

Traumatic Brain Injury Toolkit

For Service Professionals

For those providing Social Work, Therapies, Mental Health, Case Management, and other services.

Brain Links

Welcome **Friends!**

Thank you for seeking resources to better serve individuals and families living with brain injury!

This toolkit includes research-based materials from the Centers for Disease Control, brain injury programs in Tennessee and other states, and many created by Brain Links. This is not an exhaustive list of resources that professionals might find useful in serving Tennesseans with brain injury. Rather, this toolkit was compiled to bring together a selection of some of the most helpful information in a user-friendly format to support your role as a service provider. The best resource is one that you know exists and how to access.

This TBI toolkit is divided into three sections and includes a helpful glossary of related terms at the end. When available, Spanish versions of resources are included throughout the toolkit.

1. Programs and Resources (Tennessee & National)
2. Topic Specific Resources
3. Professional Development

Brain Links invites you to seek resources for your ongoing needs as a service professional. Please see our resources and training in Brain Health and Resilience on our YouTube channel and at www.tndisability.org/professionals-1.

Acknowledgements

Brain Links would like to extend a sincere thank you to our friends who have helped strengthen our efforts.

Inspired by a powerful message instilled daily by the Tennessee Disability Coalition, "the lifting power of many wings can achieve twice the distance of flying alone, " our work is possible by the extraordinary "lift" each of you provide.



Alzheimer's Tennessee

Amerigroup Tennessee

BlueCare Tennessee

Brain Injury Association of Tennessee (BIA of TN)

Children's Emergency Care Alliance (CECA)

Clinical Consultation Network (CCN)

Cumberland Pediatric Foundation (CPF)

Department of Children's Services (DCS)

Department of Intellectual and Developmental Disabilities (DIDD)

disABILITY Resource Center

Disability Rights Tennessee (DRT)

Empower Tennessee

Family Voices of Tennessee (FVTN)

Healing Heads Foundation of Middle Tennessee (HHF)

Memphis Center for Independent Living (MCIL)

National Alliance of Mental Illness (NAMI TN)

Partners in Pediatrics (no website available)

Brain Links

https://www.tndisability.org/brain

@BrainLinksTN

Brain Links is supported by the Administration for Community Living (ACL) of the U.S. Department of Health and Human Services under Grant No. 90TBSG0051-01-00 and in part by the TN Department of Health, Traumatic Brain Injury Program.

Project Transition

Rural Health Association of Tennessee

SpokenHere Language Services

Statewide Independent Living Council of Tennessee (SILC)

Stay Active & Independent for Life (SAIL)

T.A.R.P. Center for Independent Living

Tennessee Academy of Family Physicians (TNAFP)

Tennessee ADA Network

Tennessee Association of Adult Day Services (TAADS)

Tennessee Chapter of the American Academy of Pediatrics (TNAAP)

Tennessee Charitable Care Network (TCCN)

Tennessee Department of Education, Office of Coordinated School Health (OCSH)

Tennessee Disability Coalition (TDC)

Tennessee Disability Pathfinder

Tennessee Parent Teacher Association (PTA)

Tennessee Secondary Sports Athletic Association (TSSAA)

Tennessee Support and Training for Exceptional Parents (TN STEP)

Tennessee Traumatic Brain Injury Program

Tennessee Traumatic Brain Injury Service Coordination Program

UnitedHealthcare Community Plan of Tennessee

Vanderbilt Pi Beta Phi Rehabilitation Institute

WorkAbleTN

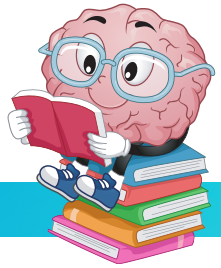
Youth Opportunity Foundation (YOF)

NOTE: Brainline Glossary of Brain Injury Terms

Brain Links is supported by the Administration for Community Living (ACL) of the U.S. Department of Health and Human Services under Grant No. 90TBSG0051-01-00 and in part by the TN Department of Health, Traumatic Brain Injury Program.

Traumatic Brain Injury Toolkit for Service Professionals

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- Mental Health Information & Fact Sheets
- Domestic Violence
- Returning to School & Education
- Returning to Work
- Residential Resources
- Family & Caregiver Resources
- Social Media

3. Professional Development

- No-Cost Training Options
- Fee-Based Training Options

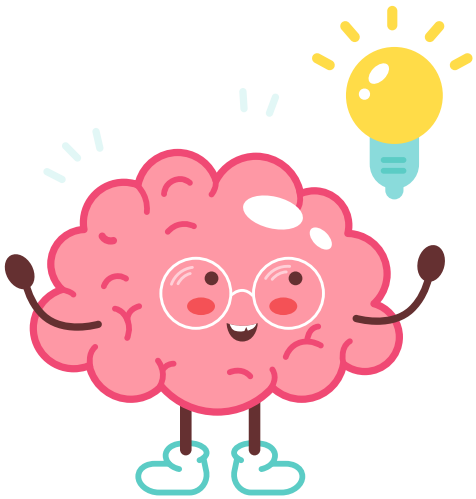
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SECTION 1

PROGRAMS & RESOURCES YOU NEED TO KNOW



Brain Links

https://www.tndisability.org/brain

@BrainLinksTN

Brain Links is supported by the Administration for Community Living (ACL) of the U.S. Department of Health and Human Services under Grant No. 90TBSG0051-01-00 and in part by the TN Department of Health, Traumatic Brain Injury Program.

Programs & Resources You Need to Know

Use the links below to jump to a specific section.

Tennessee Programs

Tennessee Programs Financial

National Brain Injury Resources

Tennessee Programs

Tennessee Traumatic Brain Injury Program:

The Traumatic Brain Injury (TBI) Program was established by the Tennessee General Assembly to address the needs of those individuals who have sustained a brain injury, their families, and caregivers. TBI Program staff are available to respond to questions, make referrals and provide education and training. Initial contact with the TBI Program can be the first link in a chain of support for people with brain injury and their families.

- **TN Traumatic Brain Injury Service Coordination Program:** There are currently eight Service Coordinators located in various non-profit agencies across the state. The **Service Coordinator**'s role is to work with persons with brain injury and their family to assess current needs. Service Coordination services are provided free of charge.
  - To learn more about service coordination please reach out to your local TBI Service Coordinator or call the TBI Hotline at 1-800-882-0611.
  - https://www.braininjurytenn.org/services/service-coordinators
- **Tennessee Virtual Traumatic Brain Injury Support Group:** For more information about the virtual support group or meetings in your area, **call the TBI Program at 800-882-0611.**
- **Traumatic Brain Injury Resources Directory and Resource Information Guide, Tennessee Department of Health:** The guide "...was designed to assist in locating programs, organizations, agencies, and services available across the state of Tennessee and the nation." Note that not all resources are in this guide. Also, check your local area for practitioners who work with people with TBI and/or check with your regional Service Coordinator (see resource above).
- **Tennessee Brain Injury Listserv:** "The state of Tennessee Brain Injury Listserv provides state and national information on traumatic brain injury, resources, services and supports. If you would like to join the free listserv please reach out to Ashley.N.Bridgman@tn.gov to be added."

Brain Injury Association of Tennessee (BIA of TN)

BIA of TN is committed to improving the quality of life of individuals, families, caregivers, and healthcare professionals impacted by brain injury by providing critical information, education, support, prevention, and advocacy through community-based, state, and national resources.

Chattanooga Area Brain Injury Association of Tennessee (CABIA)

CABIA is dedicated to providing the highest quality services in order to prevent and increase the awareness of brain injuries and to achieve optimal outcomes for brain injury survivors. Further, we are committed to advocating on behalf of brain injury survivors and their family members in order for them to achieve the highest quality of life.

Disability Rights Tennessee:

Disability Rights Tennessee (DRT) is a nonprofit legal services organization that provides free legal advocacy services to protect the rights of Tennesseans with disabilities." They have limited areas of focus each year. See website to learn more.

Statewide Independent Living Council:

The Statewide Independent Living Council of Tennessee's mission is to promote Independent Living philosophies, practices and values and expand IL services across the state.

Tennessee Disability Pathfinder:

Tennessee Disability Pathfinder ("Pathfinder") helps people with disabilities, their family members, educators, and other professionals find and access resources, support, and services available to meet their needs.

Tennessee Technology Access Program (TTAP)

The Tennessee Technology Access Program (TTAP) is a statewide program designed to increase access to, and acquisition of, assistive technology devices and services. Through its four core programs: Funding Assistance, Device Demonstration, Device Loan, and Device Reutilization, TTAP and a network of assistive technology centers help people with disabilities and their families find and get the tools that they need to live independent, productive lives where and how they choose.

- **Office Locator:** this link takes you to both community Tennessee Rehabilitation Centers and to Assistive Technology Centers by location.

Tennessee Vocational Rehabilitation:

Employment-focused supports for individuals with disabilities..."Individuals determined eligible for Vocational Rehabilitation (VR) services work closely with a VR Counselor to develop an Individualized Plan for Employment (IPE) which outlines a program of services that leads to successful employment."

Family Voices of TN (FVTN):

Family Voices connects families with each other and community resources, provides experienced parent mentors, tools to navigate complex systems in healthcare and insurance and more. Serves families and children across all diagnoses and all ages. Call or email: 615-383-9442 familyvoices@tndisability.org

Tennessee Respite Coalition:

The Tennessee Respite Coalition's mission is to enhance the quality of life for family caregivers through respite. They provide resources that enable caregivers to reclaim a little piece of themselves and restore balance to their lives and relationships. FAQs 615-269-8687.

NAMI Tennessee (National Alliance on Mental Illness):

NAMI Tennessee is a grassroots, non-profit, self-help organization made up of people with mental illness, their families and community members. We are dedicated to improving quality of life for people with mental illness and their families through support, education and advocacy.

Tennessee Coalition to End Domestic Violence & Sexual Violence:

The mission of the Coalition is to end domestic and sexual violence in the lives of Tennesseans and to change societal attitudes and institutions that promote and condone violence, through public policy advocacy, education and activities that increase the capacity of programs and communities to address such violence. For more information call 615-386-9406 or toll-free at 800-289-9018.

Tennessee Department of Mental Health and Substance Abuse Services

Tennessee System of Care:

"We help the child, youth, or young adult who: is between the ages of 0-21, is experiencing emotional or behavioral concerns that affect their daily life (i.e. having trouble in school, with their family, with peers or adults, with law enforcement, or children's services), is having difficulty or is at risk of psychiatric hospitalization, residential placement, or DCS custody, is willing and interested in participating (if under age 16, includes family)"

Tennessee Programs Financial

Tennessee Family Support Program:

Family Support funding may be available based on application and eligibility with a limit of up to $4,000. FAQs “Services are designed to be flexible and responsive to individual or family needs. Services might include but are not limited to: respite care, before/after care, day care, home/vehicle modifications, specialized equipment/ repair/maintenance, nutrition/clothing/supplies, personal assistance, transportation, homemaker services, housing costs, health related costs, nursing, counseling, summer camp, and evaluation. The program funds services and needs that are not covered by traditional resources.”

Victim’s Compensation Fund:

NOTE: you must apply for compensation WITHIN ONE YEAR after injury
Criminal Injuries Compensation (tn.gov)

Healing Heads Foundation:

Healing Heads Foundation’s mission is to provide match-grant funding to eligible **Middle Tennessee** brain injury survivors so that they can participate in rehabilitation.

Vista Points, Inc.

Vista Points, Inc. is a non-profit organization that acts as a trustee for special needs trusts. It also offers resources on establishing special needs trusts, educational programs, and referrals to attorneys to assist families with creating special needs trusts.

HelpHopeLive.org

We support community-based fundraising for people with unmet medical expenses and related costs due to cell and organ transplants or catastrophic injuries and illnesses.

National Brain Injury Resources:

Centers for Disease Control and Prevention:

Comprehensive site for Traumatic Brain Injury and Concussion resources: definitions, data, training and more.

United States Brain Injury Alliance:

Building state and national capacity to create a better future alongside individuals affected by brain injury. Currently 15 USBIA Chartered State Affiliates.

Brain Injury Association of America:

Comprehensive site with tools designed for people living with brain and service professionals, education and awareness, public policy, and more.

Brainline:

All about brain injury and PTSD" with topics specifically for people with TBI, caregivers, professionals, military and veterans and children with TBI.

Brain Injury Alliance of New Jersey:

Great resources (brain injury, concussion, sports concussion, living with brain injury, caregivers) for anyone including videos and webinars. BIANJ's mission is to "improve the quality of life for anyone impacted by brain injury by providing support, advocacy, and information while promoting brain injury prevention."

Center for Brain Injury Resources and Training:

Conducts research and training to improve the lives of children and adults with traumatic brain injury (TBI). CBIRT's research focuses on developing interventions to improve outcomes related to education, employability, and quality of life. Our training activities promote the use of best practices among educators and other professionals who serve individuals with TBI.

Adverse Childhood Experiences, Centers for Disease Control and Prevention:

Adverse Childhood Experiences are not brain injuries, but they do result in developmental brain change. Having a number of ACEs make it more likely one will sustain a brain injury. The brain injury itself may have been an ACE.

Service Coordination Contact Information

CHATTANOOGA
Chattanooga Area Brain Injury Association
Contact: Lisa Morgan
(423) 602-7246
chattanoogabraininjury@gmail.com

MEMPHIS
Regional One Health
Contact: Carolyn Chambers
(901) 545-8487
cchambers@regionalonehealth.org

NASHVILLE
Brain Injury Association of Tennessee
Contact: Angela Pearson
(615) 955-0673
apearson.biat@gmail.com

SOUTH CENTRAL
Disability Rights Tennessee
Contact: Holland Camara
(629) 702-7729
HollandC@disabilityrightstn.org

UPPER CUMBERLAND
Disability Rights Tennessee
Contact: Rick Hall
(629) 702-7727
RickH@disabilityrightstn.org

KNOXVILLE
Patricia Neal Rehabilitation Center
Contact: Patty Cruze
(865) 331-1499
PCruze@CovHlth.com

JACKSON AREA
West Tennessee Rehabilitation Center
Contact: Jimmie Lee Morris
(731) 541-4941
Jimmie.Morris@WTH.org

JOHNSON CITY AREA
Crumely House
Contact: Fredda Roberts
(423) 257-3644 x 6
fredda@crumleyhouse.com

***Please note that service coordinators do not have access to your medical information.**

Tennessee Department of Health
Traumatic Brain Injury Program
Family Health & Wellness, 8th floor, AJT
710 James Robertson Pkwy
Nashville, TN 37243

TN Department of Health

kidcentral tn
KIDCENTRALTN.COM

Tennessee Department of Health, Authorization No. 355600, 10,500 copies, January 2021. This public document was promulgated at a cost of $0.19 per copy.

Tennessee Traumatic Brain Injury

Service Coordination Program

Assisting people with brain injuries, their families and professionals



Tennessee Department of Health
Traumatic Brain Injury Program
1-800-882-0611



Service Coordination

What is Service Coordination?

The service coordinator's role is to work with people with brain injury and their families to assess needs and coordinate resources and services within the community. Service coordinators have a clear understanding of brain injury and are knowledgeable of the resources available in their community. The service coordinator:

- develops a comprehensive plan of care;
- provides referrals to available resources;
- coordinates services for individual client advocacy; and
- bridges gaps in the service delivery system.

Professionals can receive technical assistance, resource information and education to better understand the unique needs of people with brain injuries.

Service coordination is provided **free of charge.**

Why is Service Coordination Needed?

Traumatic brain injury, or TBI is a major cause of death and disability in the United States each year.

- Approximately 2.87 million TBI-related emergency department visits, hospitalizations and deaths occur each year.
- An average of 155 people in the United States die each day from injuries that include a TBI.
- Approximately 5.3 million Americans live with a TBI-related disability.
- Each year approximately 6,000 Tennesseans are hospitalized with a TBI.

Whether a brain injury is mild, moderate or severe, the effects can include a variety of cognitive, behavioral and emotional complications.

Those who survive a TBI can face effects that last a few days or a lifetime. The return home from a hospital or rehabilitation facility can result in a host of new challenges. Getting back to work or school, locating housing, securing transportation or even engaging in social activities may be difficult. Service coordinators collaborate and coordinate with available resources and services within the community and help to build a practical, community-oriented plan for a productive and independent life.





Scope of Services

All traumatic brain injury service coordinators provide the following services:

- offer information and education on traumatic brain injury;
- locate community-based resources;
- refer clients to qualified services;
- assist clients in applying for and accessing services;
- advocate in the area of individual/client rights and benefits;
- develop support groups; and
- assist or consult in the development of new programs and services.

Service Coordination Goal

The goal of service coordination is to improve the quality of life for people with brain injury and their families.



We are resolute in our vision that all persons with brain injury thrive within their communities.

Support

We connect brain injured individuals and their caregivers to available support resources in their community.

Information

Brain injury requires specialized care and individual services. We provide crucial information for informed decisions.

Prevention

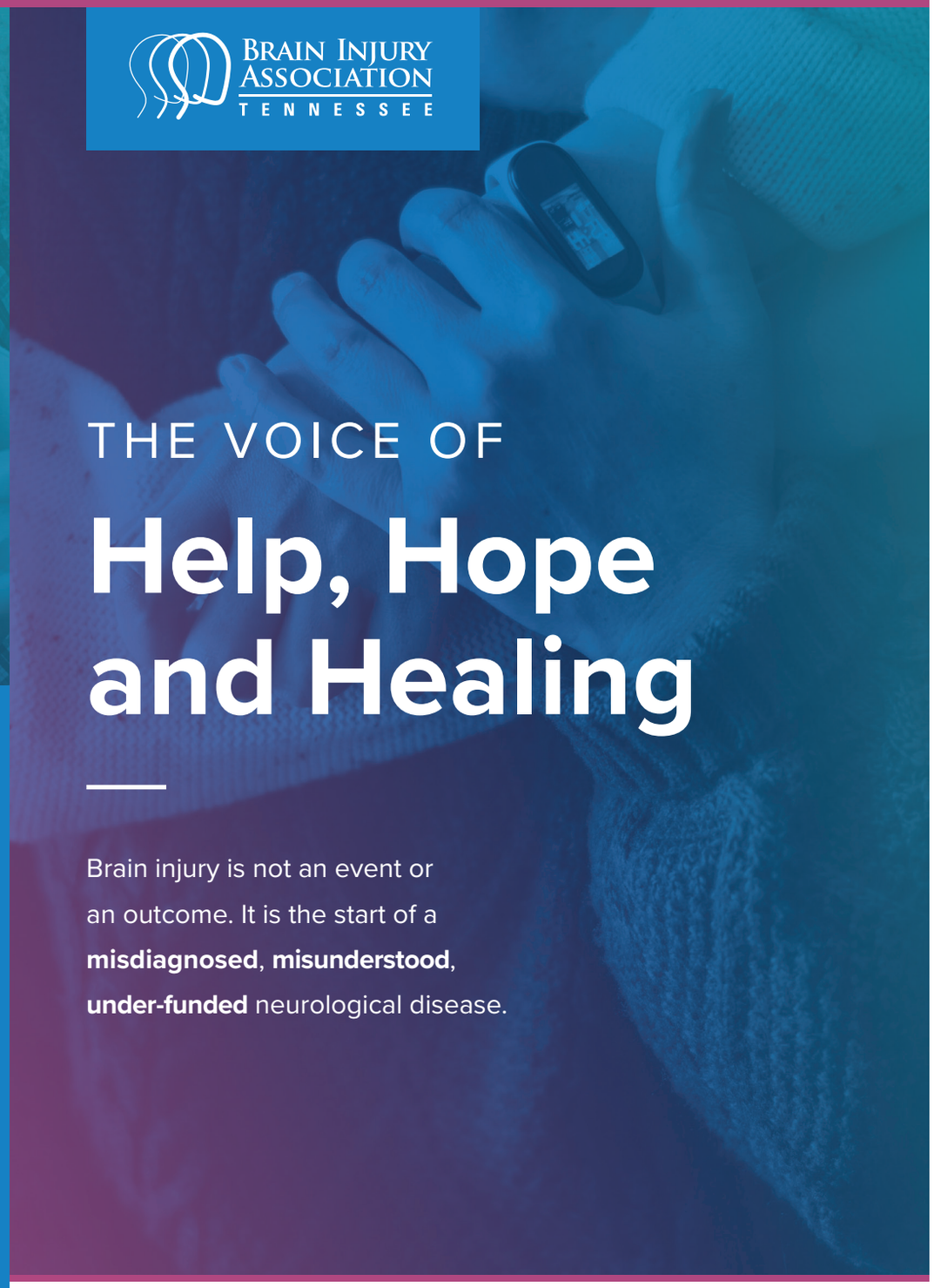
Brain injury is often preventable. We provide education and opportunities to advocate for change.

Sustainability

We are committed to supporting the Tennessee brain injury population by accessing grants and donor development.

BRAIN INJURY ASSOCIATION TENNESSEE

BrainInjuryTenn.org
Info@BrainInjuryTenn.org
(629) 246-5884



BRAIN INJURY ASSOCIATION TENNESSEE

THE VOICE OF

Help, Hope and Healing

Brain injury is not an event or an outcome. It is the start of a **misdiagnosed**, **misunderstood**, **under-funded** neurological disease.

Learn more at our website: **BRAININJURYTENN.ORG**

Service Coordinators

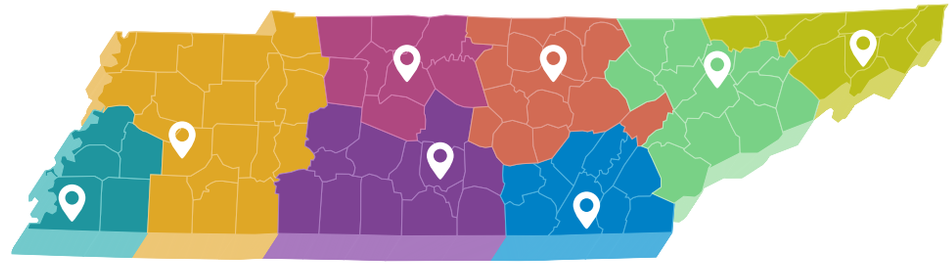
The journey of brain injury is life-altering. Tennessee TBI Service Coordinators can help find the resources for support you may need when returning to your community.

- Navigate and referrals to available resources
- Facilitate support groups
- Coordination of services
- Individual advocacy

This service is offered free of charge.

To connect with a Service Coordinator scan the QR code or visit **BrainInjuryTenn.org**





Memphis Area

Carolyn Chambers

Regional One Health

Jackson Area

Jimmie Lee Morris

West Tennessee Healthcare

Nashville Area

Angela Pearson

Brain Injury Association Tennessee

Murfreesboro Area

Holland Camara

Disability Rights TN

Upper Cumberland Area

Rick Hall

Disability Rights TN

Chattanooga Area

Lisa Morgan

CABIA Chattanooga Area Brain Injury Association

Knoxville Area

Patty Cruze

Fort Sanders Regional Medical Center, Covenant Health

Johnson City Area

Fredda Roberts

The Crumley House Brain Injury Rehabilitation Center

SECTION 2

TOPIC SPECIFIC RESOURCES



Brain Links

https://www.tndisability.org/brain

@BrainLinksTN

Brain Links is supported by the Administration for Community Living (ACL) of the U.S. Department of Health and Human Services under Grant No. 90TBSG0051-01-00 and in part by the TN Department of Health, Traumatic Brain Injury Program.

Topic Specific Resources

Use the links below to jump to a specific section.

Key tools for developing individualized plans & services for people with cognitive changes.

Mental Health Information & Fact Sheets

Domestic Violence

Returning to School & Education

Returning to Work

Residential Resources

Family & Caregiver Resources

Social Media

Key Tools

Screening Tools:

Ohio Domestic Violence Network HAS YOUR HEAD BEEN HURT? Screening Tool

A quick yes or no, circle the symptoms tool with a guide for advocates. CHATS (Choked, Hit, After, Trouble, See a Doctor) helps you CONNECT with survivors, IDENTIFY and PROVIDE INFORMATION on head injuries, and ACCOMMODATE people's needs.

Iowa Department of Public Health Lifetime History of Traumatic Brain Injury (from the OSU TBI-ID) and Other Acquired Brain Injuries

A one page, 4 quick questions screening tool that has been adapted from the Ohio State University TBI Identification Method to include Acquired Brain Injuries. Available in 6 additional languages. Instructions to use the ABI Screening Tool Lifetime History of Traumatic Brain Injury (from the OSU TBI-ID) and Other Acquired Brain Injuries.

- **OSU TBI-ID Method Training (Screening for TBI)** - The Ohio State University (OSU) Traumatic Brain Injury (TBI) Identification Method (OSU TBI-ID) is a standardized procedure for eliciting a person's lifetime history of TBI via a 3-5 minute structured interview. While not ideal for determining lifetime exposure to potentially damaging brain injury, self-report remains the gold standard for research and clinical use. The OSU TBI-ID has proven useful in many settings, including medical, mental health, substance abuse, domestic violence, corrections and aging. Health care and social service professionals need this tool to elicit a person's history of TBI.

Iowa Department of Public Health Pediatric Lifetime History of Traumatic Brain Injury & other Acquired Brain Injuries (from the Colorado Brain Check Survey Screening Tool)

A one page, 3 question tool with checkboxes to screen for pediatric brain injury.

Key tools for developing individualized plans & services for people with cognitive changes:

Personal Guide for Everyday Living After Brain Injury, English & Spanish

Brainstorming Solutions Tool

Strategies and Accommodations Tool

Signs and Symptoms:

Brain Injury in Young Children ages 0-4, English & Spanish

School-Aged Child, English & Spanish

Adult, English & Spanish

Recognizing Concussion in People Who Communicate Without Words, English & Spanish

Tools and Factsheets for All Ages:

When Concussion Symptoms Are Not Going Away.

Signs, symptoms and danger signs, plus what to look for over time and where/how to seek help for symptoms that aren't going away

- **For Parents of Children Five and Under, English & Spanish**
- **For Parents of Children Who Are School-Aged, English & Spanish**
- **For Adults, English & Spanish**

Concussion Management Protocol and What to Look For Over Time

A Guide to Possible Changes After Brain Injury

(Use this resource for months and years to follow rehabilitation/treatment)

- For Young Children Ages 7 and Under
- **For School-Aged Children and Adults, English & Spanish**

Six Types of Concussion Infographic and Fact Sheet

Brain Health: How to Have a Healthy Brain Throughout Life, English & Spanish

Pediatric Neuropsychology - A Guide for Parents, Northern California Neuropsychology Forum

Model Systems Knowledge Translation Center Factsheets

Model Systems Knowledge Translation Center Factsheets – can also view/download a full TBI Factsheet Booklet in **English** & **Spanish**

Brain Injury Identification Card

Carry in your wallet; let emergency responders know you have had an injury and some symptoms you may experience.

NOTE: You can ask for a Crisis Intervention trained officer to respond when calling 911.

Brain Injury and Opioid Overdose: Fast Facts

National Association of State Head Injury Administrators (NASHIA)

Intersection Between Traumatic Brain Injury and Opioid Use Disorder

Recommendations for Substance Use Treatment Providers

PERSONAL GUIDE FOR EVERYDAY LIVING AFTER CONCUSSION/TRAUMATIC BRAIN INJURY

This guide was developed to help you better understand what you may be experiencing following your injury. The better you understand the conditions that can have an impact on you, what can be difficult situations for you, and which strategies to try, the more you will succeed in life.

"CONDITIONS" likely to make symptoms worse:

A. Being **TIRED**
B. Being **EMOTIONAL** – sad, frustrated, excited, angry, etc.
C. Being **UNDER PRESSURE**, being **RUSHED, STRESSED or ANXIOUS**
D. Being **DRUNK/UNDER THE INFLUENCE** of drugs (Prescription or not)
E. Being in **PAIN**
F. Being **SICK**

STRATEGIES to consider for each state:

A. **Tired**: Do not allow yourself to become tired. **Plan** things that you need to do and complete them early whenever possible. **Slow down** and **check** your work. Stick to a fairly regular sleep schedule and make sure you get enough sleep at night.

