

Brain Injury Survivor Information Kit

Recovery Process

The goal of Brain Injury recovery is to return to a life of meaning, hope and possibility. This life may look just like it did before the injury or a “new normal” may be found.

There is a process for recovery after any injury or illness and sometimes we do not return to the same level of functioning we had before the injury or illness. Our brain controls everything we do, think and feel; from the beating of our hearts to the work we do and the way we feel about it. It is no wonder, then, that the list of possible issues or challenges after a brain injury is long and maybe even intimidating. Some issues or challenges may appear or become problematic, days, months or even years after the brain injury. Remember that you can address each new challenge as it arises and hang on to hope, for each day also brings the chance to live a meaningful life.

The following lists cover some of the more common challenges after brain injury and some tips for managing them, including which professionals may be able to help. This list is meant as a guide, you should communicate all concerns with your physician. The list of tips for what may help is by no means a complete list, so keep researching or trying new things with the guidance of your physician, and feel free to contact the Brain Injury Association of Wyoming for more information.

PT = Physical Therapist, OT= Occupational Therapist, SLP = Speech Therapist

WILR = Wyoming Independent Living Rehabilitation

WSIL = Wyoming Supported Independent Living

WIND = Wyoming Institute for Disabilities

WATR = WIND Assistive Technology Resources

At some point in the recovery process you may experience challenges in some of these areas:

PHYSICAL

ISSUE	SIGNS/SYMPTOMS	WHO CAN HELP	WHAT CAN HELP
Fatigue	Tired easily or often. Ability to think/function decreases when tired. Mental fatigue is very common after brain injury and takes time to improve.	Doctor	Rest when tired, this is the brain's recovery time. Schedule naps or take frequent breaks. Do challenging activities in the morning or after a nap. Exercise to get more oxygen to the brain. Eat a well-balanced diet.
Sleep Problems	Difficulty falling asleep and/or staying asleep. Waking frequently through the night.	Doctor Neuropsychiatrist Neuropsychologist	Medications. Go to bed the same time every night. Avoid caffeine, especially in the evening. Rest without falling asleep if sleep is affected by naps. Phototherapy. Neurofeedback.
Headache	Headaches may be in back of head, migraine like or stabbing pain.	Doctor PT Massage therapist Chiropractor	Medications. Address any injury to muscles of neck and back. Wear sunglasses and avoid bright light. Rest. Avoid alcohol. Manage stress.
Seizures	Generalized – involuntary jerking or shaking. Partial – staring, repetitive or purposeless movement or verbalization.	Doctor Neurologist Neuropsychologist	Medications. Rest. Neurofeedback.
Spasticity	Muscle stiffness or immobility.	Doctor PT OT	Stretching. Medications. Biofeedback. Electric stimulation. Surgery. Casts, braces or splints.
Swallowing	Poor head or upper body control. Decreased lip and tongue strength or coordination.	Doctor SLP OT	Feeding tube to ensure proper nutrition. Exercises, treatment techniques and positioning to improve ability to chew and swallow.
Bladder	Incontinence. Inability to empty bladder completely. Increased urgency or frequency of urination.	Doctor Urologist PT OT	Catheters. Medications. Scheduled bathroom visits. Exercises.
Bowel	Incontinence. Diarrhea. Constipation.	Doctor	Eat a well-balanced diet. Drink enough fluids. Exercise. Scheduled bathroom visits. Fiber supplements or stool softeners.
Mobility	Inability to move about one's home or workplace safely. Difficulty getting in and out of shower/tub.	Physical therapist Occupational therapist WILR or WSIL	There are numerous accommodations that can allow you to move safely in and around your home and work.

SENSORY/PERCEPTION

ISSUE	SIGNS/SYMPTOMS	WHO CAN HELP	WHAT CAN HELP
Unilateral Neglect	Neglects or ignores one side of the body or visual field. Doesn't use one hand. Drags one foot.	Doctor PT OT	Draw attention to neglected side by standing on that side, putting bright objects on that side. Verbal, visual & tactile reminders to use limbs on affected side.
Dizzy or Balance Problems	Intermittent or continual dizziness or balance problems.	Doctor (ENT) Neurologist Neurophychologist PT	Medications. Surgery. Special movements. Avoid causal positions or activities. Neurofeedback.
Coordination or Spatial Relation Problems	Misjudges how far away things are. Difficulty with stairs or picking things up.	Doctor Neuro-ophthalmologist PT	Limit clutter. Use bright tape on stairs. Use both hands to reach for things. Use hand rails and use hands to feel chairs before sitting.
Apraxia	Uses objects incorrectly (use fork to brush hair). Puts clothes on backwards or upside down.	Doctor Neuropsychologist PT OT	Medications. Stop tasks being done incorrectly and show correct usage or movement. Put your hand on survivor's hand to show how to do action correctly.
Vision	Blurred or double vision, spots, visual field cut.	Doctor Ophthalmologist Neuro-ophthalmologist	Make important things (on/off switches) bright and easy to spot. Specialized glasses. Vision therapy.
Hearing	Tinnitus. Hearing loss. Inability to filter background noise.	Doctor (ENT) Audiologist Neurologist	Medications. Hearing aids. Sound therapy. Control noise level and background noise when possible.
Smell/Taste	Things smell or taste different or "less"	Doctor (ENT)	Find out what still smells and tastes good.
Hypersensitivity or Environmental Intolerance	Fatigued, sleepy, agitated, upset, confused or frightened when exposed to environmental trigger.	Doctor	Limit situations or environments that are noisy, bright, chaotic or that have strong smells. Take breaks to get away from the trigger. Wear sunglasses or ear plugs/noise reducing headphones. Meditation.

