TBI and reducing attitudinal barriers; adoption of a social action plan.

Please note: These abstracts have been modified, full, unedited abstracts, as well as any available REHABDATA citations, are available at naric.com.

Thousands of additional resources on these topics are available from NARIC’s resource pages at www.naric.com/public

March is Brain Injury Awareness Month, sponsored by the Brain Injury Association. This year’s theme is “As Diverse as We are.” Visit www.biausa.org for more.
network program from disability studies for improving positive identity; partnering with artists in the community to implement a Center for Creative Expressions for Persons with TBI. Rehabilitation research and training center on traumatic brain injury, including neuroplasticity and rehabilitation research, and the impact of traumatic brain injury on community integration.

Abstract: Study examined the level of agreement between participants with TBI and their proxies on the Katz Adjustment Scale, a measure of community integration, at 4 years after injury. Participant-proxy agreement.


Glenn, M., Rotman, M. (2005) Characteristics of residential community integration programs for adults brain injury. Journal of Head Trauma Rehabilitation, 20(5), 393-401. NARIC Accession Number: J49486. Project Number: H133A980034. Abstract: The Community Integration Program Questionnaire was used to obtain data on the characteristics of residential community integration programs for people with brain injury. Results showed significant variability in the areas of staffing, clients, and program characteristics. Staff-to-client ratio ranged from 0.77 to 3.3. Lengths of stay varied from 0.13 to 288 months. Time from injury to admission varied from 0.2 to 180 months.

Dawson, D. (2005) Community integration status 4 years after traumatic brain injury: Participant-proxy agreement. Journal of Head Trauma Rehabilitation, 20(5), 426-435. NARIC Accession Number: J49489. Abstract: Study examined the level of agreement between participants with TBI and their proxies on the Katz Adjustment Scale, a measure of community integration, at 4 years after injury. Agreement was highest between proxies and participants with mild versus moderate-severe TBIs, between spouse proxies and participants compared to non-spouse proxies, and on the more objective subscales compared to the expectation and satisfaction scales regardless of injury severity or proxy-participant relationship.


Cochrane Reviews on the topic of brain injury include emergency and inpatient treatments, post injury interventions for anxiety and apathy, fitness training, vocational rehabilitation, and programs to prevent injuries entirely. These reviews, plus clinical trials, economic evaluations, technology assessments, and methods studies, can be viewed at thecochranelibrary.org

Where Can I Find More?

A quick keyword search is all you need to connect to a wealth of disability and rehabilitation research. NARIC’s databases hold more than 75,000 resources. Visit www.naric.com/research to search for literature, current and past research projects, and organizations and agencies in the US and abroad.

Cicerone, K., Mott, T. (2004) Community integration and satisfaction with functioning after intensive cognitive rehabilitation for traumatic brain injury. Archives of Physical Medicine and Rehabilitation, 85(6), 943-950. NARIC Accession Number: J47726. Project Number: H133A020518. Abstract: Study compared the effectiveness of an intensive cognitive rehabilitation program (ICRP) to standard neurorehabilitation (SRP) for people with TBI. Participants in ICRP received an intensive, holistic, highly structured program of integrated cognitive and psychosocial interventions. Participants in SRP received comprehensive neurorehabilitation consisting of physical, speech, and occupational therapy and neuropsychologic treatment. Both interventions lasted approximately 4 months. The primary measure of effectiveness of treatment was improvement in community integration from before to after treatment. Participants’ satisfaction with community functioning was evaluated with the Community Integration Questionnaire (CIQ) and satisfaction with cognitive functioning was evaluated using the Quality of Community Integration Questionnaire. While both groups showed significant improvement on the CIQ, analysis indicated the ICRP participants were more twice as likely to show clinical benefits compared to the SRP group.


Glenn, M., Rotman, M. (2005) Characteristics of residential community integration programs for adults brain injury. Journal of Head Trauma Rehabilitation, 20(5), 393-401. NARIC Accession Number: J49486. Project Number: H133A980034. Abstract: The Community Integration Program Questionnaire was used to obtain data on the characteristics of residential community integration programs for people with brain injury. Results showed significant variability in the areas of staffing, clients, and program characteristics. Staff-to-client ratio ranged from 0.77 to 3.3. Lengths of stay varied from 0.13 to 288 months. Time from injury to admission varied from 0.2 to 180 months.

Dawson, D. (2005) Community integration status 4 years after traumatic brain injury: Participant-proxy agreement. Journal of Head Trauma Rehabilitation, 20(5), 426-435. NARIC Accession Number: J49489. Abstract: Study examined the level of agreement between participants with TBI and their proxies on the Katz Adjustment Scale, a measure of community integration, at 4 years after injury. Agreement was highest between proxies and participants with mild versus moderate-severe TBIs, between spouse proxies and participants compared to non-spouse proxies, and on the more objective subscales compared to the expectation and satisfaction scales regardless of injury severity or proxy-participant relationship.