B. **Emotional**: If you become emotional, **slow down** and **think before** you speak or act. Remember that being tired can make you become more emotional. If you know that you are going into a potentially emotional situation, **plan** as much as possible so that you are ready.

C. **Stress/Pressure**: Avoid being rushed, stressed or under pressure by **planning**. Lay out things to do in a **planner** (calendar), allowing plenty of time for each task. Especially when you are rushed, **slow down** to allow yourself time to think clearly and look for missed details. Take the time to make **checklists** so nothing is missed. **Check** off each step as it is completed.

D. **Alcohol/Drugs**: Do not drink alcohol or take drugs. Many people with brain injuries report feeling out of control without adding to it with alcohol or drugs. Know that your symptoms are likely to be enhanced while you are under the influence. Know also that drugs and alcohol have been reported to lower seizure threshold, making your chances of having a seizure greater.

E. **Pain:** Avoid getting in pain when possible. When avoiding pain is not possible, attempt to relieve it as soon as possible. Do pain management exercises as recommended. Take medications as prescribed. Know that pain medications may affect your thinking ability. Use proper body mechanics, etc. Keep expectations realistic when you are in pain. **Allow more time** to do things when in pain. **Plan ahead and check** your work.

F. **Sickness:** Avoid getting sick. Keep a regular schedule. Get enough sleep. Rest when sick. Cold medications may effect thinking ability. **Allow more time** to do things when sick. **Plan ahead. Check** your work.

Note that many of the same strategies were repeated over and over. Summed up briefly, the keys to improving performance are:

1. **Slowing down**
2. **Organizing yourself**
3. **Planning ahead,** and
4. **Checking your work**

Over time, all of these strategies can become a natural part of your daily life. Most likely, they will eventually make you more efficient, accurate and thorough; although in the beginning they may feel strange, intrusive and time-consuming.

****Give the strategies – and yourself – time****

SITUATIONS that may prove difficult (Fill in the blank lines with tasks that fit your life.)

A. **Sustained Attention Tasks** – Keeping your attention focused on one thing (Fill in the blanks with situations that fit your life.)
   1. Reading a magazine, book, etc.
   2. Listening to a lecture
   3. Listening on the phone
   4. Writing a letter, report, checklist, etc.
   5. _____
   6. _____

B. **Simultaneous/Divided Attention Tasks** – Keeping your attention on 2 or more things at a time.
   1. Cooking dinner while watching television
   2. Listening to a lecture while taking notes
   3. Talking on the phone while writing a message
   4. Counting the number of items on a conveyor while simultaneously looking for broken pieces
   5. Keeping your eye on your young child while trying to write a letter
   6. _____
   7. _____

C. **Alternating Attention Tasks** – Needing to switch your attention between two things.
   1. Stop typing to answer the phone, then go back to typing
   2. Stop doing your work at your desk to answer a question, then go back to work
   3. Stop making dinner to clean up a spill, then knowing where you left off
   4. Stop paying the bills to ask your spouse where some receipts are, then finishing
   5. _____

6. _____

ATTENTION – Very often a significant problem after brain injury.

A. **Increase your Awareness of Distractors** – Try to determine what types of things tend to distract you. Are they:

1. **Internal Distractors** – your own thoughts, emotions, being tired, in pain, sick, etc.
   and/or
2. **External Distractors** – things in the environment:
   a. Auditory – any noise: people talking, machines or air conditioners humming, cars driving by, etc.
   b. Visual – people walking by, a ceiling fan spinning, miscellaneous papers on your desk, a spider crawling on the wall, etc.
   c. Tactile/Sensation – an uncomfortable chair, an itchy rash, being too hot or cold, etc.

B. Anticipate Distractors - Learn what tends to distract you

1. Minimize these things whenever possible (for example, sit with your back to a distracting environment)
2. Eliminate them whenever possible (see below)

C. Eliminate Distractors – Take Control

1. Strategies for **Internal Distractors**
   a. Try to eliminate the distractor by actually doing the thing that is distracting you (i.e.: check to see if the stove is off, go mail the letter you are afraid you'll forget, etc.)
   b. Write the distractor down, decide to put it out of your mind for now and come back to it at a more appropriate time
   c. Overtly tell yourself, "I'm distracted and I need to get back to work"
   d. Get enough sleep to increase your ability to control your attention

2. Strategies for **External Distractors**
   a. Turn off the radio, T.V., ceiling fan, air conditioner, etc.
   b. Go to a quiet room
   c. Close your door, windows, curtains
   d. Wear earplugs
   e. Ask people to quiet down
   f. Clear your desk of papers before working
   g. Overtly tell yourself, "I'm distracted and I need to get back to work."
   h. Get enough sleep to increase your ability to control your attention

USE OLD STRATEGIES to your advantage:

A. **Make a list of strategies** that you used before you were injured. Everyone uses strategies – they just don't think of them as strategies because that is the "normal" way they do things.

1. To help you in creating this list, mentally go through all of the things you do during the day
2. Next, write down all the things you do to make these things easier

   Examples:

   a. Sticking to a routine when getting ready in the morning
   b. Making a list of chores, assignments, phone calls, etc., for the day
   c. Reviewing your day over morning coffee
   d. Planning what you will say during an important meeting or confrontation
   e. Referring to your desk calendar throughout the day
   f. Setting a cooking timer to remind you when to check the oven
   g. Laying out your clothes the day before
   h. And on and on

B. Do **NOT** discard these strategies now! Now they will be more important than ever! Do not decide to "test" your memory by not writing something down. You wrote things down before from time to time, didn't you? There was a reason for it. **Do it!**

C. **Build on old strategies**. Examples:

1. If you used a checklist to help you remember your chores, see where else in your day you can use a checklist.
2. If you used a routine to help you get out of the house in the morning, see if you can incorporate one into your workday.
3. If you used a calendar to keep track of your workday, maybe you can use one to organize your home life.

Know that in the end, things can go back to feeling "normal" again, even if that new "normal" is different than the old one. **In the meantime, know who you can go to for help and support.**

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Brain Links
https://www.tndisability.org/brain
@BrainLinksTN

Brain Links is supported by the Administration for Community Living (ACL) of the U.S. Department of Health and Human Services under Grant No. 90TBSG0027-01-00 and in part by the TN Department of Health, Traumatic Brain Injury Program.

GUÍA PERSONAL PARA LA VIDA COTIDIANA DESPUÉS DE UNA CONMOCIÓN CEREBRAL / LESIÓN

Esta guía fue desarrollada para ayudarle a entender lo que usted puede estar experimentando después de su lesión. Mientras mejor entienda las condiciones que pueden tener un impacto en usted, qué situaciones pueden ser difíciles para usted y cuáles estrategias intentar, mejor tendrá éxito en su vida.

"CONDICIONES" que es probable que empeoren sus síntomas:

A. Estar **CANSADO**
B. Ser **EMOTIVO**: Triste, frustrado, emocionado, enojado, etc.
C. Estar **BAJO PRESIÓN**, **DE PRISA, ESTRESADO o ANSIOSO**
D. Estar **EBRIO / BAJO LA INFLUENCIA** de medicamentos (recetados o no)
E. Tener **DOLOR**
F. Estar **ENFERMO**

ESTRATEGIAS a considerar para cada estado:

A. **Cansado**: No se permita llegar a estar cansado. **Planee** las cosas que necesita hacer y complételas con tiempo siempre que sea posible **Reduzca su velocidad** y **verifique** su trabajo. Apéguese a un horario de sueño regular y asegúrese de dormir lo suficiente en la noche.

B. **Emotivo**: Si se pone emotivo, **reduzca su velocidad** y **piense antes** de hablar o actuar. Recuerde que estar cansado puede hacer que se ponga emotivo. Si sabe que va a pasar por una situación potencialmente emocional, **planee** tanto como sea posible de modo que esté preparado.

C. **Estrés/presión**: Evite estar apresurado, estresado o bajo presión, mediante la **planeación**. Presente las cosas a hacer en un **planeador** (calendario) permitiendo mucho tiempo para cada tarea. Especialmente cuando usted ande de prisa, **reduzca su velocidad** para permitirse tiempo para pensar claramente y mirar detalles pasados por alto. Tómese el tiempo de hacer **listas de comprobación** para que nada falte. **Marque** cada paso cuando es completado.

D. **Alcohol/medicamentos** No ingiera alcohol ni tome medicamentos. Mucha gente con lesiones cerebrales reportan sentirse fuera de control cuando les añaden alcohol o medicinas. Tome nota que es probable que sus síntomas serán amplificados mientras está bajo la influencia de sustancias. También tome nota que se ha reportado que los medicamentos y el alcohol reducen el umbral a las convulsiones, haciendo que se incremente la posibilidad de una convulsión.

E. **Dolor:** Evite sentir dolor siempre que sea posible. Cuando evitar el dolor no es posible, intente aliviarlo tan pronto como sea posible. Haga ejercicios de administración del dolor conforme se recomienda. Tome los medicamentos que le recetaron. Tenga en cuenta que los medicamentos para el dolor puede afectar su capacidad de pensar. Use mecánica corporal apropiada. Mantenga sus expectativas realistas cuando tenga dolor. **Permítase más tiempo** para hacer las cosas cuando tenga dolor. **Planee con anticipación y verifique** su trabajo.

F. **Enfermedad:** Evite enfermarse. Mantenga un horario regular. Duerma lo suficiente. Descanse cuando esté enfermo. Los medicamentos para el resfriado pueden afectar su capacidad para pensar. **Permítase más tiempo** para hacer las cosas cuando esté enfermo. **Planee con anticipación. Verifique** su trabajo.

Note que muchas de las mismas estrategias fueron repetidas una y otra vez. Resumiendo brevemente, las claves para mejorar el desempeño son:

1. **Reducir la velocidad**
2. **Organizarse**
3. **Planear con anticipación,** y
4. **Verificar su trabajo.**

Con el tiempo, todas estas estrategias pueden convertirse en una parte natural de su vida diaria. Lo más probable es que eventualmente le harán más eficiente, exacto y minucioso; aunque al principio quizá pueda sentir que son extrañas e intrusivas y que consumen tiempo.

****Deles tiempo a las estrategias - y a sí mismo****

SITUACIONES que pueden resultar difíciles (llene los espacios en blanco con tareas que puedan ajustarse a su vida).

A. **Tareas de atención sostenida** – Mantener su atención enfocada en una cosa (llene los espacios en blanco con situaciones que puedan ajustarse a su vida).
   1. Leer una revista, libro, etc.
   2. Escuchar una cátedra
   3. Escuchar el teléfono
   4. Escribir una carta, informe, lista de comprobación, etc.
   5. _____
   6. _____

B. **Tareas Simultáneas/Atención Dividida** – Mantener su atención en 2 o más cosas a la vez.
   1. Cocinar la cena mientras ve la televisión
   2. Escuchar una cátedra mientras toma notas
   3. Tomar un teléfono mientras escribe un mensaje
   4. Contar el número de objetos de un transportador mientras observa piezas rotas
   5. Mantenerse vigilando a su niño pequeño mientras trata de escribir una carta
   6. _____
   7. _____

C. **Tareas de atención alterna** – Necesitar intercambio de atención entre dos cosas.
   1. Dejar de escribir la respuesta en el teléfono, luego regresar a escribir
   2. Dejar de hacer su trabajo en un escritorio para responder una pregunta, luego regresar a trabajar
   3. Dejar de preparar la cena para limpiar un derrame, luego saber dónde se quedó
   4. Dejar de pagar las facturas para preguntarle a su cónyuge dónde están algunos recibos, luego terminar

5. _____
6. _____

ATENCIÓN – Muy a menudo un problema muy significativo después de lesión cerebral.

A. **Incremente su conciencia sobre los distractores** – Trate de determinar qué tipos de cosas tienden a distraerle. Estos son:

1. **Distractores internos** – sus propios pensamientos, emociones, estar cansado, con dolor, etc. **Y/o**
2. **Distractores externos** – cosas en el ambiente:
   a. Auditivas - cualquier ruido: personas hablando, máquina o aires acondicionados zumbando, automóviles circulando, etc.
   b. Visuales - personas pasando, un ventilador de techo girando, papeles varios en su escritorio, una araña trepando la pared, etc.
   c. Táctil/sensación - una silla incómoda, una erupción con escozor, tener mucho calor o frío, etc.

B. Anticipe los distractores - aprenda lo que tiende a distraerle

1. Minimice estas cosas siempre que le sea posible (por ejemplo, siéntese de espaldas a un ambiente con distracciones)
2. Elimínelos siempre que sea posible (vea abajo)

C. Elimine distractores - tome el control

1. Estrategias para **distractores internos**
   a. Trate de eliminar el distractor al realizar la cosa que le está distrayendo (por ej. verificar si la estufa está apagada, enviar el correo que teme olvidar, etc.).
   b. Escriba el distractor, decida ponerlo fuera de su mente por ahora y regrese al mismo en un momento más adecuado
   c. Dígase a sí mismo abiertamente “Estoy distraído y necesito regresar a trabajar”
   d. Duerma lo suficiente para incrementar su capacidad para controlar su atención

2. Estrategias para **distractores externos**
   a. Apague el radio, el televisor, el ventilador de techo, el aire acondicionado, etc.
   b. Vaya a una habitación silenciosa
   c. Cierre la puerta, ventanas y cortinas
   d. Póngase tapones auditivos
   e. Pídale a las personas que no hagan ruido
   f. Limpie su escritorio de papeles antes de trabajar
   g. Dígase a sí mismo abiertamente “Estoy distraído y necesito regresar a trabajar”
   h. Duerma lo suficiente para incrementar su capacidad para controlar su atención

USE ESTRATEGIAS ANTIGUAS para obtener ventaja:

A. **Haga una lista de estrategias** que usted usó antes de lesionarse. Cada personas usa estrategias - sólo que no piensan en ello como estrategias porque esa es la manera "normal" en que hacen las cosas.

    1. Para ayudarle a crear esta lista, repase mentalmente todas las cosas que hace durante el día
    2. Luego, escriba todas las cosas que hace para lograr que las cosas sean sencillas.
        Ejemplos:
        a. Apegarse a una rutina cuando se aliste en la mañana
        b. Hacer una lista de faenas, asignaciones, llamadas telefónicas, etc. para el día
        c. Revisar su día durante su taza de café en las mañanas
        d. Planear lo que dirá durante una reunión importante o confrontación
        e. Consultar su calendario de escritorio durante el día
        f. Establecer un temporizador de cocina para acordarle de revisar el horno
        g. Preparando su ropa desde un día antes
        h. Y la lista sigue y sigue

B. ¡**NO** descarte estas estrategias ahora! ¡Ahora serán más importantes que nunca! No decida "probar" su memoria al no escribir algo. Usted escribió cosas antes de vez en cuando, ¿no es así? Hubo una razón para eso. **¡Hágalo!**

C. **Construya sobre estrategias antiguas**. Ejemplos:
    1. Si usted usó una lista de comprobación para ayudarle a recordar sus tareas, vea en qué otro lugar de su día puede usar una lista de comprobación.
    2. Si usó una rutina para ayudarle a salir de la casa en la mañana, vea si puede incorporar una en su día de trabajo.
    3. Si usó un calendario para llevar registro de su día de trabajo, quizá pueda usarlo para organizar su vida en la casa.

Sepa que al final, las cosas pueden regresar a sentirse "normales" otra vez, incluso si ese nuevo "normal" es diferente al antiguo. **Mientras tanto, tome en cuenta que puede acudir por ayuda y apoyo.**

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Brainstorming Solutions Tool

Person Served:_____ **Date:** _____

Current Challenge: (describe as completely as you can: what circumstances, what the difficulty is, what the environment is like)

What goal of theirs will solving this help them achieve? _____

_____

_____

Directions: Write what you know about each area. Give examples if helpful. Consider how the environment [the situation around them] impacts them. For each area, write what helps them. Fill out only the areas that make sense for this challenge or this person. After completing this Brainstorming Solutions Tool (BST), use the Strategies and Accommodations Tool (SAT) to help decide which strategies will help the person.

Abilities

Attention (consider visual, verbal, how long the person can pay attention)	
Memory Storage (consider visual, verbal, ability to learn new information, remembering short term or long term)	
Memory Retrieval (what helps the person to pull information out of their memory)	
Processing Speed (how fast or slow does someone need to talk for the person to best understand)	
Initiation (is the person able to start things on their own or do they need help getting started)	
Awareness (does the person know they have a problem with something, do they know when it is happening, can they predict when it will happen)	
Impulse Control (can the person stop themselves from doing or saying something)	

Flexibility (does the person get stuck on a word, thought or behavior or can they easily shift)	
Understanding Language (does the person have difficulty understanding when it's too fast, too complex, too long)	
Speaking (how well does the person convey their ideas, do they speak clearly, do they have trouble finding words)	
Organization (how well does the person organize their things, their room, their workspace)	
Planning (is the person able to plan their task, their day, their week; can they make a plan to solve a problem)	
Problem Solving (how well the person can think of multiple solutions to a problem and decide on best solution given evidence)	
Judgement (does the person make safe decisions in the home, at work, in the community)	
Vision (how well does the person see, do they have blurry or double vision, do they need glasses)	
Hearing (how well does the person hear, do they have or need aides, how does hearing impact interaction)	
Motor Ability (how do the person's arms and legs function, how is their balance, can they physically care for themselves)	
Social (does the person pick up on facial cues/body language, do they express themselves with facial cues/body language, do they tolerate frustration, able to adjust to changes)	

Emotional State (consider psychiatric diagnoses and current general emotional state – sad, anxious, angry, fearful, happy)	
Fatigue (how much stamina do they have, what happens when they get tired, how does it impact behavior)	
Environment (what type of environment does the person work best in, think about noise and visual distractions, number of people)	

Behavior

Helps have appropriate behavior (consider environment, people, way of speaking to the person, sleep, eating at set times, access to fun activities)	
Triggers (what sets off unwanted behavior, consider environment, people, way of speaking to the person, poor sleep, not eating, not getting to do what they want)	
Helps calm when triggered (no words/quiet, specific words or way of interacting, an object, a person, an activity, a distraction)	
What is the person's behavior attempting to communicate	
How can I help the person communicate in a different way	

Recent Changes

Medication
Injuries/Illnesses
Other
Did a problem start or get worse when the change was made?

Solutions (Things to try) / Strategies

What I need to do to support them? (Exs: cue the person when they forget, point to a picture reminder, do the step they can't)	
Internal Strategies the person can use (repeating it to themselves, asking themselves a question when they get stuck, a rhyme)	
External Strategies the person can use (a calendar, a checklist, pictures, a timer, an app, their phone, a notebook, organizing bins)	
Environment Changes (close doors, get rid of noise, get rid of clutter, put what they need near the door)	

Share the proposed solutions/strategies with the person, listen to their suggestions and concerns and get their okay to try the new approach.

The person's thoughts, ideas and concerns	

Evaluation and Plan

How did these changes and strategies work?	
What will I try next time?	

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Strategies & Accommodations Tool

for People with Brain Injury & Cognitive Changes

Person Served: _____ **Date:** _____

Directions: Use the Brainstorming Solutions Tool (BST) first, to help you figure out the person's strengths and weaknesses. Then use this tool (SAT) to **check off the strategies that might be helpful** for each area you identify on the BST. When possible, complete this form with the person served and discuss the strategies with them. Ask the person if there are other strategies or ways of communicating with them that might be helpful.

For each area:

- Consider whether there is any assistive technology (AT) that might help (see AT section at end).
- The initials after each type of strategy (ex: **Attention** SLP OT NP) indicate someone who may be able to help develop additional strategies (see the initial key below).
- This is not a complete list of strategies, but can be used to help you think of other ideas.
- **Be patient and respectful.**

INITIAL KEY

The initials next to the areas indicate people who may be able to help develop other strategies for that area. The person served may be working with these professionals, or you may have them on your team. You can also ask your supervisor. Always seek help if needed.

- **SLP: Speech Language Pathologist**
- **OT: Occupational Therapist**
- **PT: Physical Therapist**
- **NP: Neuropsychologist**
- **C: Counselor**
- **BS: Behavior Specialist**
- **AUD: Audiologist**

Attention SLP OT NP

- ☐ Visual reminders to focus, like a sticky note
- ☐ Positive reinforcement for staying focused
- ☐ Change task more frequently
- ☐ Reminders to check work

Memory SLP OT NP

- ☐ Use a planner (check-off system)
- ☐ Written & verbal directions for task
- ☐ Post directions or pictures
- ☐ Frequent review of information
- ☐ Reminders for completing a task

Processing Speed SLP NP

- ☐ Slow down when talking, wait for responses
- ☐ Give one step at a time
- ☐ Be direct and clear

Initiation SLP NP

- ☐ Remind the person that it is time to begin
- ☐ Break down task into steps, help with first task and decrease assistance with each step
- ☐ Use a calendar or planner to show when things are to be started
- ☐ Use encouragement to keep going once started
- ☐ Use a timer or alarm on watch or other device the person prefers

Awareness SLP NP

- ☐ (Gently) help person to see where they are having difficulties & what they could do about it
- ☐ Give reminders to use strategies when they are not aware of a potential problem
- ☐ Ask them if they know where they are having an issue before you try to help them

Impulse Control SLP NP C BS

- ☐ Teach the person to stop and think before acting

- ☐ Help the person to prepare for challenging situations – visualize possible outcomes from their actions or even lack of action
- ☐ Practice/role play the situation with the person – let them tell you what worked and did not
- ☐ Help the person to think back on a situation and figure out what they can do differently next time

Flexibility SLP NP

- ☐ Prepare the person ahead of time if you know what causes their inflexibility and what they can do instead
- ☐ Use an "if-then" statement let the person know that if they do the thing they do not want to do, then they will get to do something they want next. "If you get your laundry done, then you can work on the computer."
- ☐ (Gently) help the person to shift in the moment
- ☐ Acknowledge and encourage small steps
- ☐ Prepare the person for upcoming change
- ☐ Offer two choices of what to do next

Difficulty Understanding Language or Slower Thinking SLP

- ☐ Face the person when talking
- ☐ Use direct, clear language
- ☐ Use simple words
- ☐ Pause frequently
- ☐ Break complex directions into steps
- ☐ Show the steps first
- ☐ Give one direction at a time
- ☐ Repeat key information
- ☐ Ask person to repeat info back to check for understanding
- ☐ Use visual cues like pictures or objects along with words
- ☐ Give your full attention to communicating with the person

Verbal Expression (Speaking) SLP

- ☐ Allow extra time to form thoughts
- ☐ Encourage them to write, draw pictures or point
- ☐ Don't interrupt, show patience, model patience with your own actions
- ☐ Have a picture book of common topics
- ☐ Remind the person to slow down (if they are hard to understand) and clarify what you heard
- ☐ Remind the person that their words are important to you and you will "get it" even if it takes time
- ☐ Don't finish their thoughts or speak for them unless the person has agreed you can. For example, some people who use finger spelling or have a hard time speaking are fine with people guessing what they are communicating. Some are not. Always ask.

Organization SLP NP OT

- ☐ Timeline to complete tasks
- ☐ Daily calendar for tasks (digital or paper)
- ☐ Instructions in using a planner or app
- ☐ Highlight important information
- ☐ Have a place for everything
- ☐ Take time to organize; use labels if helpful
- ☐ Provide color-coded materials
- ☐ Organization on a large scale can be overwhelming, but a little each day can build structure and create peace and accomplishment

Planning SLP NP OT

- ☐ Plan the hour, the task, the day, the week
- ☐ Make sure that they are part of the planning
- ☐ If they sustain a new injury, like a concussion, don't assume that they can handle the same schedule, activities, or environment as they did before the injury.

Problem Solving SLP NP OT

- ☐ Ask the person what the problem is (Make sure you both agree on what it is)
- ☐ Break the problem and solution into parts

- ☐ Write out the steps, use pictures
- ☐ Give choices of what the person can try next
- ☐ Ask questions to help them figure out next step

Judgement SLP NP C OT

- ☐ Help the person with upcoming decisions
- ☐ Help to see consequences (outcomes) of each action
- ☐ Help to see how others might feel about a choice
- ☐ Help to focus on a longer term outcome (Ex: if I spend now, I won't have money for _____)
- ☐ Ask the person what they think will be the outcome

Vision/Visual-Spatial OT

- ☐ Encourage the person to wear glasses (if needed)
- ☐ Keep work area distraction free
- ☐ Modify materials (Exs: limit amount of material presented, get rid of extra picture)
- ☐ Put things within sight
- ☐ Use large print

Hearing AUD SLP

- ☐ Get hearing properly aided
- ☐ Speak up, speak clearly and slowly
- ☐ Speaker stands on the side of better hearing
- ☐ Face the person when speaking to allow lip reading to support understanding
- ☐ Foster participation in social activities
- ☐ Use captioning when possible

Motor/Movement – Gross Motor PT OT

- ☐ Priority in movement (getting to go first or last)
- ☐ Adapt physical activities (simplify, change)
- ☐ Simple maps & cues for finding way around
- ☐ Make a backup plan for new environments, allow extra time and consider a walk through in advance if possible
- ☐ Special transportation

Fall Prevention:

- ☐ Use ramps or elevators
- ☐ Restroom adaptations
- ☐ Escort between activity areas
- ☐ Widen paths, walkways
- ☐ Remove trip hazards
- ☐ Use adaptive equipment like cane and walker

Motor/Movement - Fine Motor OT

- ☐ Adaptive equipment for writing: wide-ruled paper, thick grip or weighted pen
- ☐ For meals: thick grip or weighted fork, knife, spoon
- ☐ For meal prep: adaptive can opener, cutting board, rocker knife, etc.
- ☐ Grips on door knobs

Social SLP NP C BS

- ☐ Help understand facial expressions & body language in others
- ☐ Help understand what they are communicating with their face and body
- ☐ Teach & practice (role play) appropriate behaviors
- ☐ Prepare the person for frustration & how to react

Emotional State C NP

- ☐ Help the person identify how they are feeling
- ☐ Use a faces scale (sad, okay, happy)
- ☐ Take a time-out
- ☐ Get some physical activity
- ☐ Stop and think before acting when emotional
- ☐ Help the person understand how their emotion will impact their behavior, the task, other people
- ☐ Take deep breaths when stressed or upset (some smart watches offer this, apps on phones, computers)
- ☐ Express what they are upset about

Fatigue (Tiredness) SLP PT OT NP

- ☐ Reduce schedule
- ☐ Plan rest breaks
- ☐ Have a specific area for rest
- ☐ Keep a good sleep schedule
- ☐ Some medicines can make you tired. Always take as prescribed, but ask the doctor if a change in medication or schedule (time when it is taken) would help.
- ☐ Practice good sleep hygiene (exs: no electronics 30 min before bedtime, no caffeine late in day or at all for some, cool and dark room, calming sounds or scents, bedtime routine)

Environment OT SLP NP

- ☐ Does this environment work for the person? ex: privacy, loud noises, personal space
- ☐ Reduce distractions
- ☐ Post house rules/Discuss rules
- ☐ Post daily schedule

Behavioral Strategies BS SLP NP

- ☐ Try to identify (with the person if possible) what the behavior is trying to communicate, find a different way to communicate that
- ☐ Act early in a situation that may escalate
- ☐ Practice expected behavior (Role play)
- ☐ Help them to be successful with a task, or even part of a task at first
- ☐ Learn to recognize the person's early signs of stress and frustration
- ☐ Help the person to recognize their own signs and feelings of stress and frustration
- ☐ Prepare the person for what is coming up and expected behavior
- ☐ Reinforce positive behavior
- ☐ Give agreed upon non-verbal cues to discontinue a behavior
- ☐ Set goals with the person
- ☐ Keep approaches consistent with all support personnel (no "weak links")
- ☐ Teach all staff techniques to remain calm when working with a person during a behavior issue
- ☐ Have a place where the person can calm down
- ☐ Place additional structure in the daily routine
- ☐ Give frequent, specific feedback about behavior
- ☐ Make sure they know the consequences for behavior issues
- ☐ Talk to them like an adult
- ☐ Keep the person and others safe during an outburst
- ☐ If the behavior escalates too far, it might be best to let the person calm down before intervening
- ☐ Ask the person ahead of time how you should communicate with them during a behavior issue
- ☐ Develop a safe word with that person and staff so that if needed they have a way to let you know when they are overwhelmed or when staff can see it coming w/o having to explain the situation

Assistive Technology SLP OT

- ☐ Assistive Technology Evaluation (or updated if needed)
- ☐ Picture and symbol supported software
- ☐ Talking spell checker and dictionary
- ☐ Voice recognition software
- ☐ Communication devices
- ☐ Word predicting programs
- ☐ iPad, tablet or smart phone
- ☐ Apps for memory, organization, relaxation, etc.
- ☐ Accessible document formats
- ☐ Multimedia software
- ☐ Electronic organizers
- ☐ Shortcuts on computers
- ☐ Accessibility options on computer
- ☐ Proofreading programs
- ☐ Alternative keyboards
- ☐ Enlarged text or magnifiers
- ☐ Recorded books
- ☐ Special calculators

Other

- ☐ Staff should be consistent with strategies used
- ☐ Maintain a consistent schedule
- ☐ Train all staff in appropriate strategies
- ☐ Try not to view challenges as "good" or "bad"
- ☐ **Only use previous behaviors for teaching. Never use it for punishment or to embarrass the person.**
- ☐ Teach peers how to be helpful to each other

NOTES (include dates used)

STRATEGIES THAT WORK _____

_____

_____

_____

_____

_____

_____

_____

_____

STRATEGIES THAT **DO NOT** WORK: _____

_____

_____

_____

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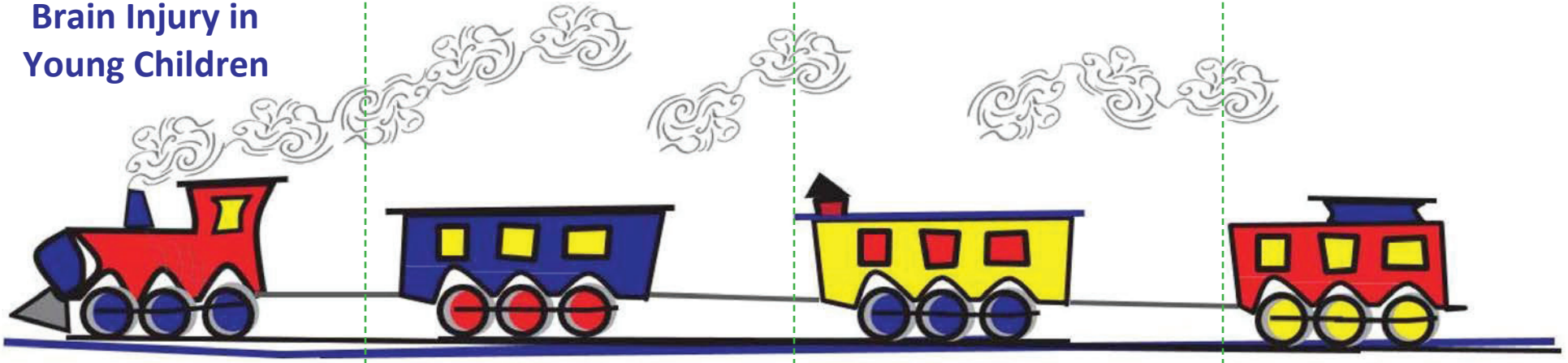
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Brain Links is supported by the Administration for Community Living (ACL) of the U.S. Department of Health and Human Services under Grant No. 90TBSG0024-01-00 and in part by the TN Department of Health, Traumatic Brain Injury Program.

