



TIPS FOR PROFESSIONALS TO SUPPORT A PERSON WITH SUSPECTED ACQUIRED BRAIN INJURY

An acquired brain injuries (ABI) is an invisible injury that has historically been underreported in the community.

Recent studies completed in Toronto, provide the following picture of the link between experiencing homelessness and having an ABI:

- 53% of adults who are experiencing homelessness and have a mental illness also have a reported history of brain injury.
- 58% of men who are experiencing homelessness and 42% of women who are experiencing homelessness in Toronto have a brain injury. The average age of the first brain injury was 17 years old.
- Those with an ABI who are experiencing homelessness are twice as likely to have been arrested in the previous year.
- 92% of women living in domestic violence shelters reported their partners hit them in the head more than once.

(<https://bist.ca/brain-injury-and-homelessness/>)

Research has found that there is a high incidence of concurrent mental health disorders within the ABI population. The presence of mental illness has been found to increase a person's risk of obtaining an ABI. Additionally, experiencing an ABI increases a person's risk of experiencing mental illness due to a cascading effect in the brain that disrupts neurotransmitters.

(<https://www.abipartnership.sk.ca/education/Mental-Health>)

With this high prevalence of ABI in the underhoused, it is important as a service provider to be aware of the impact ABI has on a client's ability to receive services, and to adapt service provision as needed to ensure supports are received by the person with ABI in a manner that maximizes success.

People who have experienced a brain injury may have difficulties with cognitive abilities (thinking) that they didn't have before their injury. The types of difficulties vary from person to person depending on the type and severity of injury. This handout has been put together to educate on some common cognitive changes and how you and your team can learn to recognize and support clients who have experienced an ABI.

1. ATTENTION

Attention is the ability to concentrate and remain focused.

Having attention skills is important for things such as listening to a conversation or writing down an appointment. To be able to pay attention, a person needs to be able to block out distractions and maintain focus. Things such as a brain injury, fatigue, pain, depression/anxiety, and illness can interfere with the ability to maintain attention.

If a person is having difficulties with attention, you may notice they find it hard to:

- Stay focused when reading
- Finish working on a project
- Follow a conversation in a loud room
- Watch TV
- Drive safely.

The following strategies can be used to help a person with reduced attention:

- **Taking regular breaks** – observe their ability to maintain attention and encourage them to take a rest if you notice their attention is getting worse, and then go back to the activity later.
- **Giving extra time** – it will likely take longer to get things done. Don't rush and allow them time to process new information.
- **Avoiding multi-tasking** – the brain needs to work extra hard when we try to do more than one thing at a time. Encourage them to stay focused on just one task at a time.
- **Reducing distractions** – sound and light in your environment can reduce the ability to sustain attention. Moving to a quieter area with fewer sound and visual distractions will allow them to stay better focused on the conversation.

2. MEMORY

Memory is your ability to file and store new information, and to retrieve that information later.

If certain parts of the brain are damaged, memory may not work as well as it did before the injury. Fatigue, depression, and some medications can also reduce memory.

Memory for new information (such as your grocery list, details from a conversation, or a friend's phone number) is more likely to be different after a brain injury. Memories from before the injury are less likely to be a problem.

The following strategies can be used to help with memory:

- **Write it down** – the act of physically writing down information improves memory storage. Using a journal/schedule, smart phone, and/or a notepad to keep track of lists and appointments should be encouraged whenever possible.
- **Follow a schedule** – organizing services with a standard daily and weekly plan helps clients remember when and where to access services.
- **Help clients with organization** – assisting clients with making lists by removing barriers to writing down important information is a helpful tool to allow the person with an ABI to keep track of what needs to be done and what is already completed. If they are frequently losing their lists, consider keeping the list for them so that it is in a safe place.
- **Use reminders** – support the person with ABI by helping them set up a timer or alarm on their cell phone to remind them of important tasks throughout the day.
- **Break it up** – activities that require multiple steps can become overwhelming for a person with an ABI. Assisting them by breaking a task down into smaller parts will increase the likelihood of follow-through.

3. EXECUTIVE DYSFUNCTION

Executive dysfunction is a term to describe complex thinking activities that bring together multiple parts of the brain for problem solving and planning. It is commonly affected after brain injury.

| Dysfunctions | Description |
|---|--|
| Difficulties with motivation and organisation | Loss of 'get up and go', which can be mistaken for laziness. Problems with thinking ahead and carrying out the sequence of steps needed to complete a task. |
| Rigid thinking | Difficulty in evaluating the result of actions and reduced ability to change behaviour or switch between tasks if needed. |
| Poor problem solving | Finding it hard to anticipate consequences. Decreased ability to make accurate judgements or find solutions if things are going wrong. |
| Impulsivity | Acting impulsively without fully thinking through the consequences. For example, spending more money than can be afforded. |
| Mood disturbances | Difficulty controlling emotions which may lead to outbursts of emotion such as anger or crying. Rapid mood changes may occur, for example, switching from happiness to sadness for no apparent reason. |
| Difficulties in social situations | Reduced ability to engage in social interactions. Finding it hard to initiate, participate in, or pay attention to conversations. Poor judgement in social situations, which may lead to saying or doing inappropriate things. |
| Memory/attention problems | Finding it harder to concentrate. Difficulty with learning new information. Decreased memory for past or current events, which may lead to disorientation. |

The effects of executive dysfunction on day-to-day life

It is often hard for people with frontal lobe injuries to explain the difficulties they are experiencing, often because they may be unaware that their behaviour is inappropriate. Their behaviour may appear to be very anti-social and can be misunderstood as depression, lack of motivation, selfishness, or aggression. Relationships with others may be negatively affected as a result.

Executive functioning problems may also have a significant emotional impact and can lead to feelings of frustration, exhaustion, embarrassment, and isolation.

The following strategies can be used to help a person with executive dysfunction:

- Encouraging the person with ABI to take time to plan ahead and set small goals, then recording their plans; using as many aids as you find helpful (such as calendars, diaries, electronic timing devices, and mobile phones).

- When planning their day, week, or a particular activity, use a step-by-step approach, dividing the activity into manageable chunks.
- Using checklists and ticking off each part of the activity that they have accomplished. This will help them to stay on track for their goals and plans.
- Encouraging them to discuss their plans for the day with others. This helps them plan and share their plans with others for increased accountability. Assisting them with writing down a step-by-step checklist of the different actions for that day can also be helpful.
- Assisting in the development of back-up plans and being proactive for potential legal and housing issues.

4. MOOD

The following strategies can be used to help with mood:

- Assisting the person with ABI to become aware and recognize mood disturbances when they are present.
- Assisting them with obtaining community mental health services.
- Presenting in a calm manner and validating feelings when the person with an ABI is struggling to manage their emotions.
- Remembering that behavioural changes may be a result of the brain injury and not because they are being lazy, self-centred, or difficult.

5. SOCIAL DIFFICULTIES

The following strategies can be used to help with social difficulties:

- Modelling appropriate behaviours and providing immediate non-judgmental feedback to the person with ABI regarding socially appropriate responses when they are struggling in social situations.
- Anticipating potentially difficult social situations and priming the person with ABI by discussing potential concerns and preparing appropriate responses.

RESOURCES

Ontario Brain Injury Association www.obia.ca

- Caregiver support resources
- Survivor support groups
- Education

Brain Injury Association Waterloo Wellington www.biaww.org

- Survivor support
- Caregiver support
- Art programs

Traverse Independence Brain Injury Services www.traverseindependence.ca

- Day Programs
- Caregiver support
- Brain injury education
- ABI Outreach Program
- Residential Supports

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