Understanding Traumatic Brain Injury: Part 1

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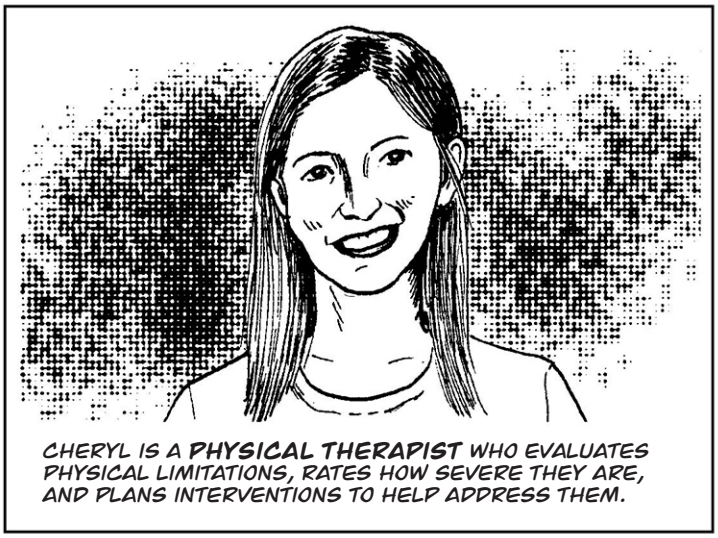
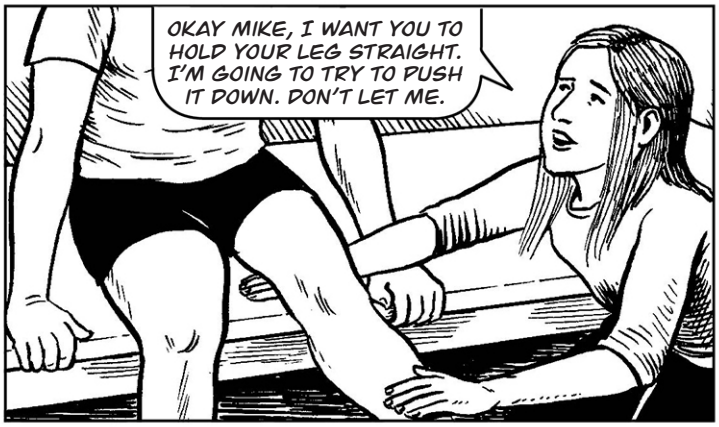
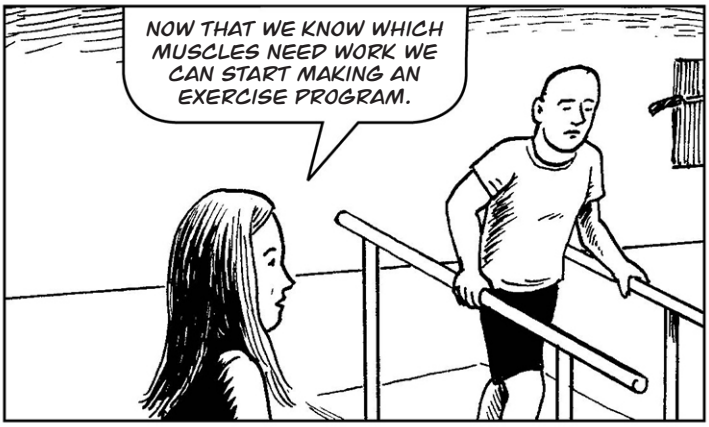
TBIMS Traumatic Brain Injury Model System Since 1987