Brain Injury in Young Children



Prevention is the Only Cure

Falls are the leading cause of traumatic brain injury in children between 0 and 4 years.

Play safely: Make sure playground equipment is properly designed and maintained, and have a safe, soft landing surface in case a child falls.

Make home safety improvements: Install stair gates, guard rails, and guards on windows above ground level.

Keep sports safe: Make sure your child wears a helmet when bike riding, skating, or playing active sports.

Supervision is key: Always supervise a young child around stairs and playground equipment.

Signs & Symptoms

Brain injury looks different in every child. Have a doctor examine your child if any of the following changes persist after a blow to the head:

- decreased strength or coordination
- behavior & sleep changes
- appetite changes, changes in sucking or swallowing
- decreased smiling, vocalizing or talking
- frequent rubbing of the eyes or head
- decreased ability to focus the eyes, unequal pupil size
- stomachaches
- increased sensitivity to light or sound
- extreme irritability

Multiple Injuries

Sustaining multiple concussions is particularly dangerous to young children.

Even when a blow to the head seems minor, a second equally-minor injury can have devastating results. One injury is bad enough; a second can be catastrophic.

Keep a record of any injuries to the head that your child sustains. Symptoms of an early brain injury may not appear until a child reaches late elementary or middle school years.

Knowing how to prevent brain injuries helps keep children safe.

Brain injury lasts a lifetime.

For More Information

For more information:

TN Traumatic Brain Injury Program
https://www.tn.gov/health/health-program-areas/fhw/vipp/tbi.html

Brain Injury Association of America
https://www.biausa.org

Brain Links
https://www.tndisability.org/brain

Brain Links

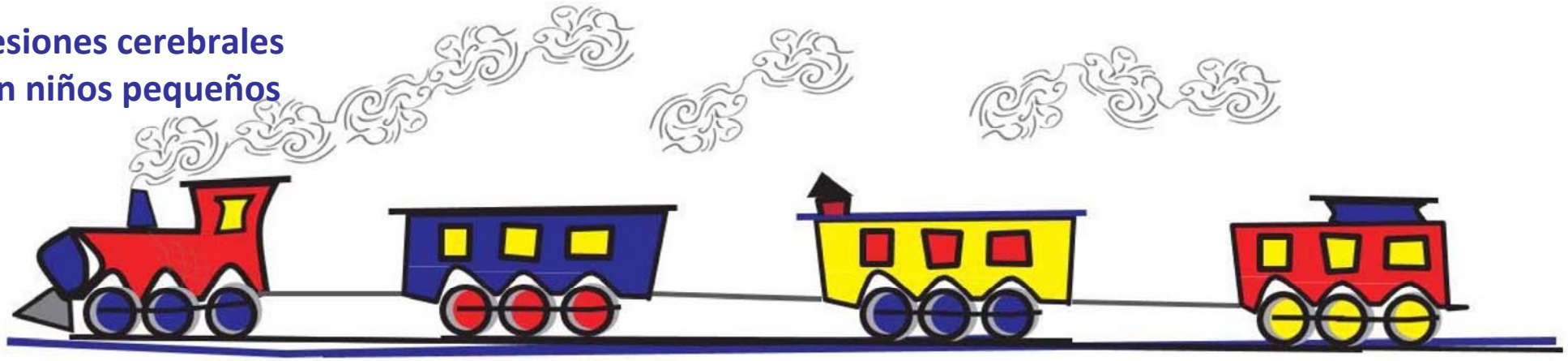
Brain Links is supported by the Administration for Community Living (ACL) of the U.S. Department of Health and Human Services under Grant No. 90TBSG0024-01-00 and in part by the Tennessee Department of Health, Traumatic Brain Injury Program.

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Brain Links 2019 & Project BRAIN 2016

Adapted with permission from the Nebraska Brain Injury Advisory Council's Task Force on Children and Youth

Lesiones cerebrales en niños pequeños



La prevención es la única cura

Las caídas son la causa más importante de lesiones cerebrales traumáticas en niños entre 0 y 4 años de edad.

Juego seguro: Asegúrese de que el equipo del patio de recreo esté diseñado apropiadamente y que reciba mantenimiento, y que tenga una superficie segura y suave en el piso en caso de que un niño caiga.

Realice mejoras en la seguridad del hogar: Instale puertas para escaleras, pasamanos y guardas en las ventanas por encima del nivel de piso.

Seguridad en los deportes: Asegúrese de que su hijo use casco cuando ande en bicicleta o patines, o cuando juegue deportes de actividad.

La supervisión es la clave: Siempre supervise a los niños pequeños cerca de escaleras y patios de recreo.

Señales y síntomas

Las lesiones cerebrales se aprecian de modo diferente en cada niño. Llévelo a examinar con un médico si alguno de los siguientes cambios persiste después de un impacto en la cabeza:

- fuerza o coordinación reducidas
- cambios en el comportamiento y sueño
- cambios en el apetito, la succión de amamantado o al deglutir
- sonríe menos, o se reduce su vocalización o habla
- se frota frecuente los ojos o la cabeza
- menor capacidad para enfocar los ojos, tamaño de pupilas desigual
- dolores de estomago
- mayor sensibilidad a la luz o a los sonidos
- irritabilidad extrema

Lesiones múltiples

Recibir varias conmociones cerebrales es particularmente peligroso para los niños pequeños.

Incluso cuando un impacto en la cabeza parezca pequeño, una segunda lesión también pequeña puede tener resultados devastadores. Una lesión ya es de por sí mala; una segunda puede ser catastrófica.

Mantenga un registro de cualquier lesión en la cabeza que sufra su hijo. Los síntomas de una lesión cerebral temprana pueden no aparecer sino hasta los últimos años de la primaria o en la secundaria.

Conocer cómo evitar lesiones cerebrales ayuda a mantener seguros a sus hijos.

Las lesiones cerebrales duran toda la vida.

Para mayor información

Para mayor información

Programa para Lesiones Cerebrales Traumáticas de Tennessee
https://www.tn.gov/health/health-program-areas/fhw/vipp/tbi.html

Brain Injury Association of America (Asociación para Lesiones Cerebrales de EE.UU.)
https://www.biausa.org/

Brain Links
https://www.tndisability.org/brain

Brain Links

Brain Links cuenta con el respaldo de la Administración para la Vida Comunitaria (ACL, por sus siglas en inglés) del Departamento de Salud y Servicios Humanos de los EE. UU. Bajo la subvención No. 90TBSG0024-01-00 y, en parte, por el Departamento de Salud de Tennessee, Programa de Lesiones Cerebrales Traumáticas.

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Brain Links 2019 y Proyecto BRAIN 2016
Adaptado con permiso del Grupo Operativo del Comité Consultivo para Lesiones CEREBRALES de Nebraska para Niños y Jóvenes.



When Your Child's Head Has Been Hurt:

HEADS UP TO PARENTS

A head injury can happen to anyone in every day life: at home, at school or in sports. Many children who hurt their heads get well and have no long-term problems.

- *You can't see a concussion. Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury.*
- *"Concussions are caused by a bump or blow to the head. Even a 'ding,' 'getting your bell rung,' or what seems to be a mild bump or blow to the head can be serious.*
- *If your child reports any symptoms of concussion, or if you notice the symptoms yourself, seek medical attention right away."*

(Adapted from the Centers for Disease Control Heads up www.cdc.gov/Concussion)

HEALTH PROBLEMS

Headaches

- headache that keeps coming back
- pain in head/neck
- pain below the ear
- pain in the jaw
- pain in or around the eyes

Balance Problems

- dizziness
- trouble with balance

Sensory Changes



- bothered by smells
- changes in taste or smell
- appetite changes



- feels too hot
- feels too cold
- doesn't feel temperature at all



- ringing in the ears
- hearing loss
- bothered by noises
- can't handle background noise

If your child has any of these problems, see a doctor right away.

- disoriented: loss of memory/amnesia
- nausea or vomiting that returns
- one pupil larger than the other
- headache that does not go away or get better
- seizures: eyes fluttering, body going stiff, staring into space
- hands shake, tremors, muscles get weak, loss of muscle tone

For infants and toddlers:

- all items already listed
- will not stop crying, can't be consoled
- will not nurse or eat

A concussion is a type of traumatic brain injury (TBI). All concussions are serious.

Sleep Problems

- can't sleep through the night
- sleeps too much
- days and nights get mixed up

Pain Problems

- neck and shoulder pain that happens a lot
- other unexplained body pain



- blurry vision
- seeing double
- hard to see clearly (hard to focus)
- bothered by light



BEHAVIOR and FEELINGS

(Changes in personality, mood or behavior)

- is irritable, anxious, restless
- gets upset or frustrated easily
- overreacts, cries or laughs too easily
- has mood swings
- wants to be alone or away from people
- is afraid of others, blames others
- wants to be taken care of
- does not know how to act with people
- takes risks without thinking first
- is sad, depressed
- is slow to respond
- is tired, drowsy
- takes off clothes in public
- has different sexual behavior
- eats too little, eats all the time, or eats things that aren't food
- trips, falls, drops things, is awkward
- starts using or has a different reaction to alcohol or drugs
- doesn't want to do anything, can't "get started"

- ✓ See a doctor
- ✓ Inform school of the injury
- ✓ Take time to recover
- ✓ Gradual return to learn/ school
- ✓ Cleared by a doctor before returning to play sports

THINKING PROBLEMS

- has trouble remembering things
- has trouble paying attention
- needs more time to process information
- thinks slowly and reacts slowly
- takes things too literally, doesn't get jokes
- understands words but not their meaning
- thinks about the same thing over and over
- has trouble learning new things
- has trouble putting things in order (desk, room, papers)
- has trouble remembering to do things on time
- has trouble planning, starting, doing, and finishing a task
- has trouble making decisions
- makes poor choices



TROUBLE COMMUNICATING

- changes the subject, has trouble staying on topic
- has trouble thinking of the right word
- has trouble listening
- has trouble paying attention, can't have long conversations
- does not say things clearly

Children and teens who show or report one or more of the signs and symptoms listed below, or simply say they just "don't feel right" after a bump, blow, or jolt to the head or body, may have a concussion or more serious brain injury.

Signs Observed by Parents or Guardians:	Symptoms Reported by Athlete:
Appears dazed or stunned	Headache or "pressure" in head
Is confused about assignment or position	Nausea or vomiting
Forgets an instruction	Balance problems or dizziness
Is unsure of game, score, or opponent	Double or blurry vision
Moves clumsily	Sensitivity to light
Answers questions slowly	Sensitivity to noise
Loses consciousness (even briefly)	Feeling sluggish, hazy, foggy, or groggy
Shows mood, behavior, or personality changes	Concentration or memory problems
	Confusion
(Adapted from the Centers for Disease Control www.cdc.gov/Concussion)	Just "not feeling right" or "feeling down"

It's better to miss one game than the whole season.

Brain Links

TN Disability Coalition/Brain Links
615-383-9442 888-643-7811
https://www.tndisability.org/brain

TN Traumatic Brain Injury Program
800-882-0611
https://www.tn.gov/health/health-program-areas/fhw/vipp/tbi.html

TN Return to Learn/Return to Play:
Concussion Management Guidelines
https://www.tn.gov/content/dam/tn/health/documents/Returning_to_Learn_Guidelines.pdf

TN Sports Concussion Law Training & Resources
https://www.tn.gov/health/health-program-areas/fhw/vipp/tbi/tennessee-concussion.html

Brain Links is supported by the Administration for Community Living (ACL) of the U.S. Department of Health and Human Services under Grant No. 90TBSG0024-01-00 and in part by the TN Department of Health, Traumatic Brain Injury Program.

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Cuando Su Niño Ha Recibido Un Golpe En La Cabeza:

ALERTA PARA LOS PADRES

Un lesión en la cabeza puede ocurrirle a cualquiera en la vida cotidiana: en casa, en la escuela o practicando un deporte. Muchos niños que reciben golpes en la cabeza se recuperan y no quedan con problemas de largo plazo.

- *No es fácil detectar una conmoción cerebral. Es posible que se presenten los síntomas de conmoción cerebral exactamente en el momento de la lesión o pueden aparecer o evidenciarse días o semanas después de la lesión.*
- *"Las conmociones cerebrales son ocasionadas por un golpe en la cabeza. Aún los golpes en la cabeza que supuestamente sólo generan un zumbido en los oídos o que parecen ser golpes muy suaves, pueden ser graves.*
- *Si su niño se queja de algún síntoma de conmoción cerebral o si usted nota los síntomas, busque atención médica inmediatamente."*

(Adaptado de ALERTAS para los Centros para el Control de Enfermedades en www.cdc.gov/Concussion)

PROBLEMAS DE SALUD

Dolores de cabeza

- dolor de cabeza que se presenta con mucha frecuencia
- dolor en la cabeza/cuello
- dolor debajo de los oídos
- dolor en la mandíbula
- dolor en o alrededor de los ojos

Problemas de equilibrio

- mareos
- problema con el equilibrio

Cambios en los sentidos



- se siente molesto por los olores
- cambios en el gusto o en el olfato
- cambios en el apetito



- siente mucho calor
- siente mucho frío
- no siente ni frío ni calor



- zumbido en los oídos
- pérdida de la audición
- se siente molesto por los ruidos
- no resiste el ruido de fondo

Si su niño presenta alguno de estos problemas, vea a su médico inmediatamente.

- desorientado: pérdida de memoria/amnesia
- náusea o vómito recurrente
- una pupila más dilatada que la otra
- dolor de cabeza permanente que no desaparece
- convulsiones, parpadeo continuo, rigidez en el cuerpo, pérdida de acierto al dar la mano, temblores, debilitamiento de los músculos, pérdida de tono muscular

Para bebés y niños pequeños:

- todos los síntomas indicados anteriormente
- no deja de llorar, no es posible consolarlo
- no amamanta ni se alimenta

Una conmoción cerebral es un tipo de lesión cerebral traumática (TBI). Todas las conmociones cerebrales son graves.

Problemas para dormir

- no puede dormir durante la noche
- duerme demasiado
- se le confunden los días con las noches

Problemas de dolor

- dolor en el cuello o en los hombros que ocurre con mucha frecuencia
- otros dolores inexplicables en el cuerpo



- visión borrosa
- visión doble
- dificultad para ver claramente (dificultad para enfocar)
- se siente molesto por la luz



COMPORTAMIENTO y SENTIMIENTOS

(Cambios en la personalidad, de humor o de comportamiento)

- irritable, ansioso, inquieto
- se altera o se frustra fácilmente
- reacciona exageradamente, llora o ríe con mucha facilidad
- tiene cambios de humor
- desea estar a solas o alejado de los demás
- siente temor por los demás, culpa a otros
- desea que se le dedique atención
- no sabe cómo actuar ante los demás
- actúa en forma arriesgada sin pensarlo antes
- está triste, depresivo
- se demora en responder
- permanece cansado, apático
- se quita la ropa en público
- presenta un comportamiento sexual diferente
- come poco, come todo el tiempo o come cosas que no son alimentos
- se resbala, cae, deja caer cosas, adopta posiciones desgarbadas
- empieza a consumir drogas o bebidas alcohólicas o reacciona en forma diferente a las bebidas alcohólicas
- no desea hacer nada, no le es posible "empezar"

- ✓ Vea a un médico
- ✓ Informe a la escuela acerca de la lesión
- ✓ Déle tiempo a la recuperación
- ✓ Regreso gradual al aprendizaje/escuela
- ✓ Autorizado por un médico antes de regresar a practicar deportes

PROBLEMAS CON EL PENSAMIENTO

- tiene problemas recordando cosas
- tiene problemas para prestar atención
- necesita más tiempo para procesar la información
- piensa con lentitud y reacciona lentamente
- toma las cosas demasiado en serio, no admite bromas
- comprende las palabras pero no su significado
- piensa en lo mismo una y otra vez
- tiene problemas para aprender cosas nuevas
- tiene problemas para colocar cosas en orden (el escritorio, el cuarto, papeles)
- tiene problemas para recordar que debe hacer cosas a tiempo
- tiene problemas para planificar, iniciar, hacer y terminar tareas
- tiene problemas para tomar decisiones
- hace selecciones deficientes



TIENE PROBLEMAS PARA COMUNICARSE

- cambia el tema de conversación, tiene problemas para mantener el tema de conversación
- tiene problemas para seleccionar la palabra correcta
- tiene problemas para escuchar
- tiene problemas para prestar atención, no puede sostener conversaciones prolongadas
- no dice las cosas con claridad
- tiene problemas para leer
- habla demasiado

Si su niño ha recibido un golpe en la cabeza durante la práctica de un deporte, busque los siguientes signos y síntomas de una conmoción cerebral:

Signos observados por padres o tutores:	Síntomas que se presentan en los deportistas:
Parece vacilante o desconcertado	Dolor de cabeza o "presión" en la cabeza
Está confundido acerca de la asignación o la posición	Nausea o vómito
Olvida una instrucción	Problemas de equilibrio o mareo
Se siente inseguro ante el juego, la puntuación o el oponente	Visión doble o borrosa
Se mueve torpemente	Sensibilidad a la luz
Responde las preguntas lentamente	Sensibilidad al ruido
Pierde la conciencia (así sea brevemente)	Se siente con pereza, perdido, confundido o aturdido
Presenta cambios de humor, comportamiento o personalidad	Problemas de concentración o de memoria
	Confusión
	Sólo "no me siento bien" o "no me siento de humor"

(Adaptado de los Centros para el Control de Enfermedades en www.cdc.gov/Concussion)

Es mejor perderse un juego que toda la temporada.

Brain Links

Coalición para Discapacitados de TN/Proyecto BRAIN
615-383-9442 888-643-7811
https://www.tndisability.org/brain

Programa para Lesiones Cerebrales Traumáticas de TN
800-882-0611
https://www.tn.gov/health/health-program-areas/fhw/vipp/tbi.html

TN Regresar a Aprender / Regresar a Jugar:
Pautas para el manejo de una contusión cerebral
https://www.tn.gov/content/dam/tn/health/documents/Returning_to_Learn_Guidelines.pdf

Capacitación y recursos acerca de la ley sobre Contusiones Cerebrales en el Deporte de TN
https://www.tn.gov/health/health-program-areas/fhw/vipp/tbi/tennessee-concussion.html

Brain Links cuenta con el respaldo de la Administración para la Vida Comunitaria (ACL, por sus siglas en ingles) del Departamento de Salud y Servicios Humanos de los EE. UU. bajo la subvención No. 90TBSG0024-01-00 y en parte por el Departamento de Salud de TN, Programa de Lesiones Cerebrales Traumáticas.

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When Your Head Has Been Hurt: Signs and Symptoms

A head injury can happen to anyone at any age at any time.

Many people who hurt their heads get well and have no long-term problems.

Concussions are caused by a bump, blow or jolt to the head or body. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious.

You can't see a concussion. Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury.

If you notice any symptoms of concussion seek medical attention right away.

(Adapted from the Centers for Disease Control HEADS UP www.cdc.gov/Concussion)

Problems at the Time of Injury

Headaches

- headache that keeps coming back
- pain in head/ neck
- pain below the ear
- pain in the jaw
- pain in or around the eyes

Balance Problems

- dizziness
- trouble with balance

Sensory Changes

- changes in taste or smell
- appetite changes
- too hot/ cold
- ringing in the ears
- bothered by noises
- can't handle background noise
- vision changes
- bothered by light



If you have any of these problems, see a doctor right away.

DANGER SIGNS

- nausea or vomiting
- one pupil larger than the other
- headache that does not go away
- seizures, eyes fluttering, body going stiff, staring into space
- loss of consciousness, even brief
- disoriented/ confused
- hands shake, tremors, muscles get weak, loss of muscle tone

www.cdc.gov/Concussion

A concussion is a type of traumatic brain injury (TBI). All concussions should be taken seriously.

WHAT TO DO:

Seek help & referrals.

Treatment for concussion is available.

Your doctor may refer you to:

- Neurologist
- Neuropsychologist
- Specialized concussion center
- Brain injury rehabilitation center
- Specialist in your particular symptom

Sleep Problems

- can't sleep through the night
- sleep too much
- days and nights get mixed up

Pain Problems

- neck and shoulder pain that happens a lot
- other unexplained body pain



PROBLEMS TO WATCH FOR OVER TIME

Changes in Mood Personality or Behavior

- irritability, anxiety, restlessness
- upset or frustrated easily
- overreacts, cries or laughs too easily
- mood swings
- want to be alone or away from people
- sad, depressed
- tired, drowsy
- trips, falls, drops things, is awkward
- does not want to do anything, can't "get started"



Trouble Communicating

- trouble thinking of the right word
- trouble listening
- trouble paying attention, can't have long conversations
- does not say things clearly
- trouble reading
- talk too much/ too little

Thinking Problems

- trouble remembering things
- trouble paying attention
- more time needed to process information
- take things too literally, doesn't get jokes
- think about the same thing over and over
- trouble learning new things
- trouble putting things in order (desk, room, papers)
- trouble remembering to do things on time
- trouble planning, starting, doing, and finishing a task
- trouble making decisions
- make poor choices

Concussion In Older Adults

- Older adults are more likely to get a concussion from a bump, blow or jolt to the head.
- Even falling to your knees or bumping your head on a doorway can cause a concussion.
- Signs and symptoms may be delayed in someone who is older.
- Diagnosing a concussion can be harder in someone who already has changes in their thinking or behavior because of aging.



Other Things To Think About!

- ✓ Tell work of the injury
- ✓ Return to activities/ work gradually
- ✓ Be cleared by a doctor before returning to strenuous physical activity

TN Disability Coalition/ Brain Links
615-383-9442 888-643-7811
https://www.tndisability.org/brain

@BrainLinksTN

TN Traumatic Brain Injury Program
800-882-0611
https://www.tn.gov/content/tn/health/health-program-areas/fhw/vipp/tbi.html

Brain Links

Brain Links is supported by the Administration for Community Living (ACL) of the U.S. Department of Health and Human Services under Grant No. 90TBSG0024-01-00 and in part by the TN Department of Health, Traumatic Brain Injury Program.

ACL Administration for Community Living

TBI SPP Traumatic Brain Injury State Partnership Program

Cuando te hieres la cabeza: Señales y síntomas

Una concusión en la cabeza puede pasarle a todos, a cualquier edad y en cualquier momento. Muchas personas que se lastiman la cabeza se recuperan y no tienen problemas a largo plazo.

Las concusiones cerebrales son causadas por un golpe, impacto o sacudida de la cabeza o el cuerpo. Incluso un "golpe", "sonarte la cabeza" o lo que parece ser un golpe leve o un golpe en la cabeza puede ser grave.

No se puede ver una concusión cerebral. Los signos y síntomas de conmoción cerebral pueden aparecer inmediatamente después de la lesión o pueden aparecer o notarse hasta días o semanas después de la concusión.

Si nota algún síntoma de una concusión cerebral, busque atención médica de inmediato.

(Adaptado de los Centros para el Control de Enfermedades HEADS UP www.cdc.gov/Concussion)

Problemas en el momento de la lesión

Dolores de cabeza

- dolor de cabeza repetido
- dolor en la cabeza/cuello
- dolor debajo del oído
- dolor en la mandíbula

Problemas de equilibrio

- mareos
- problemas con el equilibrio

Cambios sensoriales

- cambios en el gusto o el olfato
- cambios en el apetito
- demasiado caliente/frío
- zumbido en los oídos
- molestia por los ruidos
- no puede resistir ruido de fondo
- cambios en la visión
- sensibilidad a la luz



Si tiene alguno de estos problemas, consulte a un médico de inmediato.

SEÑALES DE PELIGRO

- náuseas o vómitos
- una pupila más grande que la otra
- dolor de cabeza que no desaparece
- convulsiones, ojos con espasmos, cuerpo rígido, mirada perdida
- pérdida de la conciencia, incluso aunque sea breve
- desorientación/confusión
- manos temblorosas, temblores corporales, perdida de tono múscular

www.cdc.gov/Concussion

Una concusión cerebral es un tipo de Traumatismo Encéfalo Craneano (TEC). Todas las concusiones cerebrales deben tomarse en serio.

Problemas para dormir

- no puede dormir toda la noche
- duerme demasiado
- los dias y las noches se confunden

Pain Problems

- dolor de cuello y hombros casi todo el tiempo
- otro dolor corporal inexplicable



¿QUÉ HACER?

Busque ayuda y referencias.

Existen tratamientos para una concusión cerebral.

