



Putting the Pieces Together

Brain Injury

Brain injury occurs suddenly, without warning. In an instant a life is changed, forever. Everyday we participate in activities that produce endless risks for sustaining a brain injury. Events include a car accident while driving to the grocery store, a fall from a bike, or a blow to the head from a badly thrown baseball. These occurrences and many more happen daily.

Brain injury has become a significant medical and societal concern within the last 30 years. With advances in medical technology, many people who



Saskatchewan Brain Injury Association

previously would have died are now surviving severe brain injuries. At times the cost is astronomical; financially, socially, and emotionally.

Brain injury is the No. 1 killer and disabler of persons under the age of 44. It is estimated that 55,000 Canadians incur a traumatic brain injury each year. In Saskatchewan about 2,500 people incur a brain injury each year. That's five persons injured a day! Many of those who are brain injured are young adults. They will have a normal life expectancy but will require special care. About 75% of all bicyclists who die each year, die of brain injuries. Statistics show 85% of brain injuries in bicycle accidents can be prevented by wearing a helmet! These statistics do not include those people who sustain brain injuries and never enter the hospital system. Brain injury affects a significant number of people each year and the numbers are reaching epidemic proportions. Older persons also suffer a significant number of acquired brain injuries from falls and stroke.

Statistics indicate that the incidence of brain injury is two times greater in men.

Brain injury is the *Silent Epidemic!*

Effects of Brain Injury

The brain is an extremely complex organ. An injury to the brain can result in a variety of effects with varying levels of severity, and can have a devastating impact on a person's life.

Although each individual is unique, the symptoms resulting from a brain injury often have similarities. Some of these symptoms can include difficulty with memory loss, impaired reasoning skills, and a tendency toward "one track thinking."

Imagine not remembering names and faces of lifelong friends or turning on a burner with a pot on it and not remembering having done so. Imagine how difficult it would be to rely on others to plan your day. Many persons with brain injuries will also have physical disabilities such as paralysis of the limbs or loss of vision and/or hearing. Some people experience varying degrees of speech impairment. Others may be able to speak, but due to cognitive impairments, have difficulty organizing their thoughts into meaningful speech. Some people lose their sense of smell, suffer from headaches or have to cope with having seizures. Many people must cope with a combination of losses.

Emotional effects vary as well. The person with a brain injury may have changes in emotional control. This may be related directly to the brain injury or to the frustrations that the person feels as he tries to adapt to his new self.

Imagine the embarrassment of not being able to stop crying when you aren't feeling sad.

Realization of the effects of the injury combined with the increased dependence on others and/or a loss of control over one's life may be cause for depression to occur. Depression may also be caused by the physical damage to the brain.

The social consequences of a head injury can be devastating. Many people report losing old friends and having difficulty cultivating and maintaining new friendships. These difficulties may result from the person experiencing problems with communication. Imagine the frustration of having difficulty remembering ideas and communicating them coherently and logically during a conversation. In addition, subtle social skills may have been lost. Loudness of speech and knowing when it is appropriate to speak are examples of social skills we all take for granted.

Having described the many challenges facing people living with the effects of a brain injury, it is important to note the strength and character of many of these people. Once again all persons are unique, with varying injuries, personalities and supports available. Although there may be a tremendous amount of loss to cope with, many people with brain injuries remain determined, sensitive and positive in their approach to life.

Although the effects of a brain injury may make it necessary for the injured person to have assistance for up to 24 hours in a day, families often remain or become the primary caregiver and support person. Many families are left to

cope on their own, with little understanding of the effects of the injury and the demands of living with an injured family member. Families need the support of others who understand the stresses within these family systems.

- dependence
- emotional stability
- depression

Following a brain injury, the person may experience any number of these effects in varying degrees. Individuals working with a person with a brain injury, will need to be particularly sensitive, observant and flexible.

What Can You Do?

Strategies That Assist Persons Who Have Sustained a Brain Injury

The effects of a brain injury can be as varied and unique as the individuals who sustain them. Since brain injuries occur in different areas of the brain with varying degrees of severity, to different types of people, no two people will be effected in the same way. An injury to the brain may effect a person in several ways including his personality, thinking, communication, or mobility.