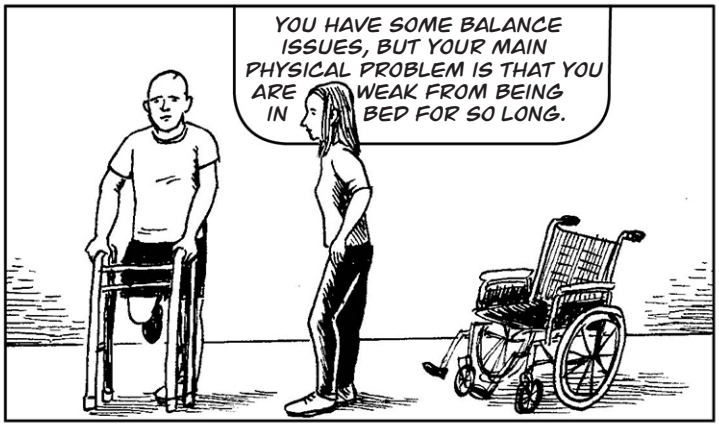
TBI REHABILITATION

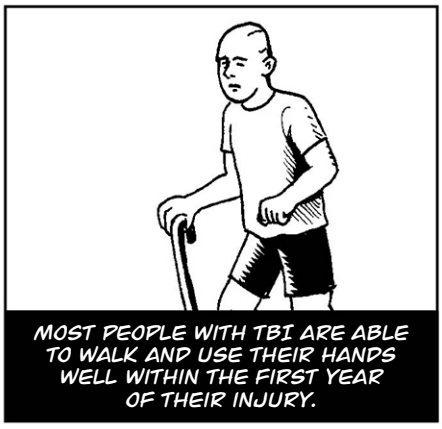
Therapies on a brain injury rehabilitation unit begin the process of recovery by helping the brain make new connections. Patients may have physical, occupational, and speech therapy, as well as other treatments. Remember that these changes don't happen quickly. Therapies in a hospital are a good first step, but are usually followed by outpatient therapy and activities at home.