Su médico puede referirlo a un:

- Neurólogo
- Neuropsicólogo
- Centro especializado de concusiones cerebral
- Centro de rehabilitación de lesiones cerebrales

PROBLEMAS A CONTEMPLAR EN EL TIEMPO

Cambios de humor Personalidad o Comportamiento

- irritabilidad, ansiedad, inquietud
- molestarse o frustrarse fácilmente
- reacciones exageradas, llorar o reír
- con demasiada facilidad
- cambios de humor
- quiere estar solo o alejado de personas
- tristeza, depresión
- cansancio, somnolencia
- tropiezos, caídas, dejar caer cosas es incomodo
- no quiere hacer nada, no puede "empezar"



Problemas para comunicarse

- problemas para pensar en la palabra correcta
- problemas para escuchar
- problemas para prestar atención
- no puedo tener conversaciones largas
- no se expresa claramente
- problemas para leer
- habla demasiado o muy poco

Problemas al pensar

- problemas para recorder
- problemas para prestar atención
- necesita más tiempo para procesar información
- toma las cosas demasiado literalmente
- no entiende chistes
- piensa en lo mismo una y otra vez
- problemas para aprender cosas nuevas
- problemas para poner las cosas en orden (escritorio, cuarto, papeles)
- problemas para recordar hacer cosas a tiempo
- problemas para planificar, iniciar, hacer y terminar una tarea
- problemas para tomar decisiones

Concusiones cerebrales en adultos mayores

- Adultos mayores tienen más probabilidades de sufrir una concusión cerebral por un golpe, impacto o sacudida de la cabeza.
- Incluso caer de rodillas o golpearse la cabeza contra una puerta puede causar una concusión cerebral.
- Los signos y síntomas pueden demorarse en personas mayores.
- Diagnosticar una concusión cerebral puede ser más difícil para alguien que ya tiene cambios en su forma de pensar o en su comportamiento debido al envejecimiento.



¡Otras cosas para considerar!

- ✓ Avise de la lesión en el trabajo
- ✓ Regrese a las actividades o trabajo gradualmente
- ✓ Obtenga autorización de un médico antes de volver a actividades físicas extenuantes

Asociación de discapacitados de Tennesse/
Brain Links 615-383-9442 888-643-7811
https://www.tndisability.org/brain

@BrainLinksTN

Programa para Lesiones Cerebrales Traumáticas de Tennessee
https://www.tn.gov/content/tn/health/health-program-areas/fhw/vipp/tbi.html

Brain Links

Brain Links cuenta con el respaldo de la Administración para la Vida Comunitaria (ACL) del Departamento de Salud y Servicios Humanos de los EE. UU. Bajo la subvención No. 90TBSG0024-01-00 y, en parte, por el Departamento de Salud de TN, Programa de Lesiones Cerebrales Traumáticas.

ACL Administration for Community Living

TBI SPP Traumatic Brain Injury State Partnership Program

RECOGNIZING CONCUSSION

In People Who Communicate Without Words

A tool for those who care for people who communicate without words including family members, healthcare professionals, service providers and more.



Concussions are caused by a bump, blow or jolt to the head or body. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious.

You can't see a concussion. Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury.

(Adapted from the CDC https://www.cdc.gov/headsup/index.html)

Common Problems at the Time of Injury

Headaches

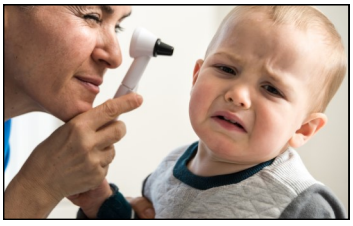
- headache that keeps coming back
- pain in head/ neck
- pain below the ear
- pain in the jaw
- pain in or around the eyes

Balance Problems

- dizziness
- trouble with balance

Sensory Changes

- changes in taste or smell
- appetite changes
- too hot/ cold
- ringing in the ears
- bothered by noises
- can't handle background noise
- vision changes
- bothered by light



If you have any of these problems, see a doctor right away!

DANGER SIGNS

- **nausea or vomiting**
- **one pupil larger than the other**
- **headache that does not go away**
- **seizures, eyes fluttering, body going stiff, staring into space**
- **loss of consciousness, even brief**
- **disoriented/ confused**
- **hands shake, tremors, muscles get weak, loss of muscle tone**

Adapted from the CDC: https://www.cdc.gov/headsup/basics/concussion_danger_signs.html

A Concussion is a Type of Traumatic Brain Injury (TBI).

All Concussions Should Be Taken Seriously.

A Head Injury Can Happen to Anyone at Any Age at Any Time.

WHAT TO DO:

Seek help & referrals.

Treatment for concussion is available.

Your doctor may refer you to:

- Neurologist
- Neuropsychologist
- Specialized concussion center
- Brain injury rehabilitation center
- Specialist in your particular symptom

Sleep Problems

- can't sleep through the night
- sleep too much
- days and nights get mixed up

Pain Problems

- neck and shoulder pain that happens a lot
- other unexplained body pain



Brain Links materials are educational resources. Refer to a doctor for all healthcare needs.

Common Concussion Symptoms

Cognitive/ Communication

- feeling dazed or in a fog
- slower to understand

Emotional/ Behavioral

- irritability
- quick to anger
- decreased motivation
- cries easily



Physical

- headaches or neck pain
- changes in vision
- sleep changes
- fatigue
- balance/ dizziness
- bothered by light or sounds



Signs of Pain

- excessive crying
- anxious or agitated
- a lot of physical movement
- changes in breathing
- increased muscle tightness
- facial changes (tense or stressed)



Identifying a concussion can be more difficult in someone who communicates without words.

Look for:



- disrupted sleep
- stomachaches
- changes in eating habits
- decreased engagement, changes with things they once loved
- poorly controlled behaviors or behaviors that change quickly
- continence issues, bedwetting or uncontrolled bladder & bowels

What Symptoms Might Look Like

- covering, squinting or closing eyes
- changes in appetite, not eating favorite foods
- changes in sleep, night walking, not able to stay in bed for as long
* touching/ holding their head
* bothered by light or noises
* forgetting routines
* changes in any skill they already had
* more clingy/ emotional or withdrawn
* change in appetite or sleep
* more tantrums/ disruptive
* stomach issues



* This information is adapted from a study on very young children (3-5 years old) who often don't have the words to describe their symptoms: Suskauer, S. J., Rane, S., Reesman, J., & Slomine, B. S. (2018). Caregiver-report of symptoms following traumatic brain injury in a small clinical sample of preschool-aged children. Journal of Pediatric Rehabilitation Medicine,11(1), 7-14. doi:10.3233/prm-160424

Brain Links / TN Disability Coalition
615-383-9442 ~ tbi@tndisability.org
https://www.tndisability.org/brain

@BrainLinksTN
YouTube Training Channel

TN Traumatic Brain Injury Program
800-882-0611
https://www.tn.gov/content/tn/health/health-program-areas/fhw/vipp/tbi.html

Brain Links is supported by the Administration for Community Living (ACL) by the U.S. Department of Health and Human Services under Grant NO 90TBSG0024-01-11 and in part by the TN Department of Health, Traumatic Brain Injury Program.

Oct-2019

RECONOCIENDO UNA CONMOCIÓN CEREBRAL

En las personas que se comunican sin palabras

Una herramienta para aquellos que atienden a personas que se comunican sin palabras, incluyendo familiares, profesionales de la atención médica y proveedores de servicios, etc.



Las concusiones cerebrales son causadas por un golpe, impacto o sacudida de la cabeza o el cuerpo. Incluso un "golpe", "quedar aturdido por una sacudida" o lo que parece ser un golpe leve o un golpe en la cabeza puede ser grave.

No se puede ver una conmoción cerebral. Los signos y síntomas pueden aparecer inmediatamente después de la lesión o pueden aparecer o notarse hasta días o semanas después de la conmoción.

(Adaptado de la CDC https://www.cdc.gov/headsup/index.html)

Problemas comunes al momento de la lesión

Dolores de cabeza

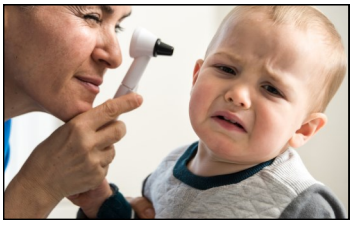
- dolores de cabeza que regresan constantemente
- dolor en la cabeza/cuello
- dolor detrás de la oreja
- dolor en la quijada
- dolor alrededor de los ojos

Problemas de equilibrio

- mareo
- problemas con el equilibrio

Cambios sensoriales

- cambios en gusto u olfato
- cambios de apetito
- demasiado caliente/frío
- zumbido en los oídos
- molestia con ruidos
- no puede manejar ruido de fondo
- cambios en la visión
- molestia con la luz



Si tiene alguno de estos problemas, ¡Consulte a un médico de inmediato!

SEÑALES DE PELIGRO

- **náuseas o vómitos**
- **una pupila más grande que la otra**
- **dolor de cabeza que no termina**
- **espasmos, ojos que se mueven con rapidez, rigidez en el cuerpo, se queda viendo al vacío**
- **pérdida de la conciencia, incluso si es breve**
- **desorientación/confusión**
- **temblor en las manos, sacudidas, músculos que se debilitan, pérdida de tono muscular**

Adaptado de la CDC: https://www.cdc.gov/headsup/basics/concussion_danger_signs.html

Una conmoción (o concusión) cerebral es un tipo de Traumatismo Encéfalo Craneano (TEC).

Todas las conmociones cerebrales deben tomarse en serio.

Una lesión en la cabeza puede sucedernos a cualquier persona, a cualquier edad y en cualquier momento.

Problemas para dormir

- no puede dormir durante la noche
- duerme demasiado
- los días y noches se confunden

Problemas con dolores

- hay dolor en cuello y hombros a menudo
- otros dolores en el cuerpo inexplicables



¿QUÉ HACER?:

Busque ayuda y referencias.

Existen tratamientos para una concusión cerebral.

Su médico puede referirlo a:

- Neurólogo
- Neuropsicólogo
- Centro especializado en conmoción cerebral
- Centro de rehabilitación de lesión cerebral
- Especialista en su síntoma particular

Los materiales de Brian Links son recursos educativos. Consulte con un doctor para todas las necesidades de atención médica.

Síntomas de conmoción cerebral comunes

Cognitivo / comunicación

- se siente aturdido o en una niebla
- lentitud para entender

Emocional / de comportamiento



- irritabilidad
- rápido para enojarse
- disminución en motivación
- llora con facilidad

Físico



- dolores de cabeza o de cuello
- cambios en la visión
- cambios al dormir
- fatiga
- falta de balance/ mareo
- molestia por luz o sonidos

Señales de Dolor

- llanto excesivo
- ansioso o agitado
- mucho movimiento físico
- cambios en respiración
- incremento en tirantez de músculos
- cambios faciales (tenso o estresado)



Identificar una conmoción cerebral puede ser más difícil en alguien que se comunica sin palabras.

Busque:



- sueño interrumpido
- dolor de estómago
- cambios en hábitos alimenticios
- disminuye su involucramiento, cambios con cosas que antes le encantaban
- comportamientos controlados deficientemente o comportamientos que cambian rápidamente
- problemas de continencia, moja la cama o presenta vejiga e intestinos incontrolados

Cómo pueden lucir los síntomas

- cubre o cierra los ojos o los hace bizcos
- cambios en apetito, no come sus alimentos favoritos
- cambios en sueño, sonambulismo, incapacidad de mantenerse en cama por mucho tiempo



* tocar/sostener su cabeza
* le molestan la luz o los ruidos
* olvida las rutinas
* cambios en cualquier habilidad que ya tenía
* más apegado / emocional o apartado
* cambios en apetito o sueño
* más rabietas / destructivo
* problemas estomacales

* Esta información está adaptada de un estudio sobre niños muy pequeños (3-5 años) que a menudo no tienen las palabras para describir sus síntomas: Suskauer, S. J., Rane, S., Reesman, J., & Slomine, B. S. (2018). Informe de cuidadores sobre síntomas después de una lesión cerebral traumática en una muestra clínica pequeña de niños de edad prescolar. Journal of Pediatric Rehabilitation Medicine,11(1), 7-14. doi:10.3233/prm-160424

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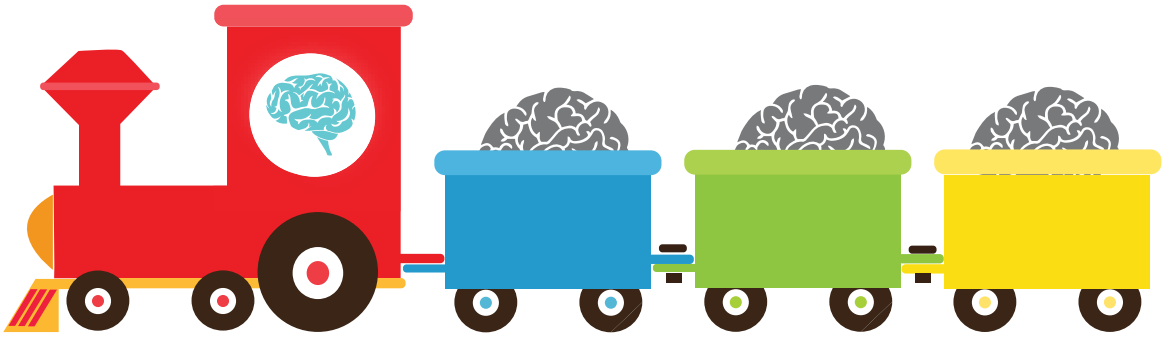
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Oct-2019

WHEN CONCUSSION SYMPTOMS ARE NOT GOING AWAY

A GUIDE FOR PARENTS OF CHILDREN WHO ARE FIVE AND UNDER



HAS YOUR CHILD HAD A CONCUSSION?

If your child has a concussion, also called a mild brain injury, there are certain steps you should take to help ease their symptoms. Usually concussion symptoms will clear by three months. For most children, symptoms will go away in two to four weeks. However, some children have symptoms that last longer than three months.

Here are some steps you should take when your child has a head injury.

FIRST THING AFTER INJURY

- Go to the doctor or emergency department.
- Follow the doctor's care plan. Watch your child carefully for changes.
- Have your child rest for the first one to three days as needed.
- Get a doctor's letter stating that your child has a concussion (or mild brain injury).
- Give copies of the letter to all childcare teachers and the school nurse. Keep a copy for yourself.



FOR A CHILD AT HOME

**A young child may not be able to tell you what is wrong.
Look for changes in their behavior such as:**

- Touching or holding their head
- Bothered by light or noise
- Forgetting routines
- Changes in walking or rolling
- Changes in grasping, feeding, or potty training
- More clingy and crying
- Less social
- Changes in eating or sleeping
- More tantrums or "bad" behavior
- Stomach hurts

Keep track of all changes. Write them down. Quickly tell a medical professional.

FIRST FEW DAYS TO WEEKS AFTER INJURY

After three days, make sure your child does not rest too much or have too much activity. It is safest to find a balance.

FOR A CHILD IN DAYCARE OR AT PRESCHOOL

Daycare or preschool personnel should put the doctor's letter into your child's medical chart and school file. Even if your child seems well now, they may have problems later as their brain matures. As your child goes back to daycare or preschool, make sure to:

- Ease the child back into school. Start with half days.
- You should expect mild symptoms. Watch your child's symptoms closely. Your child's symptoms should not be extreme. If you are worried, trust your gut. Talk to a medical professional.
- Ask the teacher to make simple changes to help your child stay at school longer:
  - Rest with head down
  - Take "brain breaks" in a quiet room
  - Wear a hat or turn down the lights
  - Use earplugs
  - Use a comfort item like a blanket or stuffed toy
  - Nap as needed
- Have the teachers track your child's symptoms and tell you which changes are helping. Use different types of changes as needed.

It's VERY important to keep your child safe after concussion. While healing, their brain could be injured again. Talk to your doctor. Find out what activities your child can and cannot do.





"Bad" behavior is sometimes the first sign that a young child has had an injury. Your child may be frustrated or angry about changes. They may not have the words to explain these feelings. Be patient. Dig deeper. Try to find out if the difficulty is with their thinking, listening, or talking. Ask your child's teacher for help.

FOUR WEEKS AFTER INJURY

Is your child still facing problems? If so, follow these steps.

IF YOUR CHILD IS BETWEEN ZERO AND THREE YEARS OLD

Talk to your doctor. Your child may need a referral to the Tennessee Early Intervention System (TEIS). Parents can also make referrals to TEIS. The TEIS website tells how to make referrals.

AFTER YOUR CHILD'S THIRD BIRTHDAY

Contact the local Special Education Supervisor. Start with your school district's Central Office. Follow these steps:

- Set up a test / evaluation to see if your child needs services.
- Help make an Individualized Education Program (IEP) if your child needs services. The local school district provides the services.
  - Is your child in kindergarten? If so, ask the school in writing to start the testing process for special services.
- See Tennessee's Support and Training for Exceptional Parents Program (STEP) for more help understanding special education.

ONE OR MORE YEARS AFTER INJURY

Sometimes symptoms seem to get better quickly. Then problems may appear in school a year or more after your child's head injury. The brain matures as children grow older. We do not use some skills until we are old enough to need them.

- Ask for testing by the school if your child is having any type of problem. This might include learning, behavioral, emotions, or thinking.
- Tell the teachers about your child's injury each new school year. Ask them to look for any signs of difficulty. Talking with teachers ahead of time can prevent bigger problems.

In some areas there are special clinics that focus just on concussion symptoms. Talk to your doctor about whether these are right for your child.



Remember - You can speak up for your child. Trust your gut. Stay involved.

Watch symptoms over time. Update your child's doctor. Stay in contact with the school. Concussion symptoms are real. Symptoms indicate the brain is healing and needs time and supports at home and school.

THINGS TO WATCH FOR OVER TIME (*CHECK THOSE THAT YOU SEE*)

- ☐ Mood swings, gets mad easily and changes in personality
- ☐ Trouble with attention and thinking
- ☐ Memory problems, especially things that just happened
- ☐ Anxiety, depression or difficulty handling stress
- ☐ Headaches
- ☐ Behavior that doesn't fit the time, place or people (loud in a library)
- ☐ Poor sleep and feeling tired too easily
- ☐ "Bad" or unwanted behavior
- ☐ Later: Grades dropping, falling behind other kids

NOTE:

Every brain injury is different. There is no set time that recovery takes. If your child is school-aged (five plus), ask for the school-aged parent guide.

FREE RESOURCES

Tennessee Traumatic Brain Injury Program
https://www.tn.gov/health/health-program-areas/fhw/vipp/tbi.html | 800-882-0611

KidCentral
https://www.kidcentraltn.com

Centers for Disease Control and Prevention
https://www.cdc.gov/headsup/index.html

Center on Brain Injury Research and Training
https://www.cbirt.org/

Tennessee Early Intervention System (TEIS)
https://www.tn.gov/education/early-learning/tennessee-early-intervention-system-teis.html

Family Voices of Tennessee
https://familyvoicestn.org

Brain Links

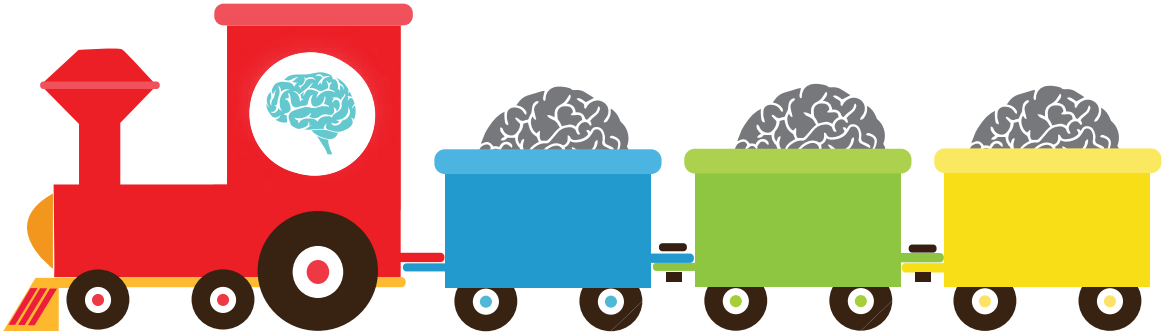
https://www.tndisability.org/brain

@BrainLinksTN

Brain Links is supported by the Administration for Community Living (ACL) of the U.S. Department of Health and Human Services under Grant No. 90TBSG0024-01-00 and in part by the TN Department of Health, Traumatic Brain Injury Program.

CUANDO LOS SÍNTOMAS DE UNA CONCUSIÓN NO SE VAN

UNA GUÍA PARA PADRES DE NIÑOS CON HIJOS MENORES DE CINCO AÑOS



¿TU HIJO TIENE UNA CONCUSIÓN?

Si su hijo tiene una Concusión, también llamada lesión cerebral leve, hay ciertos pasos que debe tomar para ayudar a aliviar sus síntomas. Por lo general, los síntomas de una concusión desaparecerán a los tres meses. Para la mayoría de los niños, los síntomas desaparecerán en dos a cuatro semanas. Sin embargo, algunos niños tienen síntomas que duran mas de tres meses.
Aquí hay algunos pasos que debes seguir cuando tu hijo tiene una lesión en la cabeza.

LO PRIMERO DESPUÉS DE LA LESIÓN

- Dirijase al médico o al servicio de urgencias.
- Siga el plan de cuidado del médico. Observa cuidadosamente a su hijo para detectar cambios.
- Haga que su hijo descanse inicialmente de uno a tres días, según sea necesario.
- Obtenga una carta del médico que indique que tu hijo tiene una concusión (o lesión cerebral leve).
- Entregue copias de la carta a todos los maestros a cargo del cuidado y a la enfermera de la escuela. Guarde una copia para usted.



PARA UN NIÑO EN CASA

Es posible que un niño pequeño no pueda decirle que está mal. Busque cambios en su comportamiento, tales como:

- Tocarse o sostener su cabeza.
- Molesto por la luz o el ruido
- Olvida las rutinas
- Cambios en el caminar o rodar
- Cambios en el agarre, alimentación o entrenamiento para ir al baño.
- Más apegado y lloroso
- Menos social
- Cambios al comer o dormir.
- Más rabietas o comportamiento "malo"
- Dolor de estomago

Mantenga un registro de todos los cambios. Escríbalos. Informe rápidamente a un profesional médico.

DE LOS PRIMEROS DÍAS A LAS SEMANAS DESPUÉS DE LA LESIÓN

Después de tres días, asegúrese de que su hijo no descanse demasiado o tenga demasiada actividad. Es más seguro encontrar un balance.

PARA UN NIÑO EN LA GUARDERIA O EN EL PREESCOLAR

El personal de guardería o preescolar debe poner la carta del médico en el expediente médico y el archivo escolar de su hijo. Incluso si su hijo parece estar bien ahora, pueden tener problemas más adelante a medida que su cerebro madura. Cuando su hijo regrese a la guardería o al preescolar, asegúrese de:

- Facilitar el regreso del niño a la escuela. Iniciar con medio día.
- Esperar síntomas leves. Observar atentamente los síntomas de su hijo. Los síntomas de su hijo no deben ser extremos. Si está preocupado, confíe en su instinto. Hable con un profesional médico.
- Pídale a la maestra que haga cambios simples para ayudar a su hijo a quedarse en la escuela por más tiempo:
  - Que descanse con la cabeza hacia abajo
  - Tomar descansos mentales en una habitación tranquila
  - Usar un sombrero o luces tenues
  - Usar tapones para los oídos
  - Usar un artículo de estabilidad emocional como una manta o un juguete de peluche
  - Dormir si es necesario
- Haga que los maestros registren los síntomas de su hijo y le digan qué cambios están ayudando. Use diferentes tipos de cambios según sea necesario.

Es MUY importante mantener a su hijo salvo después de una concusión. Mientras se cura, su cerebro podría lesionarse de nuevo. Hable con su médico. Averigüe qué actividades el niño puede y no puede hacer.





El "mal" comportamiento es a veces la primera señal de que un niño pequeño ha sufrido una lesión. Su hijo puede estar frustrado o enojado por los cambios. Es posible que no tenga las palabras para explicar estos sentimientos. Sea paciente. Indague más hondo. Trate de averiguar si la dificultad está en pensar, escuchar o hablar.
Pida ayuda a la maestra de su niño.

CUATRO SEMANAS DESPUÉS DE LA LESIÓN

¿Su hijo sigue enfrentando problemas? Si es así, siga estos pasos.

SI SU HIJO ESTÁ ENTRE CERO Y TRES AÑOS

Hable con su médico. Su hijo puede necesitar una derivación al Sistema de Intervención Temprana de Tennessee (TEIS). Los padres también pueden hacer derivaciones a TEIS. El sitio web de TEIS dice cómo hacer derivaciones.

DESPUÉS DEL TERCER AÑO DE SU HIJO

Póngase en contacto con el supervisor local de educación especial. Comience con la Oficina Central de su distrito escolar. Siga estos pasos:

- Prepare una prueba/evaluación para ver si su hijo necesita servicios.
- Ayude a crear un Programa de educación individualizado (IEP) si su hijo necesita servicios. El distrito escolar local proporciona los servicios.
  - ¿Está su hijo en el jardín infantil? Si es así, pídale a la escuela por escrito que comience el proceso de prueba para servicios especiales.
- Vea el Programa de Apoyo y Capacitación para Padres Excepcionales de Tennessee (PASO) Para obtener más ayuda para entender la educación especial.

UNO O MÁS AÑOS DESPUÉS DE LA LESIÓN

A veces los síntomas parecen mejorar rápidamente. Luego, pueden aparecer problemas en la escuela un año o más después de la lesión en la cabeza de su hijo. El cerebro madura a medida que los niños crecen. No usamos algunas habilidades hasta que tengamos la edad suficiente para necesitarlas.
A medida que su hijo continúa en la escuela:

- Solicite que la escuela evalúe si su hijo tiene algún tipo de problema. Esto podría incluir aprendizaje, comportamiento, emociones, o pensamiento.
- Informe a los maestros sobre la lesión de su hijo cada nuevo año escolar. Pídales que busquen cualquier señal de dificultad. Hablar con los maestros antes de tiempo puede prevenir proble-mas más grandes.

En algunas zonas hay clínicas especializadas que se centran sólo en los síntomas de las concusiones. Hable con su médico si estos son adecuados para su hijo.



Recuerde: usted puede hablar por su hijo. Confié en su instinto. Manténgase involucrado.

Observe los síntomas a lo largo del tiempo. Informe al médico de su hijo. Manténgase en contacto con la escuela. Los síntomas de una concusión son reales. Los síntomas indican que el cerebro está sanando y, necesita tiempo y apoyo en el hogar y la escuela.

COSAS A VERIFICAR EN EL TIEMPO(*VERIFIQUE LOS QUE VE*)

- ☐ Cambios de humor, se enoja fácilmente y cambia de personalidad.
- ☐ Problemas con la atención y el pensamiento.
- ☐ Problemas de memoria, especialmente las cosas que acaban de pasar.
- ☐ Ansiedad, depresión o dificultad para manejar el estrés.
- ☐ Dolores de cabeza
- ☐ Comportamiento que no se ajusta al tiempo, lugar o personas (ruidoso en una biblioteca)
- ☐ Pobre dormir y sentirse cansado con demasiada facilidad.
- ☐ Comportamiento "Malo" o no deseado
- ☐ Luego: Notas escolares bajando detrás de otros niños

NOTA:

Cada lesión cerebral es diferente. No hay tiempo establecido para que termine la recuperación.
Si tu hijo esta en edad escolar (más de cinco años), pregunte por Guía para padres de niños en edad escolar.