Many of the changes that a survivor of a brain injury experiences cannot be seen. It is often more difficult for others to understand and accept changes in personality and thought processes, as these changes are not visible.

Some of the more common effects of a brain injury are changes in:

- memory
- concentration
- response time
- planning and problem solving
- initiative
- flexibility
- insight
- impulsivity
- control of anger
- talking
- behavior

1. Memory

People with brain injuries may have difficulty remembering names, appointments, phone messages or details of news paper articles. They may forget where they have put things and they may become easily disorientated. Extreme recent memory difficulties may prevent the person from remembering conversations, details or directions within a few minutes of having received them.

Although some memory problems may be lessened as the brain recovers from the injury, a memory problem cannot be “cured”. The best way to deal with it is to develop ways to compensate for it. The goal is to minimize the effects of the memory problem on the person’s life. By developing ways to compensate for a memory problem the person may gain a greater sense of independence and control.

One strategy is to encourage the person with a brain injury to carry a notebook to record names, addresses and telephone numbers. The same notebook can be

used to record details of how to get from one place to another or to outline what must be done in a day. Family members and service providers may need to help the person develop the habit of writing things in the notebook and refer to it regularly. Likewise, the individual may also need help in developing a method for recording the information clearly. The use of tape recorders or electronic day timers may also be useful in certain situations such as in the classroom or at the office.

Other strategies include using bulletin boards and calendars to record information in strategic locations. Lists identifying important items in the home and where they are stored could be posted for easy reference. Instructions for some tasks could be written down and kept handy. In this way, you do not need to keep repeating the instructions.

2. Concentration

A person with a brain injury may be easily distracted and unable to concentrate. Activities that were enjoyed before the injury may no longer be enjoyable due to an inability to concentrate. This may appear to an outsider as a lack of interest. Too many distractions may also interfere with the person's ability to focus his attention on one activity.

Strategies can be used to offset the effects of poor concentration and attention on the person's life. One way is to lessen any distractions. This may mean turning off the radio or television and reducing the number of people in the room at one time.

When helping a person with a brain injury to schedule activities, encourage short periods of activities with regular breaks. Incorporating activities which require less concentration, such as physical activities like walking or working in the garden, may be useful at times.

If the person is interested in reading, recommended short stories or magazine articles until he is able to handle more concentrated reading.

3. Response Time

As a result of a brain injury the person may need more time to answer questions, to keep up in a conversation and to perform tasks.

Allow ample time for the person to respond and to complete tasks so that he will not feel frustrated.

Avoid posing multiple questions. Arrange conversations with one topic and/or one question being addressed at a time.

4. Planning and Problem Solving

Planning for problem solving is a complex process and may be difficult for a person with a brain injury.

One method of compensating for this is to break tasks into steps. For a particularly complex task, suggest that the person define the steps clearly and write them down. Each step can then be checked off as it is completed.

It may be useful to help the person identify several possible solutions to a problem. Decision making may be easier if the person can choose from two or three alternatives.

5. Initiative

It may be difficult and sometimes impossible for a person with a brain injury to start a task. The person may be able to identify what needs to occur, but not be able to actually get started. This may be a result of the injury and does not necessarily mean that the person is lazy. Sometimes fatigue or depression may contribute to the person having difficulty with self initiation.

Help the person structure his day to avoid periods of inactivity. Activities for each day can be recorded in a step by step fashion on a schedule. By following the schedule the person can lessen the need to take initiative.

Using an alarm or a watch as a reminder to refer to the schedule may also be helpful. The ability to rely on the schedule rather than constant reminders from others will help to create a feeling of independence.

Encourage the person to get plenty of rest and to become aware of when he is becoming tired.

6. Flexibility

Changing a train of thought or seeing another person's point of view may be a challenge for the person with a brain

injury. Sudden changes in routine may be difficult or confusing.

It may be helpful for the family member or service provider to offer other points of view from their perspective, but they should be careful to avoid arguments and confrontations.

Sometimes the person may need assistance shifting their focus from one topic, by having another topic introduced.

Maintain routines and structures as much as possible. Try to avoid sudden changes in routine which can confuse the person. Give advance notice and explanation for change as much as possible so that the person will feel prepared.