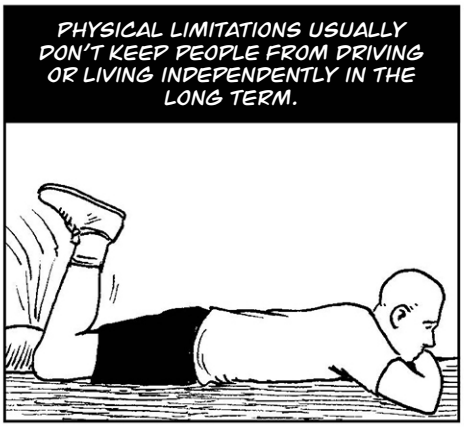


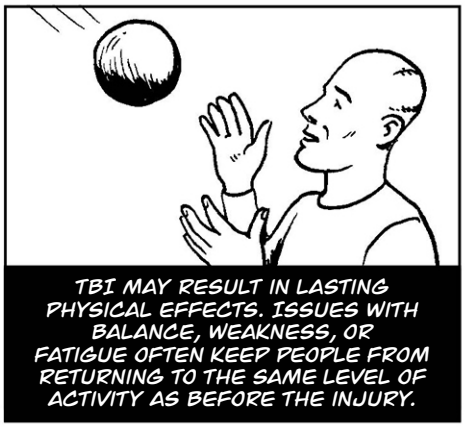


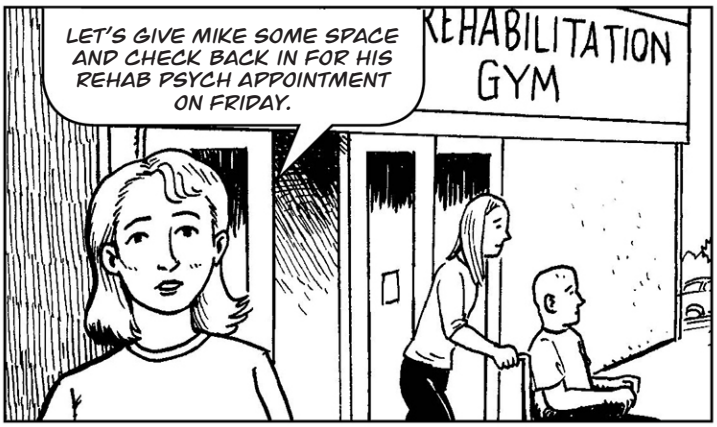




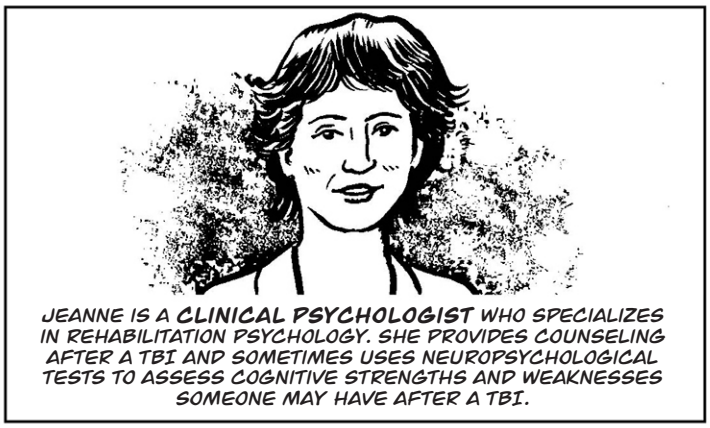


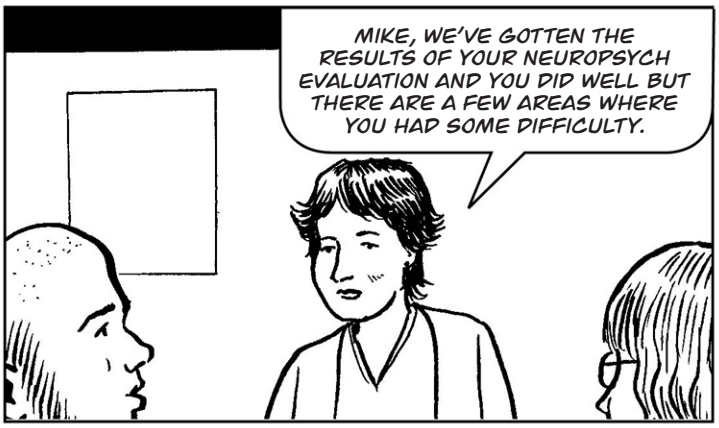


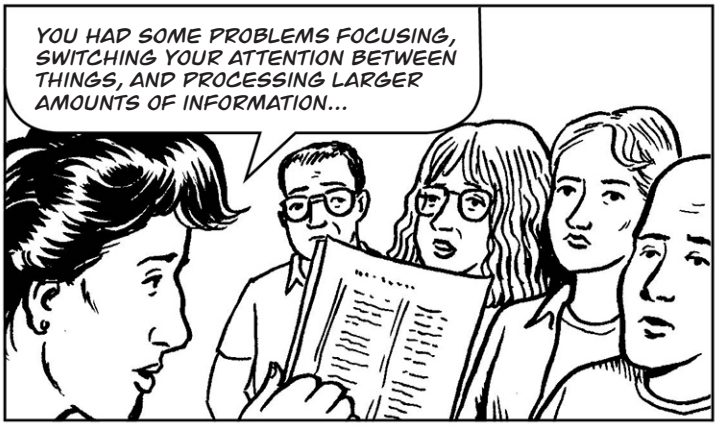


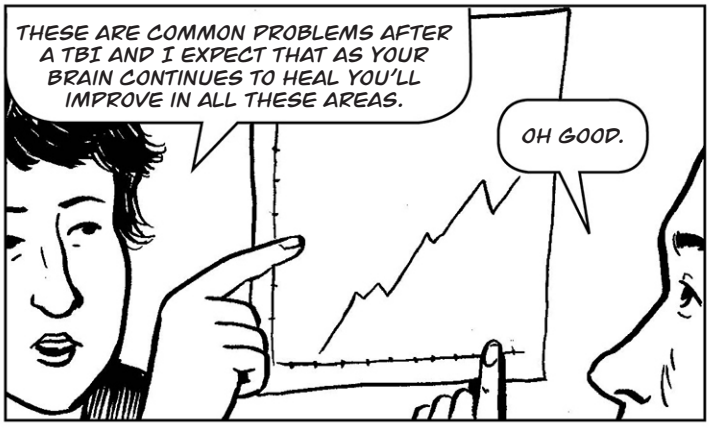


REHABILITATION PSYCHOLOGY





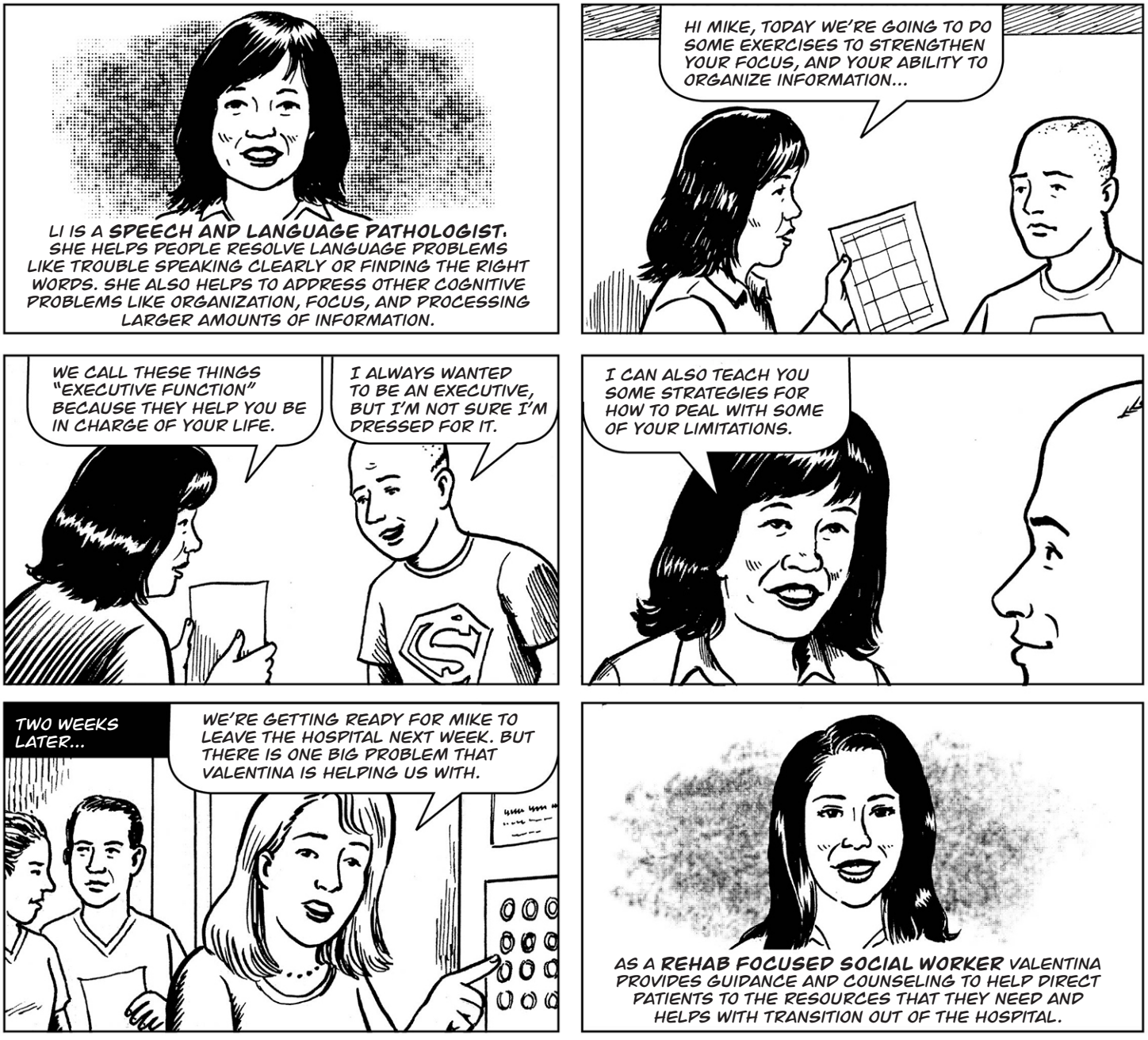




After a brain injury, a person may have trouble with some of the cognitive activities necessary to be independent and competent in our complex world. The brain processes large amounts of information all the time allowing us to be independent in our daily lives. This is called executive function. Individuals with moderate-to-severe brain injuries often have problems in basic thinking skills such as paying attention, concentrating, and remembering new information. They may also:

- Think, speak, and solve problems slower,
- Become upset when routines are changed or when there is too much activity or noise,
- Stick to a task too long, or not long enough, and may be unable to switch to a different one when having difficulties,
- Choose the first "solution" without thinking it through,
- Have speech and language problems, like trouble understanding some words or finding the right one.

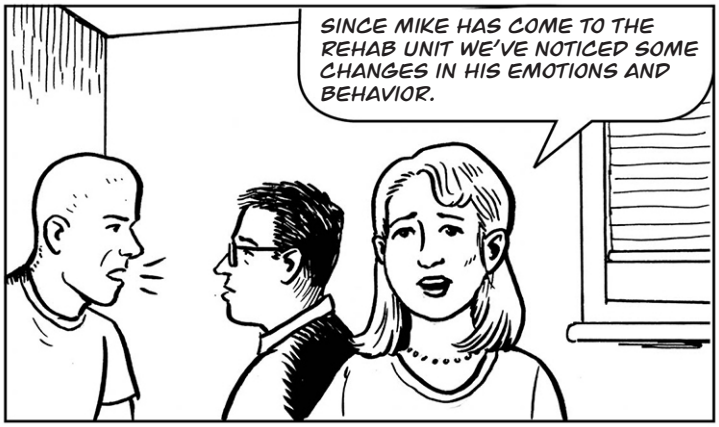
SPEECH AND COGNITIVE THERAPY



PROBLEM-SOLVING METHODS

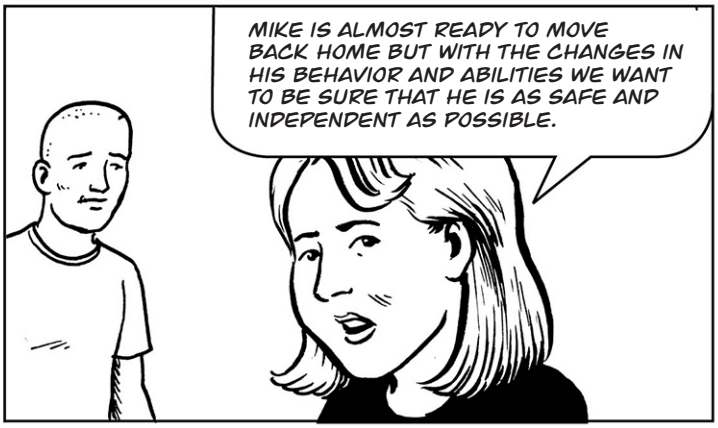
EMOTIONAL AND BEHAVIORAL PROBLEMS

Changes in emotions and/or behavior are common after TBI. Physical or chemical changes to the brain, difficulty thinking or paying attention, and economic or life changes resulting from changed abilities can all be causes. These changes can be distressing for everyone. Fortunately, with training, therapy, and other supports, people can learn how to manage these problems. It's also important for people who are close to them to find ways to cope with their distress.