RECURSOS GRATIS

Programa de lesión cerebrales traumáticas de Tennessee
https://www.tn.gov/health/health-program-areas/fhw/vipp/tbi.html | 800-882-0611

KidCentral
https://www.kidcentraltn.com

Centros de Control y Prevención de Enfermedades
Programa de lesión cerebrales traumáticas de Tennessee
https://www.cdc.gov/headsup/index.html

Centro de Investigación y Entrenamiento de Lesiones Cerebrales
https://www.cbirt.org/

Sistema de Intervención Temprana de Tennessee (TEIS)
https://www.tn.gov/education/early-learning/tennessee-early-intervention-system-teis.html

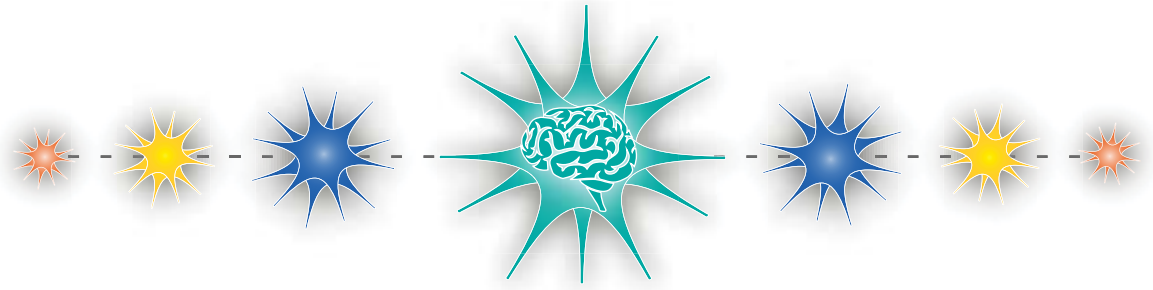
Family Voices de Tennessee
https://familyvoicestn.org

Brain Links
https://www.tndisability.org/brain
@BrainLinksTN

Brain Links cuenta con el respaldo de la Administración para la Vida Comunitaria (ACL) del Departamento de Salud y Servicios Humanos de los EE. UU. Bajo la subvención No. 90TBSG0024-01-00 y, en parte, por el Departamento de Salud de TN, Programa de Lesiones Cerebrales Traumáticas.

WHEN CONCUSSION SYMPTOMS ARE NOT GOING AWAY

A GUIDE FOR PARENTS OF CHILDREN WHO ARE SCHOOL-AGED



HAS YOUR CHILD HAD A CONCUSSION?

If your child has a concussion, also called a mild brain injury, there are certain steps you should take to help ease their symptoms. Usually concussion symptoms will clear by three months. For most children, symptoms will go away in two to four weeks. However, some children have symptoms that last longer than three months.

If you have a child in school, three months is too long to wait and see if symptoms go away. You need to take action earlier, along with the school, to help your child do well in school and stay up-to-date.

Here are some steps you should take when your child has a head injury.

FIRST THING AFTER INJURY

- Go to the doctor or emergency department.
- Follow the doctor's care plan. Watch your child carefully for changes.
- Have your child rest for the first one to three days as needed.
- Get a doctor's letter stating that your child has a concussion (or mild brain injury).
- Give copies of the letter to all teachers and coaches, as well as the school nurse and principal. Keep a copy for yourself.



FIRST FEW DAYS TO WEEKS AFTER INJURY

After three days, make sure your child does not rest too much or have too much activity. It is safest to find a balance.

FOR A CHILD IN DAYCARE OR AT PRESCHOOL

School personnel should put the doctor's letter into your child's medical chart and school file. Even if your child seems well now, they may have problems later as their brain matures. As your child goes back to school, make sure to:

- Ease the child back into school when they can focus for at least 30 minutes. Start with half days.
- Ask the teacher to make simple changes to help your child's symptoms. For example, if your child had a broken arm, another student would take notes for him until it heals. There are other changes that could help at any time:
  - Rest with head down and/or eyes closed
  - Take "brain breaks" in a quiet room
  - Wear a hat or turn down the lights
  - Use earplugs
- Have the teachers track your child's symptoms and note which changes are helping. Use different types of changes as needed.
- Make a clear plan with the teachers to assign only **the most needed** classwork and homework. Students should **make up** only the most needed work.

FOUR TO SIX WEEKS AFTER INJURY

Is your child still having problems? It may be time to make the classroom changes more official with a **504 Plan** at school. A 504 Plan is a formal plan made just for your child. The plan includes supports the school gives to help your child to do his or her best. The changes or supports stop a little at a time when your child no longer needs them. The changes are called "accommodations" in a 504 Plan.

Examples of these changes (accommodations) may include:

- Longer time for exams or classwork
- "Brain breaks" as needed
- Sunglasses to help with headaches
- Checklists for school work and homework

If state testing is coming up soon, your child may need a 504 Plan quickly. This plan will allow for more time on a test. A doctor can also write a letter asking that the child skip testing for now.

Remember - You can speak up for your child. Trust your gut. Stay involved.

Watch symptoms over time. Update your child's doctor. Stay in contact with the school. Concussion symptoms are real. Symptoms tell you that the brain is still healing and needs time and supports at home and school.





"Bad" behavior is sometimes the first sign that a child has had a brain injury. Your child may be confused about what is happening. Your child may be frustrated or angry about changes. They may not have the words to explain these feelings. Be patient. Dig deeper. Try to find out if the difficulty is with their thinking, listening, or talking. Ask your child's teacher to help.

THREE MONTHS AFTER INJURY

Is your child still facing problems? It may be time to do two things:

Ask the school to test your child for needed services. Ask this **in writing**.

Ask the school about scheduling a "neuropsychological evaluation". This is a different test done by a brain specialist (neuropsychologist). This person is trained to understand how the brain is working. They will test the most basic parts of learning like attention, memory, and organization. They will give ideas about how to best teach your child and helpful changes for the classroom.

- With this test and input, you and the school will decide whether to keep (or start) a 504 Plan. Or, it might be best to make an **Individualized Education Program (IEP)** for your child. An IEP might include working with a Special Educator, Speech Therapist, or Occupational Therapist at school
- See Tennessee's Support & Training for Exceptional Parents Program (STEP) for help with the special education process. For more help, see the Center on Brain Injury Research and Training website.

ONE OR MORE YEARS AFTER INJURY

Sometimes symptoms seem to get better quickly. Then problems may appear in school a year or more after your child's head injury. The brain matures as children grow older. We do not use some skills until we are old enough to need them.

Ask for testing by the school if your child is having any type of problem. This might include learning, behavior, emotions, or thinking.

- See the steps listed under "Three Months After Injury"

Tell the teachers about your child's injury each new school year. Ask them to look for any signs of difficulty. Talking with teachers ahead of time can prevent bigger problems.

In some areas there are special clinics that focus just on concussion symptoms. Talk to your doctor about whether these are right for your child.



Returning to Sports and Other Physical Activity

Student athletes must be cleared by a medical professional before returning to play. This person should be trained in concussion care. They will probably recommend a gradual return to sports.

Your child should not return to a sport when they are still taking medicine to control pain. They should not return to sports when they need changes or adjustments in their classes.

See Tennessee's Return to Learn / Return to Play: Concussion Management Guidelines for how to best return to activities.

THINGS TO WATCH FOR OVER TIME (*CHECK THOSE THAT YOU SEE*)

- ☐ Mood swings, gets mad easily and changes in personality
- ☐ Trouble with attention and thinking
- ☐ Memory problems, especially things that just happened
- ☐ Anxiety, depression or difficulty handling stress
- ☐ Headaches
- ☐ Behavior that doesn't fit the time, place or people (loud in a library)
- ☐ Poor sleep and feeling tired too easily
- ☐ "Bad" or unwanted behavior
- ☐ Later: Grades dropping, falling behind other kids

NOTE:

Every brain injury is different. There is no set time that recovery takes. If your child is zero to five years old, ask for the "zero to five" parent guide.

FREE RESOURCES

Tennessee Traumatic Brain Injury Program
https://www.tn.gov/health/health-program-areas/fhw/vipp/tbi.html | 800-882-0611

TennesseeYouth Sports League Safe Stars Initiative
https://www.tn.gov/health-program-areas/fhw/vipp/safe-stars-initiative.html

KidCentral
https://www.kidcentraltn.com

Center on Brain Injury Research and Training
https://www.cbirt.org/

Centers for Disease Control and Prevention
https://www.cdc.gov/headsup/index.html

Family Voices of Tennessee
https://familyvoicestn.org

Brain Links

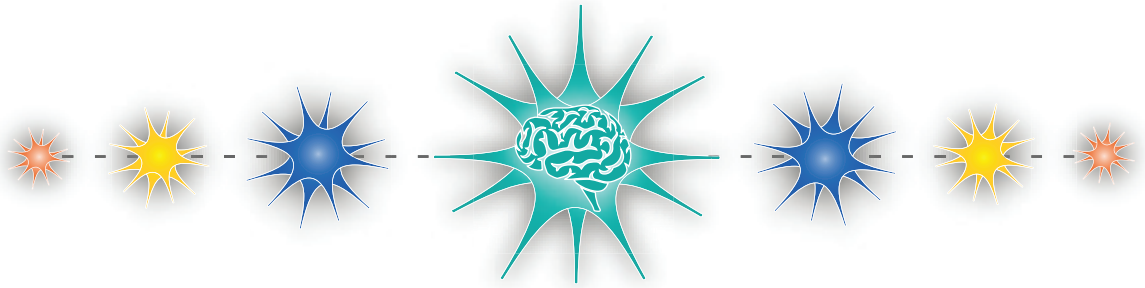
https://www.tndisability.org/brain

@BrainLinksTN

Brain Links is supported by the Administration for Community Living (ACL) of the U.S. Department of Health and Human Services under Grant No. 90TBSG0024-01-00 and in part by the TN Department of Health, Traumatic Brain Injury Program.

CUANDO LOS SÍNTOMAS DE UNA CONCUSIÓN NO SE VAN

UNA GUÍA PARA PADRES DE NIÑOS QUE ESTÁN EN EDAD ESCOLAR



¿TU HIJO TIENE UNA CONCUSIÓN?

Si su hijo tiene una Concusión, también llamada lesión cerebral leve, hay ciertos pasos que debes tomar para ayudar a aliviar sus síntomas. Por lo general, los síntomas de una concusión desaparecerán a los tres meses. Para la mayoría de los niños, los síntomas desaparecerán en dos a cuatro semanas. Sin embargo, algunos niños tienen síntomas que duran mas de tres meses.

Si tiene un hijo en edad escolar, tres meses es demasiado tiempo para esperar y ver si los síntomas desaparecen. Debe actuar antes, junto con la escuela, para ayudar a su hijo a tener un buen desempeño en la escuela y mantenerse al día.

Aquí hay algunos pasos que debes seguir cuando su hijo tiene una lesión en la cabeza.

LO PRIMERO DESPUÉS DE LA LESIÓN

- Dirijase al médico o al servicio de urgencias.
- Siga el plan de cuidado del médico. Observe cuidadosamente a su hijo para detectar cambios.
- Haga que su hijo descanse durante uno a tres días, según sea necesario.
- Obténga una carta del médico que indique que su hijo tiene una concusión (o lesión cerebral leve).
- Entregue copias de la carta a todos los maestros y entrenadores, así como a la enfermera de la escuela y al director. Guarda una copia para usted.



LOS PRIMEROS DÍAS A LAS SEMANAS DESPUÉS DE LA LESIÓN

Después de tres días, asegúrese de que su hijo no descanse demasiado o tenga demasiada actividad. Es más seguro encontrar un balance.

PARA UN NIÑO EN LA GUARDERIA O EN EL PREESCOLAR

El personal de la escuela debe poner la carta del médico en el expediente médico y el archivo escolar de su hijo. Incluso si su hijo parece estar bien ahora, pueden tener problemas más adelante a medida que su cerebro madura. Cuando su hijo regrese a la escuela, asegúrese de:

- Retornar el niño a la escuela cuando pueda concentrarse durante al menos 30 minutos. Iniciar con medio día.
- Pedir a la maestra que haga cambios simples para ayudar a los síntomas de su hijo. Por ejemplo, si su hijo tenía un brazo roto, otro estudiante tomaría notas por él hasta que se cure. Hay otros cambios que podrían ayudar en cualquier momento:
  - Descansar con la cabeza baja y/o los ojos cerrados.
  - Tomar descansos mentales en una habitación tranquila
  - Usar un sombrero o luces tenues
  - Usar tapones para los oídos
- Haga que los maestros observen los síntomas de su hijo y anoten qué cambios están ayudando. Usar diferentes tipos de cambios según sea necesario.
- Haga un plan claro con los maestros para asignar **solo** el trabajo en clase y la tarea más necesarios. Los estudiantes deben **hacer** solamente el trabajo más necesario.

CUATRO A SEIS SEMANAS DESPUÉS DE LA LESIÓN

¿Su hijo todavía tiene problemas? Puede que sea el momento de hacer que los cambios en el aula sean más oficiales con un **Plan 504** en la escuela. Un Plan 504 es un plan formal hecho solo para su hijo. El plan incluye apoyos de la escuela para ayudar a su hijo a hacer lo mejor posible. Los cambios o apoyos se detienen poco a poco cuando su hijo ya no los necesita. Los cambios se llaman "acomodaciones" en un Plan 504.

Ejemplos de estos cambios (acomodaciones) pueden incluir:

- Mayor tiempo para exámenes o trabajos de la clase.
- Descansos mentales según sea necesario.
- Gafas de sol para ayudar con dolores de cabeza.
- Listas de verificación para el trabajo escolar y la tarea.

Si se aproximan las pruebas estatales, es posible que su hijo necesite un Plan 504 inmediatamente. Este plan le permitirá más tiempo en una prueba. Un médico también puede escribir una carta pidiendo que el niño salte las pruebas por ahora.

Recuerde: usted puede hablar por su hijo. Confié en su instinto. Manténgase involucrado.

Observe los síntomas a lo largo del tiempo. Informe al médico de su hijo. Manténgase en contacto con la escuela. Los síntomas de un concusión son reales. Los síntomas te dicen que el cerebro todavía está sanando y necesita tiempo y apoyo en casa y en la escuela.





El mal comportamiento es a veces la primera señal de que un niño ha tenido una lesión cerebral. Su hijo puede estar confundido acerca de lo que está sucediendo. Su hijo puede estar frustrado o enojado por los cambios. Es posible que no tengan las palabras para explicar estos sentimientos. Sea paciente. Indague más hondo. Trate de averiguar si la dificultad está en su forma de pensar, escuchar o hablar.
Pídale ayuda a la maestra de su hijo.

TRES MESES DESPUÉS DE LA LESIÓN

¿Su hijo sigue enfrentando problemas? Puede que sea hora de hacer dos cosas:

- Pídale a la escuela que evalúe a su hijo para los servicios que necesita. Pídalo **por escrito**.

- Pregunte a la escuela sobre la programación de una "evaluación neuropsicológica". Esta es una prueba diferente hecha por un especialista del cerebro (neuropsicólogo). Esta persona está entrenada para entender cómo está trabajando el cerebro. Examinarán las partes más básicas del aprendizaje, como la atención, la memoria y la organización. Le darán ideas sobre cómo enseñar mejor a su hijo y sobre cambios útiles para el aula.
  - Con esta prueba y aportes, usted y la escuela decidirán si deben mantener (o comenzar) un Plan 504. O, podría ser mejor hacer un **Programa de Educación Individualizada (IEP)** para su hijo. Un IEP puede incluir trabajar con un educador especial, un terapeuta del habla o un terapeuta ocupacional en la escuela.
  - Consulte el Programa de Apoyo y Capacitación para Padres Excepcionales de Tennessee (STEP) para obtener ayuda con el proceso de educación especial. Para obtener más ayuda, consulte el sitio web del Centro de investigación y capacitación sobre lesiones cerebrales.

UNO O MÁS AÑOS DESPUÉS DE LA LESIÓN

A veces los síntomas parecen mejorar rápidamente. Luego, pueden aparecer problemas en la escuela un año o más después de la lesión en la cabeza de su hijo. El cerebro madura a medida que los niños crecen. No usamos algunas habilidades hasta que tengamos la edad suficiente para necesitarlas. **A medida que su hijo continúa en la escuela:**

- Solicite que la escuela evalúe si su hijo tiene algún tipo de problema. Esto podría incluir aprendizaje, comportamiento, emociones, o pensamiento.
  - Vea los pasos enumerados en "Tres meses después de la lesión"

- Informe a los maestros sobre la lesión de su hijo cada nuevo año escolar. Pídales que busquen cualquier señal de dificultad. Hablar con los maestros antes de tiempo puede prevenir problemas más grandes.

En algunas zonas hay clínicas especializadas que se centran sólo en los síntomas de las concusiones. Hable con su médico si estos son adecuados para su hijo.



Volviendo a los deportes y otras actividades físicas

Los actividades de estudiantes atletas deben ser aprobadas por un profesional médico antes de volver a jugar. Esta persona debe ser entrenada en la atención de concusiones. Probablemente recomendarán un regreso gradual a los deportes.

Su hijo no debe regresar a un deporte cuando aún esté tomando medicamentos para controlar el dolor. No debe regresar a los deportes cuando necesiten cambios o ajustes en sus clases.

Vea el Retorno a aprender/jugar de Tennessee: Pautas sobre el manejo de concusiones para poder volver mejor a las actividades.

COSAS A VERIFICAR EN EL TIEMPO(*VERIFIQUE LOS QUE VE*)

- ☐ Cambios de humor, se enoja fácilmente y cambia de personalidad.
- ☐ Problemas con la atención y el pensamiento.
- ☐ Problemas de memoria, especialmente las cosas que acaban de pasar.
- ☐ Ansiedad, depresión o dificultad para manejar el estrés.
- ☐ Dolores de cabeza.
- ☐ Comportamiento que no se ajusta al tiempo, lugar o personas (ruidoso en una biblioteca)
- ☐ Pobre dormir y sentirse cansado con demasiada facilidad.
- ☐ Comportamiento "Malo" o no deseado.
- ☐ Luego: Notas escolares bajando detrás de otros niños.

NOTA:

Cada lesión cerebral es diferente. No hay tiempo establecido para que termine la recuperación. Si su hijo tiene de cero a cinco años, solicite la guía para padres "de cero a cinco".

RECURSOS GRATIS

Programa de lesión cerebrales traumáticas de Tennessee
https://www.tn.gov/health/health-program-areas/fhw/vipp/tbi.html

Iniciativa Safe Stars de la Liga Deportiva de Tennessee
https://www.tn.gov/health/health-program-areas/fhw/vipp/safe-stars-initiative.html

KidCentral
https://www.kidcentraltn.com

Centro de Investigación y Entrenamiento de Lesiones Cerebrales
https://www.cbirt.org/

Centros de Control y Prevención de Enfermedades
https://www.cdc.gov/headsup/index.html

Family Voices de Tennessee
https://familyvoicestn.org

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WHEN CONCUSSION SYMPTOMS ARE NOT GOING AWAY

A GUIDE FOR ADULTS WITH CONCUSSION



FIRST THING AFTER INJURY

- Go to the doctor or hospital.
- Rest for the first one to three days as needed.
- Follow the doctor's care plan.
- Watch carefully for changes.
- Have someone else watch, too.

Get a doctor's letter saying that you have a concussion (or mild brain injury) and when you may return part-time or full-time to school or work.

HAVE YOU HAD A CONCUSSION?

If you have had a concussion, also called a mild brain injury, there are things you can do to feel better. Usually concussion symptoms will go away by three months. Most people feel better in two to four weeks. However, some people have symptoms that last longer than three months.

Remember: You don't have to hit your head to get a concussion. A hard bump to the body can also cause a concussion.

If you have an active lifestyle, three months may be too long to wait to see if symptoms go away. You need to act sooner to safely and successfully return to school, work and physical activity.

FIRST FEW DAYS TO WEEKS AFTER INJURY

After three days, start to ease back into daily routine, but try not to do too much. Too much activity can make symptoms last longer. **Did you know that research also shows that too much rest can do the same?** It is safest to find a balance. If you can, put off big work, legal or financial decisions during this time.

TRY NOT TO PUSH THROUGH YOUR SYMPTOMS

RETURNING TO COLLEGE
(OR OTHER TRAINING AFTER HIGH SCHOOL)



Ease back into school. You may need to start with a shorter schedule. Leave class as symptoms get worse and before they become too bad.
Take a break when you need one.
Start by talking to each teacher. Show them the doctor's note. Tell them what happened. Let them know how you are feeling and what you think may help you or what you may need to do.

Examples of helpful changes:

- "*I may need to wear sunglasses because I'm sensitive to light.*"
- "*I may need to put my head down to rest. I'd like to do this rather than leave so I can still listen.*"
- "*I can't handle a whole class yet, so I may need to leave early.*"
- "*I may need extra time for this test/project because it takes longer for me to think and plan.*"

Let teachers know that you do not expect these changes to last long, but you do need them now in order to do your best. If you need help in making these changes, talk to the school's Disability Services office.

Tennessee's TBI Service Coordinators are people who can help you at no cost.
They know about concussion (brain injury) and can help with what you need. **800-882-0611**

RETURNING TO WORK

You may need to give your employer the letter from your doctor that tells why you were out and gives the okay to return.
If possible, work with your employer to return slowly (half day at first) to see if your symptoms get worse.

In some jobs, you can make changes without asking the employer. Maybe you can turn off your private office light, turn down the brightness on your computer, or close the door? Make any changes that you know are okay to make on your own. Work with your employer to make other changes. Tell them that these changes may not last long. It may help to talk with your Human Resources office.



FOUR TO SIX WEEKS AFTER INJURY

If your symptoms have not gone away by four weeks after injury, you may need to see a symptom specialist. **What is a symptom specialist?** New research shows that there are different types of symptom groups like having problems with thinking, headaches and balance. Treatment for your symptom group can help you feel better sooner. Talk to your doctor about sending you sooner if needed. **Talk about your injury and problems that have started with the specialist.**

Below are some of the problems and who your doctor might send you to see:

Problem	Referral (Specialist who can help)
Thinking (Cognitive) and Tiredness (Fatigue)	Neuropsychologist, specialized concussion clinic, brain trauma clinic, Speech Language Pathologist
Balance (Vestibular)	Physical Therapist, specialized concussion clinic
Problem with eye movement (Ocular-Motor)	Neuro-ophthalmologist, Occupational Therapist
Headache/Migraine	Neurologist
Neck pain (Cervical)*	Chiropractor, Physical Therapist
Changes in feelings, Sad, Angry (Mood, Anxiety)	Psychologist, Counselor, Neuropsychologist, Psychiatrist

**If the neck is out of place, it can cause headaches and other concussion symptoms.*

ONGOING

Continue to use your helpful changes at work and school. If you start new classes and jobs, you may need to think of new changes for those. Look at a strategy list like the Strategies and Accommodations Tool at: https://www.tndisability.org/resources-0 for ideas or talk to a specialist.

Choose a key person in your life to help you with ideas for helpful changes while you heal. It is good to know and to ask for what you need.

DANGER SIGNS

If you see any of these signs, CALL 911 or go to the hospital immediately



- *Nausea (very sick stomach) or vomiting*
- *One pupil larger than the other*
- *Headache that does not go away*
- *Seizures: eyes fluttering, body going stiff or shaking, staring into space*
- *Loss of consciousness, even brief*
- *Disoriented/confused*
- *Hands shake, body shaking, muscles get weak, loss of muscle tone*

https www.cdc.gov headsup basics concussion danger signs.html

OLDER ADULTS

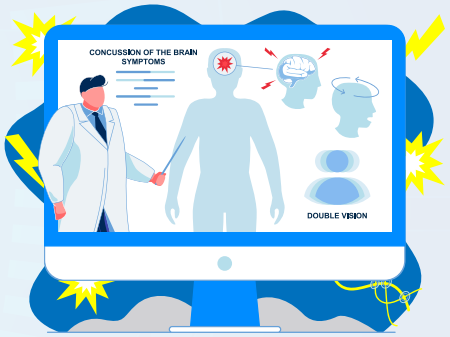
As we age, changes can take place in our brains. A fall or other accident is more likely to cause a concussion or even a brain bleed. A bleed may take more time to show up in someone who is older, so they need to be watched more closely over several days. **If any danger signs are seen (see box) - in anyone at any age - call 911 or go to the hospital right away.**

WHAT'S GOING ON? IS THERE REALLY ANYTHING WRONG WITH ME?

Concussion symptoms can seem to come and go or get worse. Sometimes you may even doubt if there is a problem. When symptoms seem to change, it is usually because your body or your mind is tired. Symptoms can also change if you drink alcohol or take a drug (even legal medicine). Being sick, being upset, in pain, or stressed can also cause changes. The better you can manage these other things, the better your symptoms will be. Symptoms are real. They tell you that the brain is still healing and needs time.

Take time to make helpful changes at home, school and work until you don't need them.

- TN Statewide Crisis Phone Line: **855-CRISIS-1**
- See the Personal Guide for Everyday Living after Concussion/Traumatic Brain Injury at **https://www.tndisability.org/resources-0**



BEHAVIOR CHANGES

Sometimes angry behavior, like yelling at others, is the first sign that you have had a brain injury. You may be mad or sad that you can't do something that was easy before the injury. Others may not understand. Be patient with yourself. Try to figure out what the real problem is.

Ask yourself these questions: Can I pay attention? Has my vision changed? Am I in pain? Maybe you just can't handle things like you used to. Try to figure out if there are any helpful changes you can make. Talk with someone who can help you - a trusted friend, family member or a specialist.

RETURNING TO SPORTS AND OTHER PHYSICAL ACTIVITY AND PHYSICAL JOBS

Student athletes, recreational athletes and people with physical jobs should be cleared by a medical professional before going back to their sport or to a job.

- You should not return to sports (or a physical job) if you still have concussion symptoms.
- You should also not return when you are still taking medicine for pain or other concussion symptoms. See the National Collegiate Athletic Association guidelines: **https www.ncaa.org sport-science-institute concussion**

THINGS TO WATCH FOR OVER TIME



Check all those that you see:

- ☐ Mood swings, getting mad easier, changes in how you act
- ☐ Trouble with staying on task and thinking
- ☐ Memory problems - things that just happened
- ☐ Anxiety, depression, or problem handling stress
- ☐ Headaches
- ☐ Behavior that doesn't fit the time, place or people (loud in a library)
- ☐ Poor sleep and feeling tired too easily
- ☐ Later: Problems with work at school or job

EVERY BRAIN INJURY IS DIFFERENT.
There is no set time that getting better takes.

DOMESTIC VIOLENCE

If your injury is the result of someone you know who is hurting you, ask for help.
Tell the doctor. **Call 911** if it is an emergency.
Call the Tennessee Statewide Domestic Violence Helpline at **800-356-6767**.
You can find help at the Tennessee Coalition to End Domestic Violence and Sexual Violence: **https://www.tncoalition.org/.**

For a child: https://www.tn.gov/dcs/program-areas/child-safety/reporting/child-abuse.html or call 877-237-0004

For an older person: https://www.tn.gov/aging/learn-about/elder-abuse.html or call 888-277-8366



ALCOHOL ABUSE

Many people feel that alcohol changes them more than it did before their injury. Thinking becomes harder and their emotions are more out of control. It is wise to avoid alcohol and drugs while you are getting better. Never drink or use drugs and drive.

FREE RESOURCES

Tennessee Traumatic Brain Injury Program:
https://www.tn.gov/health/health-program-areas/fhw/vipp/tbi.html

Tennessee Traumatic Brain injury Service Coordinators:
https://www.tn.gov/health/health-program-areas/fhw/vipp/tbi/support-groups.html

Tennessee Vocational Rehabilitation:
https://www.tn.gov/humanservices/ds/vocational-rehabilitation.html

Supported Employment:
https://www.tn.gov/behavioral-health/mental-health-services/ips-supported-employment/supported-employment.html

Benefits to Work Program:
https://www.tndisability.org/benefits-work

Brainline:
https://www.brainline.org/

Brain Injury Association of America:
https://www.biausa.org/

Brain Links
https://www.tndisability.org/brain
@BrainLinksTN

Brain Links is supported by the Administration for Community Living (ACL) of the U.S. Department of Health and Human Services under Grant No. 90TBSG0024-01-00 and in part by the TN Department of Health, Traumatic Brain Injury Program.

CUANDO LOS SÍNTOMAS DE CONMOCIÓN CEREBRAL NO DESAPARECEN

UNA GUÍA PARA ADULTOS CON CONMOCIÓN CEREBRAL



LO PRIMERO DESPUÉS DE LA LESIÓN

- Diríjase al médico o al hospital.
- Descanse de uno a tres días, según sea necesario.
- Siga el plan de cuidado del médico.
- Vigile cuidadosamente si hay algún cambio.
- Pida a otra persona que también lo vigile.

Obtenga una carta de su médico diciendo que tiene una conmoción cerebral (o una lesión cerebral leve) y cuándo puede regresar a la escuela o al trabajo ya sea medio tiempo o tiempo completo.

¿HA TENIDO UNA CONMOCIÓN?