7. Insight

An injury to the brain may effect the person's ability to monitor thought processes and behavior. This may make it very difficult for the person to understand and except his own unseen injures and effects of that brain injury. It is extremely important that family members and service providers are sensitive to these issues.

The person with a brain injury needs clear and simple explanations of his disabilities if he tries to deny or rationalize them. Arguments should be avoided as they will only upset both people. Over time the person may gain insight into the effects of their injury.

8. Impulsivity

A brain injury may affect the control system which enables a person to stop and think before he acts. The person with a brain injury may be overly impulsive which can lead to embarrassing or potentially dangerous situations.

Family members or service providers will need to encourage the person to slow down and think before acting. It may be useful to develop a system of cueing the person to slow down. Cues may include body language, verbal gestures, specific phrases or words to name a few. Eventually you may be able to help the person to develop a way to cue himself.

9. Control of Anger

Following the brain injury, the person may have lower tolerance for frustration, leading to problems with controlling anger. It is important to remember that irritability may be the result of the brain injury. Try not to take the anger personally.

Attempt to identify the kinds of things that irritate the person and try to avoid these situations.

When outbursts occur, if possible remove the person from the situation that provoked the outburst, leave the room yourself, or change the subject. When the person has calmed down, discuss better ways of dealing with the situation next time and let him know that you are

willing to help him. Do not be critical and do not hold grudges.

Help all family members, friends and fellow employees develop strategies to react consistently when the person with a brain injury becomes irritable or aggressive.

10. Talking

Another example of poor self monitoring following a brain injury is to talk excessively. You can deal tactfully with this behavior by changing the subject, by letting the person know that he is repeating what he has said or by telling him that you have something else to discuss. Above all, try to respond consistently.

11. Socially Inappropriate Behavior

Judging social situations may be difficult for a person with a brain injury.

It may be helpful to try coaching the person before social events. One should never reinforce inappropriate behavior or embarrass the person by responding to it or by trying to cover up the situation.

Sometimes depending on the behavior, the best approach is to overlook it for the time being. This situation can then be discussed with the person in private. Once again, it may be helpful to develop cues to assist the person to identify inappropriate behavior.

12. Dependence

Due to the many possible effects of a brain injury a person may become overly dependent on others.

It is advisable to encourage the person to remain active and maintain friendships. Be careful not to let yourself become his only friend. A brain injury support group may be an opportunity for the person to develop a new group of friends.

Avoid the temptation to be overprotective. A person with a brain injury should have as much responsibility as can be managed. The person will need to take risks to challenge himself and be successful. This may help to increase the person's independence, confidence and self esteem.

13. Emotionality (emotional lability)

Frequent crying or laughing at inappropriate times may indicate that the person with a brain injury has trouble controlling his emotions. This can be embarrassing to those with him.

Even though the response may be intense, the underlying emotion may not be that strong. It may be useful to discuss this difficulty privately with the person in an open and direct manner. Ask the person what he finds helpful.

When the person is successful at controlling his emotions, acknowledge and support him.

14. Depression

A person with a brain injury may suffer from depression that is either physiologically based (resulting in neurological changes from the injury to the brain itself) or psychological (resulting from the emotional adjustment to the effects of the brain injury). If the depression is physiologically based, then the person may have less control over his depression.

In either case it is important to be supportive. It is recommended that the assistance of a trained counselor with an understanding of brain injury be sought. Counseling is generally helpful, however, on occasion medication may be required.

Finally, it is crucial that family members and others who spend a lot of time with people who have brain injuries, look after themselves. They should be encouraged to take time out to relax and enjoy themselves. It is only with adequate self care that they will be capable of providing the help and support to the person with a brain injury.