EMOTIONAL

ISSUE	SIGNS/SYMPTOMS	WHO CAN HELP	WHAT CAN HELP
Depression	Persistent sadness, loss of interest or pleasure in life, fatigue, crying, withdrawal.	Doctor Counselor Psychiatrist Psychologist Neuropsychologist	Medications. Counseling. Neurofeedback. Exercise.
Anger	Quick to anger, anger over seeming minor things, extreme or “over the top” anger.	Doctor Counselor Psychiatrist Psychologist Neuropsychologist	Medications. Take a 15 minute “time out” to calm down. “Retreat, relax, return”. Use humor to diffuse anger. Learn to recognize signs of anger then “retreat, relax, return”. Work on problem solving. Neurofeedback. Counseling. Anger management training. Exercise. Meditate.
Grief	Tearfulness, changes in sleep or appetite.	Doctor Psychiatrist Psychologist Counselor	Medications. Counseling. Allow grieving for the losses experienced but watch for emotional extremes or getting “stuck”. Grief takes time.
Guilt	Excessive apologizing. Trouble sleeping. Isolation, withdrawal.	Doctor Psychologist Counselor	Counseling. Ensure that grief is dealt with and unresolved grief can present as guilt.
Anxiety	Rapid speech, sweating, palpitations or stomach pain. A sense of doom or impending disaster. Fear.	Doctor Psychiatrist Psychologist Counselor	Medications. Counseling. Neurofeedback. Exercise. Meditation. Avoid surprises or sudden changes. Avoid caffeine and excessive sugar.
Frustration	Frustration can lead to anger, anxiety or distress. Fear of trying something. Excessive negativity.	Psychologist Counselor OT	Brain Injury Recovery Kit or other planner. Try to master one skill at a time. Do not multitask. Positive self-talk. Exercise. Meditation.
Distress	Unhappy or irritable. Cries easily. Anger.	Doctor Psychologist Counselor	Medications. Counseling. Acknowledge feelings. Exercise. Meditate. Deep breathing.
Mood Swings	Rapid change in mood. Laughing or crying inappropriately.	Doctor Psychiatrist Psychologist	Medications. Counseling. Learn to recognize when moods are becoming extreme and have set process for dealing with them. Avoid overstimulation or fatigue.

BEHAVIORAL

ISSUE	SIGNS/SYMPTOMS	WHO CAN HELP	WHAT CAN HELP
Perseveration	Talking about or doing the same thing over and over. Inability to talk or think about something new or different. Repetitive actions.	Doctor Psychiatrist Psychologist SLP	Medications. Set time limits for the activity or topic. Change the subject. Cognitive behavioral training. Visual cues that subject or activity is over (write it down and then throw it away).
Disinhibition	Inappropriate communication or actions.	Doctor Psychiatrist SLP	Medications. Prevention and anticipation by family/caregiver. Concrete rules and set routines.
Impulsiveness	Just from one activity to another. Engage in unsafe behaviors. Break rules. Interrupt others.	Doctor Psychiatrist Neuropsychologist SLP	Medications. Neurofeedback. Concrete rules and set routines. Use visual cues to stop and think/slow down. Remove distractions.
Self-awareness problems	Lack of awareness of deficits and limitations (common after brain injury).	Psychologist Counselor SLP	Provide immediate and accurate feedback. Estimate how hard a task will be and what steps need to be taken.
Problems with social norms	Difficulty taking turns or waiting. Impulsive. Inappropriate comments or behavior. Not sensitive to social boundaries.	Doctor Psychologist Neuropsychologist Counselor SLP	Medications. Neurofeedback. Behavioral programs. Concrete rules and set routines. Visual cues for personal space or to stop and think. Rehearse appropriate behavior or communication.
Inappropriate sexual behavior	Inappropriate sexual comments, advances or behaviors.	Doctor Psychiatrist Psychologist	Medications. Behavioral programs. Counseling. See above.
Egocentrism	Interrupting. Lack of compassion or empathy. Inability to read social cues. Sharing too much.	Psychologist Counselor SLP	Behavioral programs. Social perception training. Social stories (used with autism). Make a list of work or store appropriate topics.
Irritability	Scowling. Grumbling. Impatient. Easily frustrated. Short tempered.	Doctor Psychiatrist Psychologist Counselor	Medications. Counseling. Support groups. Avoid triggers. Concrete rules and set routines. Decrease boredom.
Confrontational	Argumentative. Quick to anger. Physical or verbal outburst/attacks.	Doctor Psychiatrist Psychologist Neuropsychologist	Medications. Anger management training. Neurofeedback. Meditation. Exercise. Concrete rules and set routines.