Si usted ha tenido una conmoción cerebral, también llamada una lesión cerebral leve, hay cosas que puede hacer para sentirse mejor. Usualmente los síntomas de conmoción desaparecerán a los tres meses. La mayoría de la gente se siente mejor en dos o cuatro semanas. Sin embargo, algunas personas tienen síntomas que duran más de tres meses

Recuerde: Una conmoción cerebral no siempre surge de golpearse en su cabeza. Una colisión fuerte en el cuerpo también puede ocasionar una conmoción.

Si tiene un estilo de vida activo, tres meses pueden ser demasiado tiempo de espera para ver si los síntomas desaparecen. Usted necesita actuar más pronto para regresar con seguridad y éxito a su escuela, trabajo y actividad física.

DE LOS PRIMEROS DÍAS A UNAS SEMANAS DESPUÉS DE LA LESIÓN

Después de tres días, comience a regresar de nuevo a su rutina diaria, pero trate de no hacer demasiado. Demasiada actividad puede hacer que los síntomas duren más tiempo. **¿Sabía que los estudios también muestran que demasiado descanso puede hacer lo mismo?** Es más seguro encontrar un balance. Si puede, aplace trabajos grandes, y decisiones legales o financieras durante este tiempo.

TRATE DE NO SEGUIR ADELANTE SI TIENE SÍNTOMAS

REGRESANDO A LA UNIVERSIDAD
(U OTRA CAPACITACIÓN DESPUÉS DE PREPARATORIA)



Regrese paulatinamente a la escuela. Usted quizá necesite comenzar con un horario reducido. Deje las clases si los síntomas empeoran y antes de que se tornen demasiado malos. Tome un descanso cuando lo necesite.
Comience hablando con cada maestro. Muéstreles la nota del médico. Dígales lo que sucedió. Comuníqueles cómo se siente y lo que piensa que puede ayudarle o lo que quizá necesite hacer.

Ejemplos de cambios útiles:

- "*Quizá necesite usar lentes oscuros porque estoy sensible a la luz.*"
- "*Quizá necesite recostar la cabeza para descansar. Quisiera hacer esto en vez de salir, de modo que aún pueda escuchar.*"
- "*No puedo tomar una clase completa, así que quizá necesite salir temprano.*"
- "*Quizá necesite tiempo extra para este examen/proyecto porque me toma más tiempo pensar y planear.*"

Informe a sus maestros que no espera que estos cambios duren mucho, pero los necesita ahora para dar lo mejor de usted. Si necesita ayuda para hacer estos cambios, hable con la oficina de Servicios de Discapacidad de su escuela.

Los Coordinadores de Servicio de TBI pueden ayudarle sin costo.
Ellos conocen acerca de la conmoción (lesión cerebral) y pueden ayudarle con lo que requiera. **800-882-0611**

REGRESANDO AL TRABAJO

Quizá necesite darle a su patrón la carta de su médico que dice por qué usted estuvo ausente y que da la autorización para regresar. Si es posible, negocie con su patrón para regresar lentamente (primero medio tiempo) para ver si sus síntomas empeoran.

En algunos trabajos, usted puede hacer cambios sin preguntarle al patrón. Quizá pueda apagar la luz de su oficina privada, reducir el brillo de su computadora, o cerrar la puerta. Haga cualquier cambio que sepa que está bien hacerlo usted mismo. Negocie con su patrón para hacer otros cambios. Dígale que estos cambios quizá no duren mucho. Tal vez ayude hablar con su oficina de Recursos Humanos.



CUATRO A SEIS SEMANAS DESPUÉS DE LA LESIÓN

Si sus síntomas no han desaparecido a las cuatro semanas después de la lesión, podría necesitar ver a un especialista en síntomas. **¿Qué es un especialista en síntomas?** Los nuevos estudios muestran que hay diferentes tipos de grupos de síntomas como tener problemas al pensar, dolores de cabeza y equilibrio. Un tratamiento para su grupo de síntomas puede ayudarle a sentirse mejor más pronto. Hable con su médico acerca de enviarlo antes si es necesario. **Hable con el especialista acerca de su lesión y los problemas que han comenzado.**

Abajo hay algunos de los problemas y a quién podría enviarlo su médico:

Problema	Referir a (Especialista que puede ayudar)
Pensamiento (Cognitivo) y Cansancio (Fatiga)	Neuropsicólogo, clínica especializada en conmociones, clínica de trauma cerebral, patólogo de lenguaje hablado
Equilibrio (Vestibular)	Terapeuta físico, clínica especializada en conmociones
Problema con movimiento del ojo (ocular-motriz)	Neuro-oftalmólogo, terapeuta ocupacional
Dolor de cabeza / migraña	Neurólogo
Dolor de cuello (Cervical)*	Quiropráctico, terapeuta físico
Cambios en sentimientos, triste, enojado (Estado de ánimo, Ansiedad)	Psicólogo, consejero, neuropsicología, psiquiatra

**Si el cuello está fuera de lugar, puede ocasionar dolores de cabeza y otros síntomas de conmoción.*

CONTINUAMENTE

Continúe usando sus cambios útiles, en el trabajo y la escuela. Si comienza nuevas clases y trabajos, quizá necesite pensar en nuevos cambios para ellos. Vea una lista estratégica como la Herramienta de estrategias y acomodo en: https://www.tndisability.org/resources-0 para obtener ideas o hable a un especialista.

Escoja una persona clave en su vida para ayudarle con ideas para cambios útiles mientras sana. Es bueno saber y solicitar lo que necesita.

SEÑALES DE PELIGRO

Si ve cualquiera de estas señales LLAME AL 911 o vaya al hospital de inmediato



- *Náuseas (malestar estomacal) y vómito*
- *Una pupila más grande que la otra*
- *Dolor de cabeza que no desaparece*
- *Espasmos, ojos que se mueven con rapidez, rigidez o convulsiones en el cuerpo, se queda viendo al vacío*
- *Pérdida de la conciencia, incluso si es breve*
- *Desorientación/confusión*
- *Manos temblorosas, temblores corporales, músculos debilitados, pérdida de tono muscular*

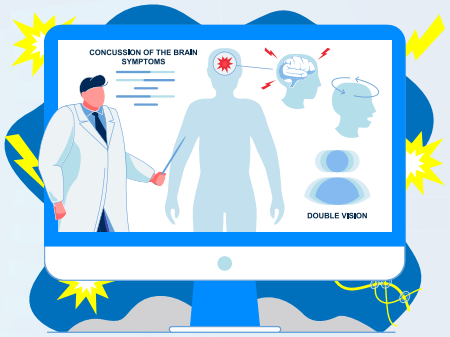
https www.cdc.gov headsup basics concussion_danger_signs.html

ADULTOS MAYORES

Conforme envejecemos, pueden tener lugar cambios en nuestros cerebros. Una caída u otro accidente causa con mayor probabilidad una conmoción o incluso un sangrado cerebral. Un sangrado puede tomar más tiempo en mostrarse en alguien de mayor edad, así que necesita ser vigilado con más cercanía durante varios días. **Si se ven señales de algún daño (vea el recuadro) - en cualquier persona de cualquier edad - llame al 911 o vaya al hospital de inmediato.**

¿QUÉ ESTÁ PASANDO? ¿HAY REALMENTE ALGO MALO CONMIGO?

Puede parecer que los síntomas de conmoción vienen y se van, o que empeoran. Algunas veces quizá hasta dude si hay un problema. Cuando los síntomas parecen cambiar, es usualmente porque su cuerpo o su mente están cansados. Los síntomas también pueden cambiar si toma alcohol o una droga (incluso una medicina legal). Estar enfermo, enojado, con dolor o estresado puede ocasionar cambios también. Mientras mejor pueda manejar estas otras cosas, su síntomas serán mejores. Los síntomas son reales. Le dicen que el cerebro todavía está sanando y necesita tiempo. **Tómese el tiempo de hacer cambios útiles en la casa, la escuela y el trabajo, hasta que no los necesite.**



- Línea telefónica estatal de crisis en TN: **855-CRISIS-1**
- Consulte la Guía personal para vivir cada día después de una conmoción o lesión cerebral traumática en: **https://www.tndisability.org/resources-0**

CAMBIOS EN EL COMPORTAMIENTO

Algunas veces un comportamiento con enojo, como gritarle a otros, es la primera señal de que tiene una lesión cerebral. Puede estar enojado o triste por no poder hacer algo que era fácil antes de la lesión. Quizá otros no lo entiendan. Sea paciente con sigo mismo. Trate de averiguar cuál es el problema verdadero.

Hágase estas preguntas: ¿Puedo poner atención? ¿Mi vista ha cambiado? ¿Tengo dolor? Quizá tan sólo no puede de manejar las cosas como solía hacerlo. Intente averiguar si hay algún cambio útil que pueda hacer. Hable con alguien que pueda ayudarle - un amigo, familiar o especialista en quien confíe.

REGRESANDO A DEPORTES Y OTRAS ACTIVIDADES FÍSICAS Y TRABAJOS CON ESFUERZO FÍSICO

Los estudiantes atletas, atletas recreativos y personas con trabajos con esfuerzo físico deben ser autorizadas por un profesional médico antes de regresar a su deporte o trabajo.

- Usted no debe regresar a los deportes (o a un trabajo con esfuerzo físico) si aún tiene síntomas de conmoción cerebral.
- Tampoco debe regresar cuando aún está tomando medicina para el dolor o para otros síntomas de conmoción cerebral. Consulte las directrices de la Asociación Nacional de Atlética Colegial: **https://www.ncaa.org/sport-science-institute/concussion**

COSAS A VIGILAR DURANTE CON EL TIEMPO



Marque todos los que vea:

- ☐ Cambios de estado de ánimo, se enoja fácilmente, cambios en cómo actúa
- ☐ Problema para quedarse en una tarea y para pensar
- ☐ Problemas de memoria - cosas que acaban de pasar
- ☐ Ansiedad, depresión o problemas manejando el estrés
- ☐ Dolores de cabeza
- ☐ Comportamiento que no se ajusta al tiempo, lugar o personas (ruidoso en una biblioteca)
- ☐ Sueño deficiente y sentirse cansado con demasiada facilidad
- ☐ Más tarde: Problemas con los trabajos de la escuela o el trabajo

CADA LESIÓN CEREBRAL ES DIFERENTE.
No hay un tiempo establecido para sentirse mejor.

VIOLENCIA DOMÉSTICA

Si su lesión es el resultado de que alguien que conoce le está lastimando, pida ayuda.
Dígale al doctor. **Llame al 911** si es una emergencia.
Llame a la Línea telefónica de Ayuda para Violencia Doméstica del Estado de Tennessee al **800-356-6767**.
Puede encontrar ayuda en la Coalición de Tennessee para Detener la Violencia Doméstica y la Violencia Sexual: **https://www.tncoalition.org/.**

Para niños: https://www.tn.gov/dcs/program-areas/child-safety/reporting/child-abuse.html
o llame al 877-237-0004
Para una persona mayor: https://www.tn.gov/aging/learn-about/elder-abuse.html o llame al 888-277-8366



ABUSO DE ALCOHOL

Mucha gente siente que el alcohol los cambia más de lo que lo hacía antes de su lesión. Pensar se vuelve más difícil y sus emociones están más fuera de control. Es sabio evitar el alcohol y las drogas mientras está mejorándose. Nunca conduzca si toma o ha consumido drogas.

RECURSOS GRATIS

Programa de Lesiones Cerebrales Traumáticas de Tennessee:
https://www.tn.gov/health/health-program-areas/fhw/vipp/tbi.html

Coordinadores de Servicio de Lesión Cerebral Traumática de Tennessee:
https://www.tn.gov/health/health-program-areas/fhw/vipp/tbi/support-groups.html

Rehabilitación Vocacional de Tennessee:
https://www.tn.gov/humanservices/ds/vocational-rehabilitation.html

Empleo Apoyado:
https://www.tn.gov/behavioral-health/mental-health-services/ips-supported-employment/supported-employment.html

Programa Beneficios para el Trabajo:
https://www.tndisability.org/benefits-work

Brainline:
https://www.brainline.org/

Asociación de Lesiones Cerebrales de América:
https://www.biausa.org/

Brain Links
https://www.tndisability.org/brain
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CONCUSSION MANAGEMENT PROTOCOL

RECOMMENDATION: 2 VISIT MINIMUM

INITIAL VISIT

SYMPTOM EVALUATION AND PATIENT EDUCATION:

- ACE – Acute Concussion Evaluation *(Physician/Clinician Office version)*
- A Symptom Scale *(Age-appropriate version)*
- A Symptom Scale *(Parent/Adult Patient – fill out in office)*
- A Symptom Scale *(Parent/Adult Patient – take home)*
- ACE Care Plan *(Return to school or work version)*
- CDC Return to School Letter
- When Concussion Symptoms Aren't Going Away *(Age-appropriate version)*
- Any other educational materials or symptom tracker as needed

Send home an additional parent or adult version of a symptom scale to track symptoms over the next 4 weeks. This helps to understand what symptoms/behaviors to look for. Send home a letter to the school or work with recommendations. Research indicates that supports are more likely to be implemented if recommended by the healthcare professional.

With concussion diagnosis, recommend follow up visit in 4 weeks if any symptoms or any new behaviors since injury are present. Bring completed form to next visit.

4 WEEK POST INJURY VISIT

IF SYMPTOMS PERSIST OR NEW BEHAVIORS ARE PRESENT, CONSIDER THE FOLLOWING REFERRALS:

- A specialized concussion treatment center
- A neurologist
- A symptom-specific specialist *(e.g. neuro-ophthalmologist)*
- A brain trauma rehabilitation center
- A neuropsychological evaluation
- TEIS *(if child is under 3 years old)*
- School district *(3-5 years old)*
- School *(5 years and over)*

Note: Schools may not provide all the treatments needed. Research indicates that supports are more likely to be implemented if recommended by the healthcare professional.

YEARLY CHECK-UPS

ASK ABOUT:

- Any residual concussion symptoms
- Any changes in school or work performance

Brain Links

https://www.tndisability.org/brain

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TRAUMATIC BRAIN INJURY/ CONCUSSION

THINGS TO WATCH FOR OVER TIME:

- ☐ Headaches
- ☐ Changes in sleep patterns
- ☐ Fatigue
- ☐ Changes in vision
- ☐ Balance, coordination changes, dizziness
- ☐ Mood swings, gets mad easily
- ☐ Changes in personality
- ☐ Not feeling like themselves
- ☐ Trouble with attention and thinking
- ☐ Memory problems, especially short term
- ☐ Depression/Anxiety
- ☐ Difficulty handling stress
- ☐ Innapropriate behavior
- ☐ Grades dropping, falling behind in class
- ☐ Changes in work performance



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A GUIDE TO POSSIBLE CHANGES AFTER BRAIN INJURY

FOR YOUNG CHILDREN AGES 7 AND UNDER

This guide was designed to help parents and caregivers watch for changes that may follow a brain injury in young children.

Changes after brain injury may happen even years after a child's treatment ends, whether they completed rehabilitation, stayed at the hospital, etc. This guide addresses changes and gives tips for keeping your child's brain healthy throughout their life. **Keep this guide handy in case there are questions or concerns. You may never need this, but it will be helpful if your child does develop challenges.**

OUTCOMES AFTER BRAIN INJURY REHAB ARE DIFFERENT FOR EVERYONE

THEY WILL DEPEND ON MANY THINGS INCLUDING:

- Injury severity/Types of changes
- Support from family
- Mental health (depression, anxiety)
- Age at the time of injury
- Complications (infections, seizures, other injuries, etc.)
- Funding for rehab/Length of rehab/Willingness or ability to participate in rehab
- Assistance with transitioning from hospital to home and childcare/school
- As they get older: Motivation to improve, ability to adapt to changes and support from friends



There is no cut-off date for brain injury recovery. Improvement happens quickly for some children and more slowly for others. Some children may have negative changes over time as they develop. The choices you make for your child today can prevent some of those. Positive changes can continue throughout life.

THINGS TO WATCH FOR IN YOUNG CHILDREN - First weeks or months after injury

Expect the best, plan for the best...but be armed with knowledge.

Once your child comes home, their physical injuries may heal quickly, but they may continue to struggle in other areas like remembering and learning. Changes in these other areas can be hard to see if you don't know what to look for. Your young child can't tell you areas where they need help. Watch for changes in thinking, behavior and slower development.



Consider whether the following types of problems may be related to the injury. Be sure to tell your child's doctor if they have any of these symptoms:

Changes	Watch for these Changes Since Injury	Specialist
Emotions/Feelings	Irritable/fussy, crying or tantrums, sad/depressed, more nervous, change from happy to tantrum quickly, have trouble calming themselves, upset and you can't tell why, hard to adjust to new situations, feeling overwhelmed or alone	Counselor, Psychologist
Sleep	Sleeps more or less than usual, tired during day, trouble falling asleep, wakes often at night, wets the bed, nightmares	Pediatrician, Neurologist
Appetite/Food	Eats more or less since injury, stomachaches	Pediatrician
Cognitive/Thinking	Thinks slowly and reacts slowly, has trouble putting things in order, harder to concentrate, forgetting	Neuropsychologist, Speech Language Pathologist, Occupational Therapist
Development/Progress	Struggling to learn new skills, needs to relearn skills like: using a spoon, tying a shoe, potty training, counting, handwriting, typing	Occupational Therapist, Physical Therapist, Neuropsychologist
Play	Less interested in toys or books, can't stay on task playing, struggles with how to use/play with toys, doesn't pretend play like other children their age	Speech Language Pathologist, Occupational Therapist
Social/Friends/Behavior	More hitting, pushing, taking toys, less sharing, harder to make friends, withdrawn, clingy	Speech Language Pathologist, Counselor, Behavior Specialist
Flexibility/Changes	Upset by changed routine, schedule or people	Behavior Specialist, Neuropsychologist
Language/Talking	Difficultly naming objects, understanding directions, telling stories. Using shorter sentences than before injury.	Speech Language Pathologist
Physical	Headaches, dizziness, head or neck pain, tightness, weakness, balance, visual problems, reduced stamina, fatigue, sensitive to lights and sounds, seizures	Pediatrician, Physical Therapist, Neurologist, Chiropractor, Neuro-Ophthalmologist

THINGS TO WATCH FOR AS THEY GROW

Watch for any problems as your child grows and goes through **preschool, elementary, middle school and high school**. Of course, all children have difficulties at some point. Not all will be caused by the injury. In adults, it can be easy to see changes, but it can be harder to notice problems in a child because they are still changing and developing. Brain injury can affect new learning and skills during brain development. It is still important to remind the child's school and doctor about the injury every time a problem arises and to **be aware that the injury may be causing what you see**.



If your child has special services at school, include him/her in the process as their age allows. Ask them what they need, what could help and encourage them to speak for themselves in planning adjustments. You can learn more from Support and Training for Exceptional Parents: https://tnstep.org/.

Academic (School) Problems: Falling behind in class, difficulty learning new information, putting off schoolwork, forgetting homework, leaving items behind at school, trouble saying or writing what they mean.

Social Problems: Losing friends, difficulty making new friends, not knowing how to act or speak in different situations, not understanding facial cues or social skills (like knowing it is time to end a conversation or that they are making someone uncomfortable), acting younger than their friends, laughing or crying too easily.

Behavior Problems: Not acting like themselves, getting into fights, acting without thinking, making poor decisions, making inappropriate sexual comments, using abusive words or tone, letting friends talk them into doing the wrong things, letting others mistreat or abuse them, alcohol or drug problems, taking risks, trouble with the law.

Physical Problems: Pain, a physical change from the injury that gets worse, sleep changes, coordination changes like: trouble learning to tie shoes, handwriting, riding a bike or kicking a ball.

Mental Health Problems: Becoming depressed or anxious, difficulty coping with change or handling stress, worrying and not sleeping, pushing friends and family away, spending too much time alone, doing things to hurt themself, feeling stuck or unmotivated, developing addictive behaviors like: overeating, overexercising, fasting, drugs or alcohol.

Suicide is the second leading cause of death for ages 10-34.
CDC

Subtle Warning Signs of Suicide in Children: https://www.psycom.net/children-and-suicide
General Suicide Warning Signs, TN Dept of Health: https://bit.ly/3oaBoXnSuicideWarningSigns
Facts About Suicide, CDC: https://www.cdc.gov/suicide/facts/index.html
How to Recognize Signs of Mental Health Problems and Teen Suicides, Kidcentral: https://bit.ly/3KT0ZOcMentalHealthTeenSuicide

Relationships: Struggling to keep healthy relationships with family or friends; being very needy; being verbally, physically, emotionally, or sexually abusive in a relationship; being a victim of an abusive relationship.

WHAT TO DO IF YOU SEE CHANGES IN YOUR CHILD

What you do depends on what you see happening.

Teach A Skill: The child may just need to learn or relearn how to do the things that are difficult (tying a shoe, starting or stopping a conversation, learning how to do a type of math problem or learning how to use a computer or device). They may need **extra time** to learn, **repetition** of directions or **to be shown** how to do it.

Teach A Strategy: A strategy is a way to do something that is hard in a different way. For example: using a thick crayon to help coloring, using a brace to help with pain or weakness, sing a song to remember new information.

Use All Senses (multisensory): A child may need to learn using more than one sense (like including vision or touch) to help them do a task. Use a schedule made with pictures, a timer, or picture cues (for example, place pictures for all of the steps to brushing teeth above the bathroom sink).

Talk To The Daycare Provider: They should share what works with elementary school teachers and support people (counselor, school nurse). They may have faced the issue your child is having before and they may have suggestions to help.

Talk To The Teacher: The teacher can help figure out what to try in the classroom or next steps within the school. Options might be extra help, a tutor, a 504 Plan or an IEP (Individualized Education Program). **If your child does not qualify for services now, it does not mean that they won't in the future**. You can also get help privately if your child does not qualify for services in school. If your child uses or does something at home that helps, share that with the teacher.



Check adjustments often to see if they are still working or if they need to be changed.

Seek Symptom-Specific Treatment: Get treatment for your child's specific symptoms. Treatment can be helpful even years after an injury. Demands in your child's life can change. These changes can make it a good time to get a "tune-up" and find a new specialist that fits their symptoms. If you are not sure who to go to, you can ask your child's doctor. Talk about the injury and changes since it occurred. Ask to see a specialist (see chart on previous page). It is best to see someone who understands brain injury.

Stay Positive: As your child grows, always help them understand their strengths and weaknesses. When pointing out a weakness, include something positive or show them a way around it. For instance, "I like that you made your bed. I notice that sometimes you forget to put things away, but when you use the check-off list, you do a great job!"

COMMUNITY SUPPORT

Get Support: It is important to find support for your child, their siblings and yourself. Start with people who understand brain injury like the school or hospital social worker, school counselor, local counselors and psychologists, and your child's neuropsychologist. They can help you get resources for you and your family.

- Find options for support at Kidcentral TN: https://bit.ly/33TgDIUChildwithDisability
- Disability information and resources at Tennessee Disability Pathfinder: https:www.tnpathfinder.org/
- For brain injury support groups in Tennessee: https://bit.ly/3s2TlrQTNBrainInjSupportGroups

There are also in-person and virtual support groups for specific symptoms like seizures, decreased balance and migraines. It may help to think outside of the box, like looking for a support group for similar types of symptoms or experiences to connect with other children, siblings and parents.



Keeping supportive people in your family's life is very important.

- Schedule play dates.
- Stay connected to friends in person, by phone or computer apps.
- Meet and connect with other people through church, scouts, classes, lessons, volunteering.
- You can also find private Facebook or social media groups that focus on brain injury or specific symptoms.

KEEP YOUR CHILD'S BRAIN HEALTHY

Keeping our brains healthy is important for everyone, and it is extra important for people who have had a brain injury.

- Eat healthy foods
- Get enough sleep
- Be social
- Take care of mental health
- Get exercise
- Do not smoke, vape, drink alcohol or use drugs
- Keep learning
- Avoid another injury - see below.



Be a good role model with your food choices, exercise and relationships. **To take control of your brain health**, visit https://www.tndisability.org/brain-health.

PREVENTION

Preventing another injury is very important. Brain injury survivors have a higher risk for another injury. Talk to their doctor to plan a safe return to the classroom, playing, physical education, and sports. Make good decisions about social interactions and safety. Avoid rough sports and activities. With any activity, think first about how to avoid another injury. Children should always wear a helmet when needed and always wear a seatbelt.

FREE RESOURCES

Tennessee Resources

Tennessee Traumatic Brain Injury Program Service Coordination: https://www.tn.gov/health/health-program-areas/fhw/vipp/tbi.html
help with referrals, insurance issues and more

TN Statewide Crisis Phone Line at 855-CRISIS-1 (855-274-7471)

Return to Learn/Return to Play: Concussion Management Guidelines https://bit.ly/3g6Kf7XTNReturntoLearnPlay

Brain Links: https://www.tndisability.org/brain

Family Voices of Tennessee: https://www.tndisability.org/family-voices-tennessee
families supporting families of children with special healthcare needs, chronic illnesses or disabilities

Kidcentral TN: https://www.kidcentraltn.com
find parenting tips, track child milestones and more

School and Work Resources

Tennessee Early Intervention Services (TEIS): https://bit.ly/3KSNeijTNTEIS
provides services to children birth to age three who have disabilities or other developmental delays

Support and Training for Exceptional Parents: https://tnstep.org/ helps parents with support and training for a child's educational needs

Center on Brain Injury Research and Training (CBIRT): https://cbirt.org/
helpful school resources for families and educators

National Resources

Brainline: https://www.brainline.org/ information on living with brain injury

Brain Injury Association of America: https://www.biausa.org/
national resource on brain injury

Psychology Today: https://www.psychologytoday.com/us/therapists/traumatic-brain-injury
find a local counselor/therapist

Brain Links
https://www.tndisability.org/brain
@BrainLinksTN

ACL Administration for Community Living | TBI SPP Traumatic Brain Injury State Partnership Program | Tennessee Disability Coalition | kidcentral tn KIDCENTRALTN.COM

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A GUIDE TO POSSIBLE CHANGES AFTER BRAIN INJURY

FOR SCHOOL-AGED CHILDREN AND ADULTS

This guide was designed to help people watch for changes that *may* follow a brain injury.

Changes after brain injury may happen even years after the person's treatment ends, whether they completed rehabilitation, hospitalization, etc. This guide gives ideas about how to address these changes. It will also give tips for keeping your brain healthy throughout your life.

Keep this guide handy in case there are questions or concerns.

OUTCOMES AFTER BRAIN INJURY REHAB ARE DIFFERENT FOR EVERYONE



THEY WILL DEPEND ON MANY THINGS INCLUDING:

- Injury severity/Types of changes
- Support from family and friends
- Motivation to improve and ability to adapt to changes
- Mental health (ie depression, anxiety)
- Age at the time of injury
- Complications (things like infections, seizures, other injuries, etc.)
- Supports for transitioning to home or work (employer, transportation, etc.)
- Funding for rehab/Length of rehab/Willingness or ability to participate in rehab

There is no cut-off date for brain injury recovery. Positive change can continue for years. Improvement happens quickly for some people and more slowly for others. Some people may have negative changes over time or as they age. Some negative changes can be prevented by the choices you make today.

THINGS TO WATCH FOR IN CHILDREN

Your child's immediate physical injuries may heal quickly, but they may continue to struggle in other areas.
The changes in these other areas can be hard to see if you don't know what you are looking for. Consider whether the following types of problems may be related to the injury.