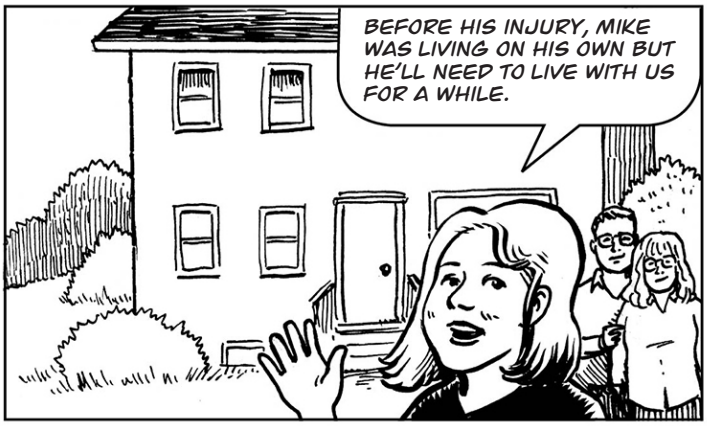
Some of the behavioral changes that people may experience after a TBI include:

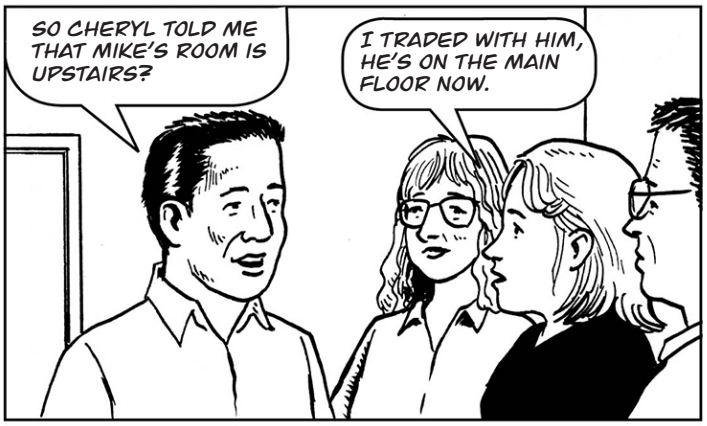
- Restlessness
- Being more dependent on others
- Mood swings
- Irritability
- Aggression
- Lethargy
- Acting inappropriately for the setting
- Lack of self-awareness (this could be caused by either the TBI or being in denial about their situation)



OCCUPATIONAL THERAPY

AS AN **OCCUPATIONAL THERAPIST** RAJ'S GOAL IS TO HELP PEOPLE BE AS INDEPENDENT AS POSSIBLE IN THEIR DAILY ACTIVITIES AND TO HELP THEM HAVE MEANINGFUL AND SATISFYING LIVES.

