Mental Flexibility

Might look like: Perseverating, appear stubborn or argumentative, resistant

Provide respectful feedback • Prepare for transitions • Assist developing alternative plans

Reasoning

Might look like: Concrete thinking, difficulty learning from past experiences, struggles with open ended questions

Teach step by step problem solving

• Point out possible consequences, outcomes • Speak concretely

Emotional/Behavioral

Might look like: Argumentative, melt down, over or under reaction to events

Model, practice positive interactions • Suggest breaks when appearing overwhelmed

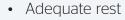
• Encourage mindfulness behaviors, exercises

Activities to Encourage

- Mindfulness
- Yoga
- Support Groups







Good nutrition







Note: This pamphlet is not intended to be exhaustive of all compensation and accommodation techniques. It is a snapshot that contains easy to implement options.

Resources

Brain Injury Alliance of Colorado

(303) 355-9969 BIAColorado.org

BrainLine.org

COKidsWithBrainInjury.com

References

- 1. https://ws.edu/student-services/disability/teaching/brain.shtm
- 2. https://www.neuroskills.com/brain-injury/brain-injuryoverview/traumatic-brain-injury-recovery/







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Brain Injury Symptoms & Strategies

This tip card helps survivors, families, and professionals...

- Recognize common signs and symptoms
- Use strategies to improve communication and daily functioning





What is considered a brain injury?

An Acquired Brain Injury (ABI) is any type of damage to the brain acquired after birth and which is not hereditary, congenital, or degenerative. Causes of ABI include external forces applied to the head and or neck (traumatic brain injury), anoxic/ hypoxic injury (cardiac arrest, airway obstruction, hemorrhage, drowning), intracranial surgery, infectious diseases, toxic exposure (carbon monoxide poisoning), aneurysms, and vascular obstruction (stroke).

Brain injury can cause a wide range of functional short- or long-term changes affecting thinking, sensation, language, or emotions².

- **1.** Thinking (i.e., memory, reasoning, processing speed, attention)
- **2. Sensation** (i.e., sensitivity to light or noise, touch, taste, and smell)
- **3.** Language (i.e., communication, expression, and understanding)
- 4. Emotion (i.e., depression, anxiety, personality changes, aggression, acting out, and social inappropriateness).

Common areas of impairment:

- Short-term memory Emotional regulation

Light or noise

sensitivity

- Processing speed
- Attention

Now What?

Fortunately, there are simple techniques for survivors, loved-ones, and professionals to build into daily life be more successful and building skills to compensate for their brain injury deficits.

Here are some common areas of impairment and simple accommodations:

Attention

Might look like: Fidgeting, squirming, getting off topic

Reduce distractions • Keep instructions brief • Work on one thing at a time

Delayed Processing Speed

Might look like: Appearing confused, slow to respond, not following instructions

Additional time to review information

• Speak slowly, clearly • Check for understanding

Short Term Memory

Might look like: Can't remember details, disorganized, appears manipulative

Provide written reminders of appointments, instructions • Stick to routine • Summarize discussions about expectations and remind for next steps

Sensory Motor Skills

Might look like: Appearing overwhelmed, emotional melt down, irritable



Meet in quiet, calm environment • Schedule breaks • Encourage rest, hydration, nutrition,

Rescheduling if sick or overly stressed

Language (Social Pragmatics):

Might look like: Inappropriate body language. get in your space, over sharing

Direct and concrete feedback • Role play to improve behaviors • Do not rely on body language

Language (Receptive)

Might look like: Withdrawal, appearing confused, struggle with abstract language

Allow extra time to process • Ask if needed to repeat or rephrase • Instruct slowly and with one direction at a time

Expressive Language

Might look like: Not staying on topic, immature speech, lack of social etiquette

Be patient • Compassionately give feedback

• Allow extra time for them to respond

Initiation

Might look like: Appears unmotivated, needs constant cueing, follower

Provide small, tangible steps • Help get started • Encourage checklists and calendars