Academic (School) Changes: Falling behind in class, difficulty learning new information, putting off school work, forgetting assignments, leaving items behind at school, trouble saying or writing what they mean

Social Changes: Losing friends, difficulty making new friends, not knowing how to act or speak in different situations, not understanding facial cues or social skills (like knowing it is time to end a conversation or that they are making someone uncomfortable), acting younger than their friends, laughing or crying too easily

Behavior Changes: Not acting like themselves, getting into fights, acting without thinking first, making poor decisions, making inappropriate sexual comments, using abusive words or tone, letting friends talk them into doing the wrong things, letting others mistreat or abuse them, alcohol use disorder, drug use disorder, trouble with the law

Physical Changes: Pain, a physical change from the injury that gets worse, reaching developmental milestones more slowly, sleep changes

Mental Health Changes: Becoming depressed or anxious, difficulty coping with change or handling stress, worrying at night and not sleeping, pushing friends and family away, spending too much time alone, doing things to hurt yourself, feeling stuck or unmotivated, developing addictive behaviors

See Suicide Warning Signs: https://www.tn.gov/health/health-program-areas/fhw/vipp/suicide-prevention/warning-signs.html

THINGS TO WATCH FOR IN ADULTS

See the list for children. Most are the same for adults, too.
Watch for those and other changes:

Work: Trouble at work, unable to complete tasks as before, being fired from jobs, moving from one job to another

Finances: Making poor money decisions, buying before thinking, borrowing money, making late payments

Relationships: Struggling to keep healthy relationships with family, friends and co-workers, being verbally, physically, emotionally or sexually abusive in a relationship, being taken advantage of in a relationship, being very needy

There is no cut-off date for brain injury recovery

What To Do If You See Changes In Yourself or Family Members



What you do depends on what you see happening.

Teach A Skill: The person may just need to learn or relearn how to do the things that are difficult (tying a shoe, using an escalator, starting or stopping a conversation, learning how to do a type of math problem or learning how to use a computer or device, learning a new task at work).

Teach A Strategy: A strategy is a way to do something that is difficult in a different way. For example: using a thick pen to help handwriting, using an outline to organize writing, using a checklist to remember steps or items, using a brace to help with pain or weakness, using a notebook, telephone app or post-it notes to help memory.

Talk To The Teacher: The teacher can help figure out what to try in the classroom or next steps within the school. Options might be extra help, a tutor, a 504 Plan or an IEP (Individualized Education Program). Even if your child had an IEP in the past and "graduated" from it, it may be a good choice again now. If the child doesn't qualify for the services in school, you can look to get help privately.

Talk To Your Human Resource Specialist, Your Work Supervisor or Co-Worker: Dealing with problems at work can be tricky. First you need to decide if and how to disclose (tell someone about) your injury. Meet with your Human Resource Specialist (HR) to get started. HR can help communicate with your supervisor. The supervisor may not know how to help or may not understand brain injury. HR can educate your supervisor on brain injury and your needs. You are entitled to "reasonable accommodations" for your disability under the Americans with Disabilities Act. These accommodations might include: installing a ramp, providing screen reader software, adjusting a work schedule, providing written instructions, noise cancelling earplugs. In some jobs, you can make changes without asking the employer. Maybe you can turn off your private office light, turn down the brightness on your computer, or close the door. Make any changes that you know you can make on your own. Work with your employer to make other changes. Set up your work environment so you can be successful. See askjan.org for more brain injury accommodations.

Seek Symptom-Specific Treatment: Take control of your own health. Keep a list of things that help you and things that worsen your symptoms. Sharing this list may also help a **symptom specialist**. Treatment can be helpful even years after an injury. Demands in your life can change. These changes can make it a good time to get a "tune-up" that fits your symptoms. If you are not sure who to go to for your issues, you can ask your doctor. It will probably be best to see someone who understands brain injury.

SPECIALISTS & THEIR SYMPTOM-SPECIFIC TREATMENT

Specialist	Symptoms
Physical Therapist	Pain and tightness, balance changes, weakness, reduced stamina
Occupational Therapist	Difficulty with a life task like cooking or budgeting, fine motor changes like trouble writing or texting, vision changes
Speech Language Pathologist	Difficulty communicating in a new environment, poor social skills, difficulty with thinking skills, changes in swallowing
Neurologist	Migraines, dizziness, pain management, sleep disorders, seizures
Neuro-ophthalmologist	Vision issues related to the injury
Counselor	Depression, anxiety, help adjusting to new circumstances, feeling overwhelmed or alone, behavioral problems
Neuropsychologist	Difficulty with cognitive (thinking) abilities, depression, anxiety, and behavioral issues (may provide counseling or work with a counselor and other specialists)
Chiropractor	Back and neck pain, headaches
Support Groups	Find support from other people who understand brain injury. For support groups in Tennessee, see: https://www.tn.gov/content/dam/tn/health/program-areas/tbi/Brain_Injury_Suppt_Groups.pdf There are also in-person and virtual support groups for specific symptoms like seizures, decreased balance and migraines.
Medical Doctor	Your doctor can help with sudden medical issues that come up and can help you figure out who to go to for your symptoms. When going to *any* doctor for *any* reason, tell them about the brain injury. The new problem could be related.
Vocational Therapist or State Vocational Rehab Counselor	Help with work issues, including the return to work and keeping a job. TN Vocational Rehab: https://www.tn.gov/humanservices/ds/vocational-rehabilitation.html Benefits to Work: https://www.tndisability.org/benefits-work





COMMUNITY SUPPORT

Keeping supportive people in your life is very important. We all need people around us. Some ways to do that are to:

- Become part of a spiritual or social group.
- Join a group that does a fun activity like bowling, quilting, hiking or reading.
- Stay connected to friends in person, by phone or computer apps.
- Connect with other people with brain injury in safe, private online groups to learn from others.

KEEP YOUR BRAIN HEALTHY

Keeping our brains healthy is important for everyone, and it is extra important for people who have had a brain injury. Proven things you can do to keep your brain healthy:

- Eat healthy foods like fruits, vegetables, whole grains, nuts, seeds, and beans. Use healthy fats like avocado and olive oil. Avoid or limit dairy, meat and processed (junk) foods.
- Get regular exercise that raises your heart rate like fast walking, running or dancing.
- Get enough sleep for your age. Children, including teens, need more sleep than adults.
- Use natural cleaning and health care products.
- Do not smoke, vape, drink alcohol or use drugs.
- Be social - stay connected to friends and family.
- Continue to learn new things that interest you.
- Take care of your mental health.
- Avoid another injury - see below.



For more information on Brain Health, see https://www.tndisability.org/resources-o

PREVENTION

It is very important to prevent another injury from happening. People who have had a brain injury are more likely to have another. Make good decisions about social interactions and safety. Avoid rough sports and activities. With any activity, think first about how to avoid another injury. **Always** wear a helmet when needed and **always** wear a seatbelt.

EXPECT THE BEST, PLAN FOR THE BEST...BUT BE ARMED WITH KNOWLEDGE

FREE RESOURCES

Tennessee Resources

Tennessee Traumatic Brain Injury Program Service Coordination:
https://www.tn.gov/health/health-program-areas/fhw/vipp/tbi.html
help with referrals, insurance issues and more

TN Statewide Crisis Phone Line at 855-CRISIS-1 (855-274-7471)

Return to Learn/Return to Play: Concussion Management Guideline
https://www.tn.gov/content/dam/tn/health/program-areas/tbi/2020%20Tennessee%20Department%20of%20Health%20Return%20to%20Learn.Return%20to%20Play%20Guidelines.pdf

Empower Tennessee: https://empowertennessee.org/

Brain Links: https://www.tndisability.org/brain

Family Voices of Tennessee:
https://www.tndisability.org/family-voices-tennessee
families supporting families of children with special healthcare needs, chronic illnesses or disabilities

kidcentral tn - https://www.kidcentraltn.com

School and Work Resources

Support and Training for Exceptional Parents: https://tnstep.org/
help parents with support and training for a child's educational needs

Benefits to Work: https://www.tndisability.org/benefits-work

Center on Brain Injury Research and Training (CBIRT):
https://cbirt.org/

Job Accommodations Network: https://askjan.org/

National Resources

BrainLine Website: https://www.brainline.org/
information on living with brain injury

Brain Injury Associations of America: https://www.biausa.org/
national resource on brain injury

Psychology Today:
https://www.psychologytoday.com/us/therapists/traumatic-brain-injury
to get help or find a local counselor/therapist

Brain Links
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UNA GUÍA PARA POSIBLES CAMBIOS DESPUÉS DE UNA LESIÓN CEREBRAL

PARA NIÑOS EN EDAD ESCOLAR Y ADULTOS

Esta guía fue diseñada para ayudar a personas a estar atentas a los cambios que *pueden* ocurrir después de una lesión cerebral.

Los cambios después de una lesión cerebral pueden suceder incluso años después de que termine el tratamiento de una persona, aún si ha completado su rehabilitación, hospitalización, etc. Esta guía da ideas acerca de cómo abordar estos cambios. También dará algunas sugerencias para mantener su cerebro saludable durante toda su vida.

Mantenga esta guía a la mano, en caso de que tenga más preguntas o inquietudes.

LOS RESULTADOS DESPUÉS DE UNA REHABILITACIÓN POR LESIÓN CEREBRAL SON DIFERENTES PARA CADA PERSONA



DEPENDERÁN DE MUCHOS FACTORES, INCLUYENDO:

- Severidad de la lesión/tipos de cambios
- Apoyo de familiares y amigos
- Motivación para mejorar y la habilidad de adaptarse a los cambios
- Salud mental (es decir, Depresión, ansiedad)
- Edad al momento de la lesión
- Complicaciones (como por ejemplo: infecciones, espasmos, otras lesiones, etc.)
- Apoyo para hacer la transición a la casa o al trabajo (patrón, transporte, etc.)
- Fondos para rehabilitación / duración de la rehabilitación / disposición o capacidad para participar en la rehabilitación

No hay fecha límite para la recuperación de una lesión cerebral. El cambio positivo puede continuar por años. La mejora sucede rápidamente para algunas personas y más lentamente para otras. Algunos pacientes pueden tener cambios negativos a lo largo del tiempo o conforme envejecen. Algunos cambios negativos pueden evitarse con las decisiones que tome hoy.

COSAS A OBSERVAR EN LOS NIÑOS

Las lesiones físicas inmediatas de los niños pueden sanar rápidamente, pero podrían continuar batallando en otras áreas. Los cambios en estas otras áreas pueden ser difíciles de ver si no sabe lo que está buscando. Considere si los siguientes tipos de problemas pudieran estar relacionados con la lesión.



Cambios académicos (escuela): Retrasarse en las clases, dificultad para aprender información nueva, posponer las tareas escolares olvidar las tareas, dejar cosas olvidadas en la escuela, problemas diciendo o escribiendo lo que quieren comunicar.

Cambios sociales: Perder amigos, dificultad para hacer nuevos amigos, no saber cómo actuar o hablar en diferentes situaciones, no entender las expresiones faciales o habilidades sociales (como saber que es momento para terminar una conversación o que ellos están haciendo que alguien se sienta incómodo), actuar como si tuvieran menor edad que sus amigos, reír o llorar fácilmente

Cambios en el comportamiento: No actuar como ellos mismos, involucrarse en peleas, actuar sin pensar primero, tomar malas decisiones, hacer comentarios sexuales inapropiados, usar palabras o tono abusivo, permitir que sus amigos les induzcan a hacer cosas incorrectas, permitir que otros los maltraten o abusen de ellos, trastorno por uso de alcohol o drogas, problemas con la ley

Cambios físicos: Dolor, algún cambio físico causado por la lesión que ha empeorado. alcanzar logros de desarrollo más lentamente, cambios en el sueño

Desórdenes de salud mental: Deprimirse o estar ansiosos, dificultad para sobrellevar los cambios o manejar el estrés o manejo de estrés, preocuparse en la noche y no dormir, alejar a amigos y familiares, pasar mucho tiempo a solas, hacer cosas para herirse a sí mismos, sentirse atorados o sin motivación, desarrollar comportamientos adictivos

Consulte las señales de advertencia de suicidio: https://www.tn.gov/health/health-program-areas/fhw/vipp/suicide-prevention/warning-signs.html

COSAS A OBSERVAR EN ADULTOS

Vea la lista para niños. La mayoría son las mismas para los adultos también.
Observe si hay estos u otros cambios:

Trabajo: Problemas en el trabajo, incapacidad para completar las tareas como lo hacía antes, ser despedido de los trabajos, cambiar de un trabajo a otro

Finanzas: Tomar decisiones malas con el dinero, comprar antes de pensar, pedir dinero prestado, hacer pagos atrasados

Relaciones: Batalla para mantener relaciones sanas con familiares, amigos y compañeros del trabajo, ser abusivo verbal, física, emocional o sexualmente en una relación; que se aprovechen de usted en una relación; ser muy necesitado

No hay fecha límite para recuperarse de una lesión cerebral

Qué hacer si ve cambios en su persona o en sus familiares



Que hacer depende en lo que vea que está sucediendo.

Enseñar una habilidad: La persona podría sólo necesitar aprender o reaprender cómo hacer las cosas que son difíciles (atar un zapato, usar una escalera eléctrica, comenzar o detener una conversación, aprender cómo resolver algún tipo de problema matemático, o aprender cómo usar una computadora o algún dispositivo, aprender una nueva tarea en el trabajo).

Enseñar una estrategia: Una estrategia es una manera para hacer algo que es difícil en una forma diferente. Por ejemplo: usar un bolígrafo grueso para ayudar a escribir a mano, usar un boceto para organizar la escritura, usar una lista de comprobación para recordar los pasos o artículos, usar un soporte para ayudar con el dolor o la debilidad, usar una libreta, una app de teléfono o Post-its para ayudar con la memoria.

Hablar con el maestro: El(la) maestro(a) puede ayudar a encontrar qué intentar en el salón de clase o los siguientes pasos dentro de la escuela. Las opciones pueden ser: ayuda adicional, un tutor, un plan 504 o un IEP (Programa de educación individualizada). Incluso si su hijo tuvo un IEP anteriormente y se "graduó" del mismo, puede ser una buena opción nuevamente ahora. Si el/la niño/a no califica para los servicios en la escuela, puede buscar obtener ayuda de forma privada.

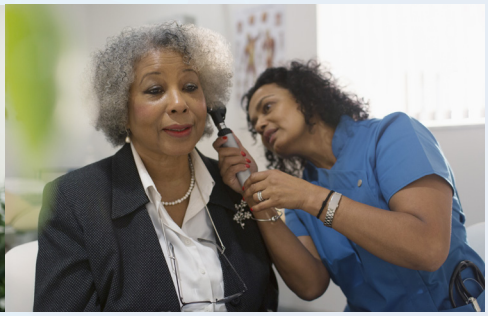
Hable con su especialista de Recursos Humanos, su supervisor o compañero de trabajo: Tratar con problemas en el trabajo puede ser complicado. Primero necesita decidir si va a divulgar su lesión (decirle a alguien acerca al respecto) y cómo lo hará. Reúnase con su especialista de Recursos Humanos (RH) para comenzar. RRHH puede ayudar a comunicarse con su supervisor. Es posible que el Supervisor no sepa como ayudar o no etienda lo que es una lesión cerebral. RRHH puede capacitar a su supervisor sobre lesiones cerebrales y sus necesidades. Usted tiene derecho a un "acomodo razonable" por su discapacidad bajo la Ley de Estadounidenses con Discapacidades. Estos acomodos pueden incluir: instalar una rampa, proveer software para leer la pantalla, ajustar un programa de trabajo, proporcionar instrucciones por escrito tapones para los oídos con cancelación de ruido. En algunos trabajos, usted puede hacer cambios sin preguntarle al patrón. Quizá puede apagar la luz de su oficina privada, reducir el brillo en su computadora, o cerrar la puerta. Haga cualquier cambio que usted sepa que puede hacer por sí mismo. Trabaje con su patrón para hacer otros cambios. Configure su ambiente de trabajo de modo que pueda ser exitoso. Consulte askjan.org para conocer más acomodos para lesiones cerebrales.

Busque tratamiento específico para sus síntomas Tome el control de su propia salud. Mantenga una lista de cosas que le ayuden y cosas que empeoren sus síntomas. Compartir esta lista podría también ayudarle a un **especialista de síntomas**. El tratamiento puede ser útil incluso años después de la lesión. Las demandas en su vida pueden cambiar. Estos cambios pueden hacer que sea un buen momento para "afinar" que se adecúe a sus síntomas. Si no está seguro de a quién acudir para sus problemas, puede preguntarle a su doctor. Probablemente será mejor consulte a alguien que entienda sobre lesiones cerebrales.

ESPECIALISTAS Y SU TRATAMIENTO ESPECÍFICO PARA LOS SÍNTOMAS

Especialista	Síntomas
Terapeuta físico	Dolor y tensión muscular, cambios en balance, debilidad, reducción de vitalidad
Terapeuta ocupacional	Dificultad con tareas cotidianas como cocinar o hacer presupuestos, cambios de motricidad fina como problemas para escribir o enviar mensajes de texto, cambios en la visión
Logopeda (especialista en patologías del habla)	Dificultad al comunicarse en un ambiente nuevo, habilidades sociales deficientes, dificultad con habilidades de pensamiento, cambios al deglutir
Neurólogo	Migrañas, mareo, manejo del dolor, trastornos del sueño, del sueño, espasmos
Neuro-oftalmólogo	Problemas de la visión relacionados con la lesión
Consejero	Depresión, ansiedad, ayuda para ajustarse a las nuevas circunstancias, sentirse abrumado o solo, problemas de comportamiento
Neuropsicólogo	Dificultad con capacidades cognitivas (de pensamiento), depresión, ansiedad y problemas de comportamiento (puede proveer consejería o trabajar con un consejero y otros especialistas)
Quiropráctico	Dolor de espalda y cuello, dolores de cabeza
Grupos de soporte	Busque el apoyo de otras personas que entienden acerca de lesiones cerebrales. Para grupos de apoyo en Tennessee, visite: https://www.tn.gov/content/dam/tn/health/program-areas/tbi/Traumatic-Brain-Injury-Support-Groups.pdf También hay grupos de soporte en persona y virtuales para síntomas específicos como espasmos, disminución en equilibrio y migrañas.
Médico	Su doctor puede ayudarle con asuntos médicos repentinos que surjan y puede ayudarle a encontrar a quién acudir para sus síntomas. Cuando vaya a *cualquier* doctor por *cualquier* razón, infórmele sobre su lesión cerebral. El problema nuevo podría estar relacionado.
Terapeuta Ocupacional o Consejero Estatal de Rehabilitación Ocupacional	Ayuda con problemas de trabajo, incluyendo el regreso al trabajo y mantener un trabajo. Rehabilitación Ocupacional de Tennessee https://www.tn.gov/humanservices/ds/vocational-rehabilitation.html Beneficios para el Trabajo: https://www.tndisability.org/benefits-work





APOYO COMUNITARIO

Mantener personas que le apoyen en su vida es muy importante. Todos necesitamos personas a nuestro alrededor.

Algunas maneras de hacerlo son:

- Intégrese a un grupo espiritual o social.
- Únase a un grupo que haga actividades divertidas como jugar boliche, hacer colchas, practique senderismo o grupos de lectura.
- Manténgase conectado con amigos en persona, por teléfono o apps para computadora.
- Conéctese con otras personas con lesión cerebral en grupos seguros y privados en línea para aprender de otros.

MANTENGA SU CEREBRO SALUDABLE

Mantener nuestros cerebros saludables es importante para todos, y es sumamente importante para personas que tienen lesión cerebral. Algunas cosas comprobadas que puede hacer para mantener su cerebro saludable:

- Comer alimentos sanos como frutas, vegetales, granos enteros, nueces, semillas y frijoles. Use grasas saludables como el aceite de aguacate y de oliva. Evite o limite los lácteos, la carne y la comida procesada (chatarra).
- Haga ejercicio regularmente que eleve su pulso cardiaco como caminar rápidamente, correr o bailar.
- Duerma lo suficiente para su edad. Los niños, incluyendo los adolescentes, necesitan dormir más que los adultos.
- Utilice productos de limpieza y de cuidado de la salud que sean naturales.
- No fume ni use cigarros electrónicos, no beba alcohol ni use drogas.
- Socialice - manténgase conectado con amigos y familiares.
- Continúe aprendiendo nuevas cosas que le interesen.
- Cuide su salud mental.
- Evite otra lesión - vea abajo.



Para mayor información sobre salud cerebral, visite https://www.tndisability.org/resources-o

PREVENCIÓN

Es muy importante prevenir que suceda otra lesión. Las personas que han sufrido una lesión cerebral tienen mayor probabilidad de sufrir otra. Tome buenas decisiones acerca de interacciones sociales y seguridad. Evite deportes y actividades bruscas. Con cualquier actividad, piense primero cómo evitar otra lesión. **Siempre** use un casco cuando se necesite y **siempre** use el cinturón de seguridad.

ESPERE LO MEJOR, PLANEE PARA LO MEJOR... PERO ESTÉ PREPARADO CON EL CONOCIMIENTO

RECURSOS GRATIS

Recursos de Tennessee

Coordinación de Servicios del Programa de Lesión Cerebral Traumática de Tennessee:
https://www.tn.gov/health/health-program-areas/fhw/vipp/tbi.html
ayuda con referencias, problemas con seguros y más

Línea telefónica estatal de crisis en Tennessee: 855-CRISIS-1 (855-274-7471)

Regresar a aprender/Regresar a jugar: Pautas para el manejo de una contusión cerebral
https://www.tn.gov/content/dam/tn/health/program-areas/tbi/2020%20Tennessee%20Department%20of%20Health%20Return%20to%20Learn.Return%20to%20Play%20Guidelines.pdf

Empower Tennessee: https://empowertennessee.org/

Brain Links: https://www.tndisability.org/brain

Family Voices de Tennessee:
https://www.tndisability.org/family-voices-tennessee
familias apoyando a familias de niños con necesidades de atención médica especiales, enfermedades crónicas o discapacidades

kidcentral Tennessee - https://www.kidcentraltn.com

Recursos para la escuela y el trabajo

Apoyo y capacitación para padres excepcionales: https://tnstep.org/
ayuda a padres con apoyo y capacitación para las necesidades educativas de los niños

Beneficios para el trabajo: https://www.tndisability.org/benefits-work

Centro de Investigación y Capacitación en Lesiones Cerebrales (CBIRT):
https://cbirt.org/

Red de Acomodación en ell Trabajo https://askjan.org/

Recursos nacionales

Sitio web de BrainLine: https://www.brainline.org/
Información sobre cómo vivir con una lesión cerebral

Asociación contra las Lesiones Cerebrales de los Estados Unidos:
https://www.biausa.org/
recurso nacional para la lesión cerebral

Psychology Today:
https://www.psychologytoday.com/us/therapists/traumatic-brain-injury
para obtener ayuda o para encontrar un consejero/terapeuta

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Publicado en febrero de 2021

CONCUSSION
CLINICAL TRAJECTORIES

A Model for Understanding Assessment, Treatment and Rehabilitation



COGNITIVE/FATIGUE

Cognitive difficulties include decreased concentration, increased distractibility, difficulty learning/retaining new information or decreased multitasking abilities. Sometimes accompanied by increased fatigue as the day progresses.



VESTIBULAR

Impairments of the vestibular system – the balance center of the brain – affect one's ability to interpret motion, coordinate head and eye movements, or stabilize vision upon head movement.



OCULAR

Ocular dysfunction occurs when the movement of the eyes in tandem, or binocular eye movement, is affected. This may result in difficulties bringing the eyes together, or moving one's eyes to track motion.

POST-TRAUMATIC MIGRAINE



Post-traumatic migraine symptoms include headaches, nausea, and/or sensitivity to light or noise.



CERVICAL

Sometimes, the concussive blow affects the extra-cranial region including the neck and/or spinal cord. An injury of this type may lead to ongoing headaches.



ANXIETY/MOOD

This occurs when someone has a hard time turning his or her thoughts off, being particularly ruminative, of suffering from excessive worry or concern.

UPMC LIFE CHANGING MEDICINE

ReThink CONCUSSIONS

SIX TYPES OF CONCUSSION

1. Cognitive/Fatigue
2. Vestibular
3. Ocular
4. Post-traumatic Migraine
5. Cervical
6. Anxiety/Mood

FACTS

- Symptoms will be broad and generalized during the first week following concussion and will generally include symptoms like headache and fatigue.
- After the first week, if symptoms persist, they will tend to fall into one of the 6 clinical trajectories.
- There could be more than one trajectory type present.
- Specific trajectory and outcome depends on several factors:
  - Direction of force (linear vs. rotational)
  - Location of impact
  - Amount of force involved
  - Pre-injury risk factors

ACTIVE TREATMENT

Research is showing that active, specialized treatment – focused on specific symptoms – helps the brain recover from injury.

- Neuropsychology
- Vestibular Physical Therapy
- Exertional Physical Therapy
- Physical Medicine and Rehabilitation
- Neuro-optometry/ Neuro-ophthalmology
- Orthopedist
- Neurosurgery
- Neuroradiology
- Chiropractic
- Cognitive Therapy/ Speech Language Pathology

RISK FACTORS (which may delay recovery)

- History of prior concussions
- Motion sickness
- Visual problems
- Learning or attention issues
- Migraine history
- Gender *(female)*
- Age *(younger children tend to take longer to recover)*

Source: Kontos, A.P. Collins, M.W., (2018). Concussion: A Clinical Profile Approach to Assessment and Treatment.

Brain Links is supported by the Administration for Community Living (ACL) of the U.S. Department of Health and Human Services under Grant No. 90TBSG0024-01-00 and in part by the TN Department of Health, Traumatic Brain Injury Program.

BRAIN HEALTH

HOW TO HAVE A HEALTHY BRAIN THROUGHOUT LIFE

Our brain controls everything about us: our moods and emotions, our movements, thoughts and words. Some habits like eating junk food, not exercising, smoking and drinking alcohol can harm our brain. Unhealthy habits can lead to early loss of memory and thinking skills and sometimes dementia - a disorder that effects memory, personality and reasoning.

We can make changes right now - no matter what age we are - that will improve our brains and the quality of our lives.

HERE'S WHERE TO START:

Suggestions are based on current research.



EAT WELL

- The best diet for a healthy brain includes lots of vegetables, fruits, whole grains, healthy fats (avocados, nuts and seeds), and legumes (beans, peas and lentils) and NO eggs, meat or dairy. This is a **vegan diet.**
- If you feel that you can't be a vegan, the next best choice for brain health is **vegetarian,** which is no meat or fish. If you can't be a vegetarian, eat as many healthy, meatless meals as you can.
- Beware of trendy diets. They can often help you lose weight in the short term, but may not be good for your body in the long term.

Avoid junk food, fast food restaurants and most processed (man-made, factory-made) **foods.**
These foods often contain a lot of sugar, salt and fat.

Guidelines for the Prevention of Alzheimer's Disease: "Vegetables, legumes (beans, peas, lentils), fruits, and whole grains should replace meats and dairy products as primary staples of the diet."
Journal of Neurobiology of Aging, 2014

? **GREEN TEA:** Did you know that **green tea** is both **neuro-protective (protects the brain)** and **neuro-restorative (heals the brain)**?
That means if you drink green tea and have an accident that hurts your brain, it will help protect your brain from injury. Even if you begin to drink the tea *after* the injury, it will help.

PLANT FOODS VS ANIMAL FOODS: Did you know that **plant foods have 64 times more antioxidants** than animal foods? Antioxidants help protect cells in your body from damage, including brain cells.

DR. GREGER'S DAILY DOZEN APP: This free app helps you **keep track of the healthy foods** that you eat and helps you figure out what you are missing.

EXERCISE

Cardiovascular exercise - **any exercise that raises your heart rate** - is good for your whole body, including your brain. Other exercise, like yoga, is very good for your body and for relaxation. To really benefit your brain, add cardiovascular exercise which will **increase blood flow to your brain.** Examples of this type of exercise are **walking quickly, jogging, dancing and riding a bike.**
Too little exercise actually hurts the brain.

Cardiovascular exercise has been proven to:

- Fight Depression
- Manage Stress
- Control Blood Sugar Levels
- Help Fight Colds and Diseases
- Increase Focus
- Lower Blood Pressure
- Maintain a Healthy Weight
- Improve Memory



Exercise and better food choices can help you to keep a healthy weight. Studies have shown that having a heavier body makes us have a smaller brain. **So keep your weight down and your brain healthy!**

BE SOCIAL



Get out and **be with your friends and family**. If you can't visit or they are far away, talk on the phone or use a computer app where you can see each other. Having positive social interactions is very healthy for your brain. Not being social can create negative changes in the brain. Spending time with others has been proven to:

- Help Slow Dementia
- Help Fight Colds and Diseases
- Make Depression Go Away
- Lower Stress
- Help The Brain Make New Connections

Get Hearing Aids if you need them. They help you to stay social and keep the brain healthy!