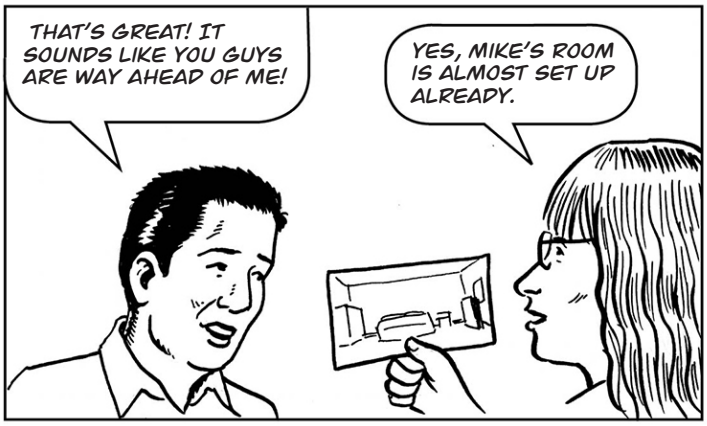


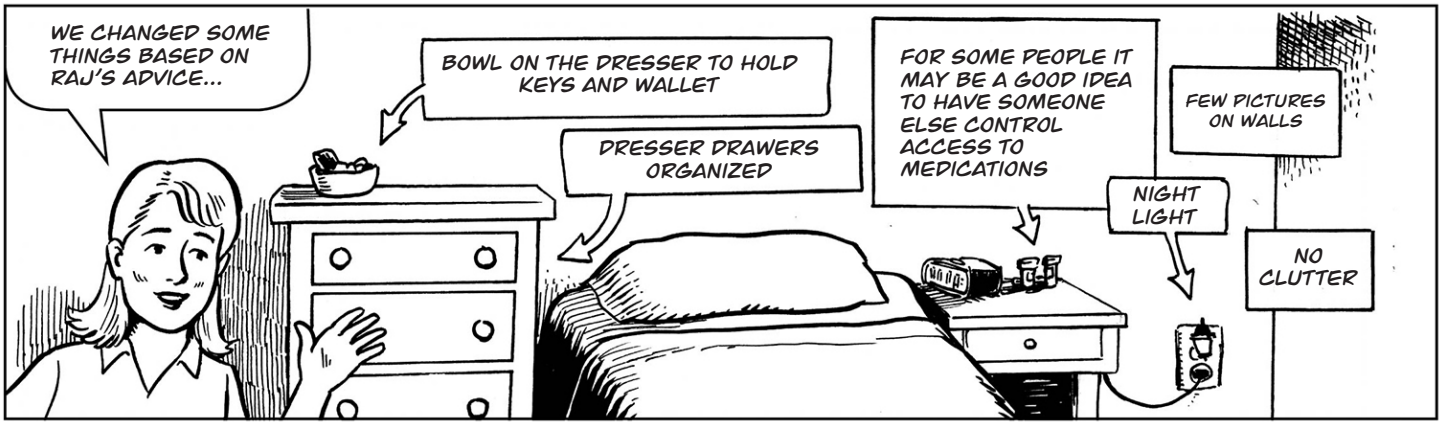


SAFETY TIPS:

Depending on the symptoms that the person with TBI has, some of these tips may not be necessary, if you are unsure ask your health care provider.

- **Keep clutter out of areas in use, and off stairs. Also remove small rugs that could be tripped on.**
- **Remove dangerous things (matches, knives, and guns).**
- **Keep medications in a locked cabinet or drawer.**
- **Ask your doctor before giving over-the-counter medications.**
- **If there is a risk of falling out of bed, place the mattress on the floor**
- **Light rooms well. Night-lights can prevent falls.**
- **Do not leave someone who is severely agitated or confused, alone.**
- **If you live with or care for a person who tends to wander, keep doors to potentially dangerous areas (like basements) locked. You may also consider having an ID bracelet made.**
- **Consider attaching an exit alarm or a bell to doors to the outside of the house.**





AUTHORSHIP AND ILLUSTRATION

This infocomic was written by Silas James and Ayla Jacob and illustrated by David Lasky, in collaboration with the Model Systems Knowledge Translation Center.

Portions of this infocomic were adapted from the factsheet series titled Understanding TBI, which was developed by Thomas Novack, PhD, and Tamara Bushnik, PhD in collaboration with the Model System Knowledge Translation Center (https://msktc.org/tbi/factsheets/Understanding-TBI). Portions of this infocomic were also adapted from materials developed by the University of Alabama Traumatic Brain Injury Model System (TBIMS), Baylor Institute for Rehabilitation, New York TBIMS, Mayo Clinic TBIMS, Moss TBIMS, and from "Picking up the Pieces After TBI: A Guide for Family Members", by Angelle M. Sander, PhD, Baylor College of Medicine (2002).

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Disclaimer: This information is not meant to replace the advice of a medical professional. You should consult your health care provider regarding specific medical concerns or treatment. The contents of this infocomic were developed under a grant from the National Institute on Disability and Rehabilitation Research (NIDRR), Department of Education (ED; grant number: Grant #H133A120028); and a grant from the National Institute on Disability, Independent Living, and Rehabilitation Research (grant number: 90DP0082). NIDILRR is a Center within the Administration for Community Living (ACL), Department of Health and Human Services (HHS). The contents of this infocomic do not necessarily represent the policy of NIDIRR, NIDILRR, ACL, ED, or HHS, and you should not assume endorsement by the federal government. Funding for this infocomic was also provided by Brain Injury Alliance of Washington; University of Washington; Veterans Training Support Center; Washington State Department of Veterans Affairs; the Washington State Department of Social and Health Services; Washington State TBI Council; and King County.

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