COGNITION/THINKING

ISSUE	SIGNS/SYMPTOMS	WHO CAN HELP	WHAT CAN HELP
Attention	Unable to focus. Distractible. Making errors or mistakes.	Doctor Psychiatrist Neuropsychologist SLP	Medications. Neurofeedback. Work on one task at a time. Remove visual distractions. Find or make a quiet environment. Games.
Memory	Forgetting things about one's past. Unable to remember how to do things. Can't remember new information or learn new tasks.	Doctor Neuropsychologist OT SLP	Brain Injury Recovery Kit or other planner. Written instruction cards. Rehearsal training (repeat information to memorize it or create a habit). Routine. Audio recorders. Neurofeedback.
Initiation problems or Apathy	Appears disinterested or unmotivated (usually not intentional). Trouble getting started. Lack of emotion or concern.	Doctor OT SLP	Adequate rest/sleep. Structured routine. Set daily goals breaking them into small tasks with timelines for completion. Use alarms. Practice showing concern.
Confusion	Confuses times / tasks in schedule or activity. Confuses past and present.	Doctor OT SLP	Memory activities. Use a visual time line. Confirm that information is accurate.
Confabulation	Makes up convincing stories to fill memory gaps (not intentional lying).	Doctor SLP	Memory & confusion activities. Gently provide accurate information. Use a visual time line.
Planning	Disorganized. Can't plan a sequence of events. Can't complete a complex task.	Doctor OT SLP	Brain Injury Recovery Kit or other planner. Break complex tasks down to simple steps. Keep work area free of distractions.
Organizing	Inability to keep an area free of clutter. Planning related problems.	Doctor OT SLP	Brain Injury Recovery Kit or other planner. Clearly label where things go. Create a checklists to follow.
Abstract Reasoning	Inflexible or concrete thinking. Can't carry learned information to a new location or situation.	Doctor OT SLP	Don't assume learned information can be transferred. Practice and learn in real environments. Use a problem solving checklist.
Problem solving/decision making	Trouble making decisions. Poor decisions or problem solving.	Doctor SLP Psychologist	Counseling. Problem solving checklist. Stop and think before making decisions.
Processing time	Appears to not respond. Changes mind about a decision later.	Doctor SLP	Ask people to give you a minute to think. Take a whole day to make decisions. Be patient with self.

COMMUNICATION

ISSUE	SIGNS/SYMPTOMS	WHO CAN HELP	WHAT CAN HELP
Ability to speak	No speech.	Doctor SLP WIND/WATR	Find other methods of communication. Use communication device.
Aphasia	Difficulty “finding” correct word or understanding words heard.	Doctor SLP	Wait patiently. Try to assist with word finding, but not too quickly and be careful not to overwhelm the speaker.
Slurred Speech	Words run together. Lack of enunciation.	Doctor SLP	Rephrase what you heard, “Do you mean...?” Allow plenty of time for speech.
Rapid Speech	Speaking too fast. Running words together.	Doctor SLP	Ask speaker to slow down. Rephrase what you heard. Give visual cue to slow when speaking.
Volume control	Speaking too soft or too loud.	Doctor SLP Audiologist	Ask speaker to speak up or to down. Ensure a quiet environment for conversation.
Following conversational conventions	Talks non-stop. Doesn’t listen. Changes topics often. Violates personal space.	Doctor SLP	Raise hand to visually request a turn to speak. Tell speaker you are getting lost in conversation. Remind speaker of your personal space, “I am uncomfortable if you are closer to me than this (visual cue).”
Understanding or using non-verbal cues	Too much touch during conversation. Distracting body movements. Facial expressions that don’t “match” speech.	Doctor SLP	Remind speaker of personal space to discourage touch. Gently point out distracting movements. Try to listen to words without reading facial expressions.
Intonation or inflection	Monotone speech. Misusing inflection so too much/too little sounds like questions.	Doctor SLP	Practice intonation and inflection. Repeat what person said with proper intonation/inflection.