(This document is not meant to be gender specific)

What Survivors of Brain Injury Want You to Know

- *We would like to be treated as you would want someone to treat you and someone you loved.*
- *We would like to be treated with dignity and respect even though we might have problems and you might think we are being difficult sometimes.*
- *Don't treat us as if we're misfits. We're not stupid.*
- *Make sure you're giving us good advice and telling us the right way to do something.*
- *Say, "I don't know" when you don't know the answer to our questions. It might be frustrating to us for you to say that, but it's better than telling us something that might not be true.*
- *Tell us when improvement will take a long time.*
- *Realize how much courage it takes to keep going after a brain injury.*
- *Get to know us as a person and to know the best way to communicate with us.*
- *Help us find out what will motivate us. Learn what keeps us from giving up or giving in.*
- *We value people who give us encouragement. Encourage us to be the best we can be.*
- *Recognize that there are things we can do well.*
- *Positive feedback is beneficial to us, but don't patronize us or do it so much that it loses its value.*
- *Ask us what helps.*
- *Give us a chance and let us take risks sometimes.*
- *Tell us you'll do your best to help us get to our best level.*
- *Tell us what "normal" means to you.*
- *Try to understand what it feels like to have our lives changed so much by brain injury. Try to think what it's like to "walk in our shoes".*
- *Realize that it might be difficult for our old friends to "handle" the injury and that it might be hard for us to make new friends.*
- *Don't say, "Everybody has trouble remembering or everybody does something like that sometimes" unless you show us you understand that our problems are important and probably not the same as the "usual" problems someone has when they haven't had a brain injury*

To learn more about acquired brain
injury in Saskatchewan
and to
Find out how you can help improve life
for survivors of acquired brain injury

Please Contact:

**The Saskatchewan Brain Injury
Association
1702 20th Street East
Saskatoon, SK S7N 2M2
Toll free in Saskatchewan:
1-888-373-1555**

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Provincial Contact Information:

Sask Central Outreach Team

701 Queen Street
Saskatoon, SK S7K 0M7
655-8448

Sask South Outreach Team

2180 – 23rd Avenue
Regina, SK S4S 0A5
766-5617

Sask North Outreach Team

1521 6th Avenue West
Prince Albert, SK S6V 5K1

Residential Support

PA Residential Options
214-1521 6th Avenue W
Prince Albert, SK
S6V 5K1 765-6662

Phoenix Residential Soc.
Pearl Manor
1770 Halifax Street
Regina, SK
S4P 1T1 569-1977

Support Services

SARBI (Regina and Saskatoon)
#5 – 501 45th Street West
Saskatoon, SK
S7L 5Z9 373-3050

East-Central SARBI
Box 699
Kelvington, SK
S0A 1W0 327-4595

Multiworks Corp
709 Sergent Avenue East
Meadow Lake, SK
S9X 1H9 236-3200

Rehab. Assistant
(Keewatin Yatthé)
Box 68
Beauval, SK
S0M 0G0 288-4817

Speech-Language Pathologist
Parkland Place
Box 2260
Melfort SK
S0E 1A0 752-1754

“Movin On”
Sherbrooke Community Center
401 Acadia Drive
Saskatoon SK S7H 2E7 655-3742

Radius (Children)
Saskatoon, SK 665-6682

L.A.B.I.S. (Day Program)
#3, 4620 - 44 St.
Lloydminster, SK S9V 0G4 825-7212

Regional Coordinators

Cypress RHA
(Swift Current, Southwest, Rolling Hills)
350 Cheadle Street West
Swift Current SK
S9H 4G3 778-5290

Five Hills RHA
(Moose Jaw/Thunder Creek, South Country)
100 - 2nd Avenue N.E.
Moose Jaw, SK
S6H 1B8 691-6442

Sunrise RHA
(East Central, North Valley, Assiniboine Valley)
270 Bradbrooke Dr.
Yorkton, SK
S3N 2K6 786-0460

Sun Country Health Region
(South East/Moose Mountain)
Box 5000 - 200
1174 Nicholson Road
Estevan, SK
S4A 2V6 637-3643

Sun Country RHA (South Central)
Box 2003
Weyburn, SK
S4H 2Z9 842-8315

Saskatoon RHA (Central Plains, Living Sky,
Gabriel Springs)
231 Main Street
Box 1930
Humboldt, SK
S0K 2A0 682-1218

Crisis Support

Mobile Crisis ABI Case Manager
1646 11th Avenue
Regina SK S4P 0H4 757-0127

Saskatoon Crisis Intervention
#103, 506 – 25 Street East
SASKATOON SK S7K 4A7 933-8234

Vocational Programs

Please contact the Sask. Abilities Council closest
to you.