LEARN

We all need to **keep learning throughout our lives**, not just while we are in school. NEW learning helps keep and make strong connections in our brain. Ongoing learning (something new for you) helps prevent dementia. Besides learning in school, learn for work or learn a new hobby. You don't have to master each thing. The point is to use your brain differently by challenging yourself. Try to learn in different ways - through reading, doing, watching and listening. **Learning can be purely for fun!**



TAKE CARE OF YOUR MENTAL HEALTH

If you are anxious, depressed or have another mental health problem, talk with a doctor or counselor for support. Begin making healthy changes and let your support person know. Many of the tips on these pages can help. For instance, exercise was proven to be just as good as depression medications after 12 weeks. After 10 months, exercise was actually better. Eating healthfully and getting together with friends also improves mental health. It's okay to start small.

Other ways to improve your mental health:

- *Adopt a pet or volunteer at an animal shelter*
- *Meditate*
- *Do deep breathing exercises*

Let go of stress and worry. Instead of worrying, take steps to make the situation better. Or, if there is nothing to be done, realize that and relax. Most of the time when we worry, the thing we worry about never happens. **Recognize your own Automatic Negative Thoughts (ANTS)** and replace those ANTs with happy and positive thoughts or do something active like going for a walk. For more help with ANTs, see Dr. Daniel Amen, amenclinics.com.

Be Grateful - Our brains send positive chemicals out when we are grateful. These chemicals are good for our brain and the rest of our body. Journaling, or **writing down what you are grateful for each day** has been shown to produce positive changes in our lives. No matter what is going on in our lives, we can find something or someone to be happy or grateful for.

BE RESILIENT

Resilience is our ability to recover quickly from difficulty. Staying in a negative state causes unhealthy stress in our bodies. Try to deal with what's wrong, then get back to your normal, happier state. You are not alone. Everyone's life includes hard times. **Moving in a positive direction helps us to limit the bad effects of stress in our bodies.** Ways to be resilient:

Commit to finding meaning in a struggle • Believe that you can create a positive outcome
Be willing to grow • CHOOSE to laugh and be grateful (Bonano)

To Become More Resilient, Ask Yourself

1. "What could possibly be right about this situation?"
2. "What in my life or myself can I be grateful for right now?"

MJ Ryan

FIND PURPOSE AND JOY

Having a sense of purpose is very good for the brain. Purpose helps to hold off Alzheimer's disease (a type of dementia) from showing up in your life, even if you already have the changes in your brain.

You may already have something in your life that gives you a feeling of purpose. It can be something simple like taking care of a child, a pet, getting together with friends or knitting blankets for those in need.

If you don't have that feeling of purpose, look for ways to create it through a job, a hobby or relationships. Joy is important because, without it, purposeful things often don't feel purposeful anymore. **It may seem like it should come naturally, but it is okay to branch out and actively find your joy.**



PREVENT BRAIN INJURIES

As you might expect, all types of brain injuries, (strokes, falls, being violently shaken, car accidents, and tumors) can change you brain.

After one brain injury, people are more likely to have another because of changes in physical abilities and decision-making. **Avoid rough sports and risky situations.**

Think first with any activities about how to avoid another injury. **Always** wear a helmet when needed and **always** wear a seatbelt. Many tips on these pages, like eating right and exercising, can help you avoid a stroke.

AVOID THINGS THAT ARE TOXIC

Things that are toxic can harm the brain. Toxic things might include pesticides on food, hormones injected into meat, and some chemicals used in beauty products like shampoos and creams.

- Buy organic fruits and vegetables when you can. Be aware of what you are putting on your body.
- An app like Think Dirty can help you figure out if your housecleaning and beauty products are safe.
- Avoid smoking, vaping, illegal drugs and alcohol which are **all** toxic to your body and brain.
- **You may need support to make these changes.** You might benefit from a local support group. If you smoke or use recreational drugs (including opioids), make a plan to quit, set a date, and tell your family or friends so they can help you stay on track.
  End smoking: https://www.cdc.gov/tobacco/campaign/tips/ and http://www.tnquitline.org/index.php
  Alcoholics Anonymous: https://aa.org and
  https://www.tn.gov/behavioral-health/substance-abuse-services.html
  Narcotics Anonymous: https://na.org and https://natennessee.org/
- Even toxic people (including family members) and relationships can harm your healing and cause further symptoms and damage.
- For mental health and/or substance use disorders, call SAMHSA's National Helpline, 1800-662-HELP (4357) or TTY: 1-800-487-4889 or search https://www.samhsa.gov/find-help/national-helpline

GET ENOUGH SLEEP

Did you know that your brain cleans itself of toxins and plaques as you sleep? If not cleaned, you develop brain fog, memory issues or dementia. **Get enough sleep for your age.**
https://www.cdc.gov/sleep/about_sleep/how_much_sleep.html

Treat sleep apnea (loud snoring and short periods of not breathing)
Get 7-8 hours of sleep a night (if you are an adult) • Reduce/manage stress
Reduce use of electronic devices at night • Stick to a regular schedule
Reduce caffeine, especially at night • Drink chamomile tea
Get rid of your Automatic Negative Thoughts (see Mental Health section)



MAKING CHANGE

Changing from old, unhealthy habits to new, healthier ones can be hard. But improvements in your health will be worth it. The best way to change someone else's habits - like a child, a spouse or a friend - is to **change yourself first**. There are several ways you can get started.



- Make **one small change** at a time. Maybe you stop drinking soda this month and give up red meat next month. Keep adding to the changes.
- Clean up **one area** at a time. This month you switch to veganism or vegetarianism and next month you work on adding cardiovascular exercise to your routine.
- Change **everything** at once. Focus on food choices, add exercise, change your cleaning products, start a gratitude journal, etc.

Find a way that works best for you to stay on track, like setting goals for every month. If you can, get a family member or friend to make healthy changes with you.

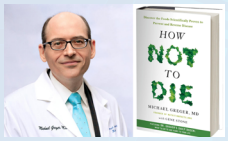
MORE BANG FOR YOUR BUCK

COMBINE two or more healthy changes to get more benefits:

- Begin a new hobby that also helps others
- Exercise with a friend or your pet
- Have meatless Monday meals with a partner
- Stop smoking with a coworker
- Go for a walk to a healthy grocery store
- Go to a farmer's market and plan a healthy meal or picnic
- Turn off television earlier at night and make a short gratitude list before bedtime
- Limit caffeine or trade last cup of coffee for decaf green tea and challenge a friend to do the same



ADDITIONAL RESOURCES



Book: How not to Die by Dr. Michael Greger

Dr. Greger's Daily Dozen App
Nutritionfacts.org



Book: Memory Rescue by Dr. Daniel Amen

https://forksoverknives.com

National Alliance on Mental Illness:
https://www.nami.org/home

There are many good books and websites with information and recipes for vegan or vegetarian cooking.

Brain Links

https://www.tndisability.org/brain

@BrainLinksTN

Brain Links is supported by the Administration for Community Living (ACL) of the U.S. Department of Health and Human Services under Grant No. 90TBSG0024-01-00 and in part by the TN Department of Health, Traumatic Brain Injury Program.

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SALUD CEREBRAL

CÓMO TENER UN CEREBRO SALUDABLE DURANTE TODA SU VIDA

Nuestro cerebro controla todo de nosotros: nuestros estados de ánimo y emociones, nuestros movimientos pensamientos y palabras. Algunos hábitos como comer alimentos chatarra, no hacer ejercicio, fumar y tomar alcohol, pueden dañar nuestro cerebro. Los hábitos no saludables pueden llevar a una pérdida temprana de memoria y de habilidades del pensamiento, y algunas veces demencia: una enfermedad que afecta la memoria, la personalidad y el razonamiento.

Podemos hacer cambios justo ahora - sin importar qué edad tengamos - eso mejorará nuestros cerebros y la calidad de nuestras vidas.

ASÍ ES CÓMO PUEDE EMPEZAR:

Las sugerencias están basadas en las investigaciones actuales.



COMA ADECUADAMENTE

- La mejor dieta para un cerebro saludable incluye muchos vegetales, frutas, granos enteros, grasas saludables (aguacates, nueces y semillas) y legumbres (frijoles (porotos), guisantes y lentejas) y NO INCLUYE huevos carne ni lácteos. Esta es una **dieta vegana.**
- Si siente que no puede ser vegano, la siguiente mejor elección para la salud cerebral es ser **vegetariano**, es decir no consumir carne ni pescado. Si no puede ser vegetariano, coma tantos alimentos alimentos saludables sin carne como pueda.
- Tenga cuidado con las dietas de moda. Pueden ofrecerle ayuda para perder peso en un corto plazo, pero pueden no ser buenas para su cuerpo en el largo plazo.

Evite comida chatarra, como restaurantes de comida rápida y la mayoría de la comida procesada (hecha por el hombre, hecha en fábrica)**.** Estos alimentos a menudo contienen mucha azúcar, sal y grasa.

Directrices para la prevención de la enfermedad de Alzheimer. "Los vegetales, las legumbres (frijoles, guisantes, lentejas), frutas y granos enteros deben remplazar las carnes y productos lácteos como artículos imprescindibles en la dieta".

Journal of Neurobiology of Aging *(Publicación científica, Neurobiología del Envejecimiento, 2014)*

? **TÉ VERDE:** ¿Sabía que el **té verde** es tanto un **neuroprotector (protege al cerebro)** como **neuro-restaurador (sana al cerebro)**?
Eso significa que si toma té verde y tiene un accidente que lastime a su cerebro, el té le ayudará a proteger su cerebro de una lesión. Incluso si usted comienza a tomar el té *después* de la lesión, le ayudará.

ALIMENTOS PROVENIENTES DE PLANTAS VS. ALIMENTOS DE ORIGEN ANIMAL: ¿Sabía que los **alimentos que provienen de plantas tienen 64 veces más antioxidantes** que los que provienen de animales? Los antioxidantes ayudan a proteger las células de su cuerpo de daños, incluyendo las neuronas.

APP "DAILY DOZEN" DEL DR. GREGER: Esta app gratuita le ayuda a **mantener un registro** de los alimentos saludables que usted come y le ayuda a entender qué le está faltando.

EJERCICIO

Ejercicio cardiovascular - **cualquier ejercicio que eleve su pulso cardiaco** - es bueno para todo su cuerpo, incluyendo su cerebro. Otros ejercicios, como el yoga, son buenos para su cuerpo y para relajarse. Para realmente beneficiar su cerebro, haga ejecricio cariovascular, el cual incrementará el flujo sanguíneo a su cerebro. Algunos ejemplos de este tipo de ejercicio son: **caminar rápidamente, trotar, bailar y andar en bicicleta.** Muy poco ejercicio de hecho es dañino para el cerebro.

Se ha demostrado que el ejercicio cardiovascular:

- Lucha contra la depresión
- Ayuda a manejar el estrés
- Controla los niveles de azúcar en la sangre
- Ayuda a luchar contra resfriados y enfermedades
- Incrementa la concentración
- Baja la presión
- Mantiene un peso saludable
- Mejora la memoria



El ejercicio y mejores decisiones alimenticias pueden ayudarle a mantener un peso saludable. Los estudios han mostrado que tener un cuerpo más pesado, hace que tengamos un cerebro más pequeño **¡Así que mantenga su peso bajo y su cerebro saludable!**

SEA SOCIABLE



Salga y **pase tiempo con sus amigos y familiares** Si no puede visitarlos o ellos están lejos, hable por teléfono o use una aplicación para computadora, donde puedan verse el uno al otro. Tener interacciones sociales positivas es muy saludable para su cerebro. No ser sociable puede crear cambios negativos en el cerebro.

Pasar tiempo con otros ha demostrado:

- Ayudar a retardar la demencia
- Hacer que la depresión se retire
- Ayuda al cerebro a crear nuevas conexiones
- Ayuda a luchar contra resfriados y enfermedades
- Bajar el estrés

Consiga aparatos auditivos si los necesita. !Estos le permitirán mantenerse en contacto social y mantener el cerebro saludable!

APRENDA

Todos necesitamos **mantenernos aprendiendo a través de nuestras vidas**, no sólo mientras estamos en la escuela. El aprendizaje de cosas NUEVAS nos ayuda a crear conexiones fuertes en nuestro cerebro. El aprendizaje continuo (algo nuevo para usted) ayuda a prevenir la demencia. Además de aprender en la escuela, aprenda para su trabajo o aprenda un nuevo pasatiempo. No es necesario que domine cada cosa. El punto es que use su cerebro de maneras diferentes para desafiarse a sí mismo. Intente aprender de diferentes maneras: A través de la lectura, haciéndolo, mirando y escuchando.

¡Aprender puede ser por mera diversión!



CUIDE SU SALUD MENTAL

Si está ansioso, deprimido o tiene otro problema de salud mental, hable con un doctor o terapeuta para obtener ayuda. Comience a realizar cambios saludables e infórmelos a alguien de confianza. Muchas de las sugerencias en estas páginas le pueden ayudar. Por ejemplo, el ejercicio ha demostrado ser tan bueno como los medicamentos para la depresión después de 12 semanas. Después de 10 meses, de hecho el ejercicio fue mejor. Comer saludablemente y reunirse con amigos también mejora su salud mental. Está bien comenzar con poco.

Otras maneras de mejorar su salud mental:

- Adoptar una mascota o servir como voluntario en un refugio para animales
- Meditar
- Hacer ejercicios de respiración profunda

Deje ir el estrés y las preocupaciones. En vez de preocuparse, tome los pasos que harán que mejore su situación. O si no hay nada que hacer, acéptelo y relájese. La mayoría de las veces cuando nos preocupamos, aquello por lo que estamos preocupados nunca sucede. **Reconozca sus propios Pensamientos Negativos Automáticos (ANT, por sus siglas en inglés, "Automatic Negative Thoughts")** y remplace esos ANTs con pensamientos alegres y positivos o haga algo de actividad como ir a caminar. Para más ayuda con los ANTs, consulte al Dr. Daniel Amen, amenclinics.com.

Sea agradecido - nuestros cerebros envían químicos positivos cuando somos agradecidos. Estos químicos son buenos para nuestro cerebro y para el resto de nuestro cuerpo. Escribir un diario, o **escribir por qué está agradecido cada día** está demostrado que produce cambios positivos en nuestras vidas. No importa lo que suceda en nuestras vidas, podemos encontrar alguna cosa o a alguien con quien estar feliz o por quien estar agradecido.

SER RESILENTE

La resilencia es nuestra capacidad de recuperarnos rápidamente de las dificultades. El mantenerse en estado negativo ocasiona estrés perjudicial en nuestros cuerpos. Intente abordar lo que está mal, luego regrese a su estado normal más feliz. No está solo. La vida de todos incluye tiempos difíciles. **Moverse hacia una dirección positiva nos ayuda a limitar los efectos malos del estrés en nuestros cuerpos.** Maneras de ser resiliente:

Comprométase a encontrar significado en una lucha • Crea que puede crear un resultado positivo • Esté dispuesto a crecer • ESCOJA reír y ser agradecido (Bonano)

Para hacerse más resilente, pregúntese

1. "¿Qué podría estar bien acerca de esta situación?
2. ¿De qué puedo estar agradecido en mi vida o en mí mismo ahora mismo?

MJ Ryan

ENCUENTRE PROPÓSITO Y ALEGRÍA

Tener un sentido de propósito es muy bueno para el cerebro. Tener un propósito ayuda a mantener a raya la enfermedad de Alzheimer (un tipo de demencia) evitando que se muestre en su vida, incluso si usted ya tiene cambios en su cerebro.

Puede que ya tenga algo en su vida que le de un sentimiento de propósito. Puede ser algo simple como cuidar de un niño, una mascota, reunirse con amigos o tejer mantas para las personas necesitadas.

Si no tiene ese sentimiento de propósito, busque maneras para crearlo a través de un trabajo, un pasatiempo o de relaciones personales. El gozo es importante porque sin él, las cosas con propósito a menudo ya no se sienten como tales. **Puede parecer como que debe surgir naturalmente, pero está bien diversificar y encontrar activamente su gozo.**



EVITE LESIONES CEREBRALES

Como puede esperar, todos los tipos de lesiones cerebrales (derrames cerebrales, caídas, sacudidas violentas, accidentes automovilísticos y tumores) pueden cambiar su cerebro.

Después de una lesión cerebral, la gente es más susceptible a tener otra, debido a cambios en las capacidades físicas y en la toma de decisiones. **Evite deportes bruscos y situaciones de riesgo.**

Piense primero, con cualquier actividad, acerca de cómo evitar otra lesión. **Siempre** porte un casco cuando se necesite y **siempre** use el cinturón de seguridad. Muchas sugerencias en estas páginas, como comer correctamente y hacer ejercicio, pueden ayudarle a evitar un derrame cerebral.

EVITE SUSTANCIAS TÓXICAS

Sustancias tóxicas pueden dañar el cerebro. Sustancias tóxicas incluyen pesticidas en la comida, hormonas inyectadas en la carne, y algunos químicos usados en productos de belleza como champús y cremas.

- Compre frutas y vegetales orgánicos cuando pueda. Esté consciente de lo que pone en su cuerpo.
- Una app como *Think Dirty* puede ayudarle a darse cuenta si sus productos de limpieza del hogar o de belleza son seguros.
- Evite fumar, usar cigarros electrónicos, drogas ilegales y consumir alcohol. **Todos** ellos son tóxicos para su cuerpo y cerebro.
- **Quizá necesite apoyo para hacer estos cambios.** Usted podría beneficiarse de un grupo de apoyo local. Si usted fuma o usa drogas recreativas (incluyendo opioides), haga un plan para dejar de fumar, fije una fecha y dígale a su familia o amigos, para que puedan ayudarlo a mantenerse en el camino.
  Dejar de fumar: https://www.cdc.gov/tobacco/campaign/tips/ y http://www.tnquitline.org/index.php
  Alcohólicos Anónimos: https://aa.org y
  https://www.tn.gov/behavioral-health/substance-abuse-services.html
  Narcóticos Anónimos: https://na.org y https://natennessee.org/
- Incluso las personas tóxicas (incluyendo familiares) y las relaciones tóxicas pueden dañar su recuperación y causar síntomas y daños adicionales.
- Para trastornos de salud mental y de uso de sustancias, llame a la línea de ayuda nacional de SAMHSA 1800-662-HELP (4357) o TELEX: 1-800-487-4889 o busque https://www.samhsa.gov/find-help/national-helpline

DUERMA LO SUFICIENTE

¿Sabía que su cerebro se limpia a sí mismo de toxinas y placas mientras duerme? Si no se limpia, desarrollará dificultades para concentrarse, problemas de memoria o demencia. **Duerma lo suficiente para su edad.**
https://www.cdc.gov/sleep/about_sleep/how_much_sleep.html

Sometase a tratamiento para la apnea del sueño (ronquidos fuertes y periodos cortos sin respirar)
Duerma de 7 a 8 horas por noche (si es un adulto)
Reduzca el uso de dispositivos electrónicos durante la noche
Reduzca la cafeína, especialmente durante la noche
Deshágase de los Pensamientos Negativos Automáticos (consulte la sección de Salud Mental)

- Reduzca/maneje su estrés
- Apéguese a un horario regular
- Tome té manzanilla



REALIZANDO CAMBIOS

Puede resultar difícil cambiar los hábitos viejos y poco saludables por hábitos nuevos y más saludables. Pero las mejoras en su salud valdrán la pena. La mejor forma de cambiar los hábitos de otra persona –como un hijo, cónyuge o amigo– es **cambiando uno mismo primero**. Hay varias maneras en que puede comenzar.



- Haga **un cambio pequeño** a la vez. Quizá usted deje de tomar gaseosas este mes y abandone la carne roja al siguiente mes. Siga haciendo cambios.
- Limpie **un área** a la vez. Este mes hágase vegano o vegetariano, y el siguiente mes trabaja en añadir ejercicio cardiovascular a su rutina.
- Cambie **todo** a la vez. Enfóquese en las elección de alimentos, añada ejercicio, cambie sus productos de limpieza, comience un diario de gratitud, etc.

Encuentre una manera que le funcione mejor para mantenerse avanzando como establecer metas para cada mes. Si puede, pida a un familiar o amigo que haga los cambios saludables con usted.

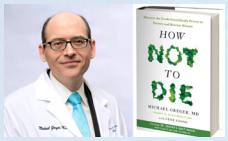
OBTENGA AÚN MÁS BENEFICIOS

COMBINE dos o más cambios saludables para obtener más beneficios.

- Comience un nuevo pasatiempos que también ayude a otros
- Haga ejercicio con un amigo o con su mascota
- Tenga comidas de "lunes sin carne" con su pareja
- Deje de fumar junto con un compañero del trabajo
- Vaya caminando a una tienda de productos saludables
- Vaya a un mercado de agricultores y planee una comida o picnic saludable
- Apague la televisión más temprano en la noche para hacer una lista corta de gratitud antes de dormir
- Limite su consumo de cafeína o cambie la última taza de café por una de té verde descafeinado y rete a un amigo(a) a que haga lo mismo



RECURSOS ADICIONALES



Libro: Cómo no morir por Dr. Michael Greger



Libro: Rescate de la memoria por Dr. Daniel Amen

App "Daily Dozen" del Dr. Greger
Nutritionfacts.org

https://forksoverknives.com

Alianza Nacional para las Enfermedades Mentales:
https://www.nami.org/home

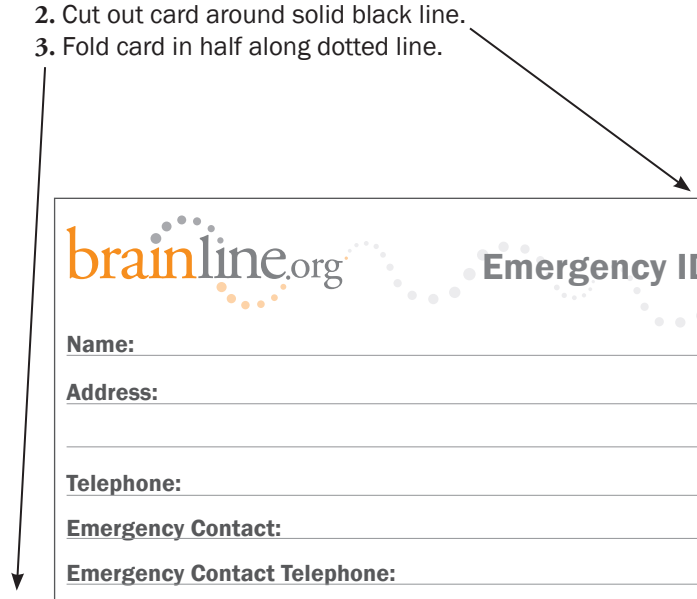
Hay muchos buenos libros y sitios web con información y recetas para cocina vegana o vegetariana.

Brain Links
https://www.tndisability.org/brain
@BrainLinksTN

Brain Links cuenta con el respaldo de la Administración para la Vida Comunitaria (ACL) del Departamento de Salud y Servicios Humanos de los EE. UU. Bajo la subvención N° 90TBSG0024-01-00 y en parte por el Departamento de Salud de Tennessee, Programa de Lesiones Cerebrales Traumáticas.
Publicado en enero de 2021

Instructions:

1. Print Emergency ID card.
2. Cut out card around solid black line.
3. Fold card in half along dotted line.



brainline.org

Emergency ID

Name:

Address:

Telephone:

Emergency Contact:

Emergency Contact Telephone:

brainline.org

I HAVE A BRAIN INJURY.

Symptoms caused by my injury may include:

- Poor coordination or unsteady walking
- Impaired talking, seeing, hearing, understanding, or remembering
- Confusion, disorientation, or distractibility
- Slow response to questions
- Agitation, irritability, impatience, or anxiety
- Anger, aggression, or explosive behavior

Please help me through this crisis by being patient and by calling the emergency contact number on the other side of this card.

For more information on brain injury, please visit BrainLine at *www.BrainLine.org*.

Brain Injury and Opioid Overdose: fast facts

Acquired Brain Injury is damage to the brain occurring after birth and is not related to congenital or degenerative disease. This includes anoxia and hypoxia, impairment (lack of oxygen), a condition consistent with drug overdose.

Opioid Use Disorder, as defined in DSM 5, is a problematic pattern of opioid use leading to clinically significant impairment, manifested by meaningful risk factors occurring within a 12-month period.

Overdose is injury to the body (poisoning) that happens when a drug is taken in excessive amounts and can be fatal. Opioid overdose induces respiratory depression that can lead to anoxic or hypoxic brain injury.

2.8 million brain injury related hospital stays/deaths in 2013

70-80% of hospitalized patients are discharged with an opioid Rx

63,000+ drug overdose-related deaths in 2016

"As the number of drug overdoses continues to rise, doctors are struggling to cope with the increasing number of patients facing irreversible brain damage and other long term health issues."

brain injury and overdose

Substance Use and Misuse is:

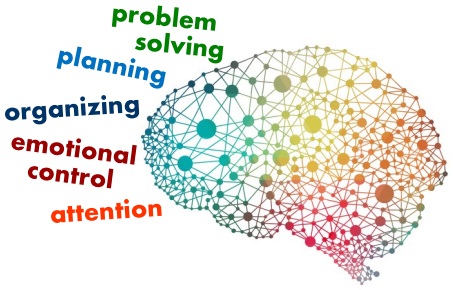
- Often a contributing factor to brain injury. History of abuse/misuse is common among individuals who have sustained a brain injury.
- Likely to increase for individuals who have misused substances prior to and post-injury.

Acute or chronic pain is a common result after brain injury due to:

- Headaches, back or neck pain and other musculo-skeletal conditions commonly reported by veterans with a history of brain injury.
- Moderate to severe brain injury, highly correlated with increased risk for chronic pain.
- Risk of chronic pain for individuals with co-occurring brain injury, post-traumatic stress disorder and depression.

Individuals treated for non-cancer chronic pain with opiate therapy are at risk for developing an opiate use disorder and are at risk of overdose.

The frontal lobe is highly susceptible to brain oxygen loss, and damage leads to potential loss of executive function.



Sources: Stojanovic et al 2016; Melton, C. Nov. 15,2017; Devi E. Nampiaparampil, M.D., 2008; Seal K.H., Bertenthal D., Barnes D.E., et al 2017; www.cdc.gov/traumaticbraininjury/get_the_facts.htm; www.cdc.gov/mmwr/volumes/65/wr/mm655051e1.htm Hammond et al, 2015.

For more information contact Rebeccah Wolfkiel: execdirector@nashia.org 202.681.7840, or visit www.nashia.org

nashia
giving states a voice
National Association of State Head Injury Administrators

recommendations: brain injury & behavioral health

Prevention: Overdose prevention and education initiatives must target individuals living with brain injury, caregivers and providers. State behavioral health and brain injury programs should collaborate to ensure that efforts for prevention target this population. Federal prevention resources/tools should highlight the importance of this issue and recommend strategies for states.

Substance Use Disorders (SUD) Treatment: Services designed to address SUD must be accessible to individuals with brain injury. Providers should routinely screen for a history of brain injury among consumers served and ensure treatment services are accessible for individuals with cognitive, behavioral and physical disabilities resulting from a brain injury.

Brain Injury Services Programs: Individuals who have sustained a brain injury resulting from an overdose may require specialized services. State programs need to develop capacity and expertise to support a growing number of individuals living with an acquired brain injury from overdose. Understanding best practices in SUD screening, recovery and treatment are critical.

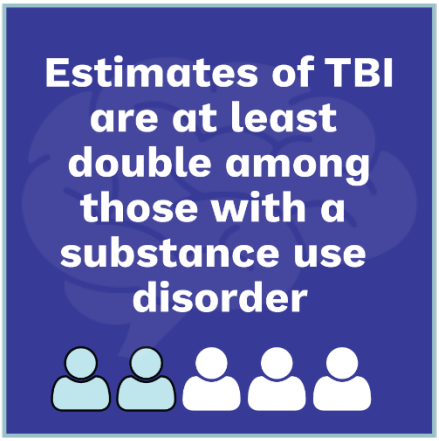
INTERSECTION BETWEEN TRAUMATIC BRAIN INJURY AND OPIOID USE DISORDER

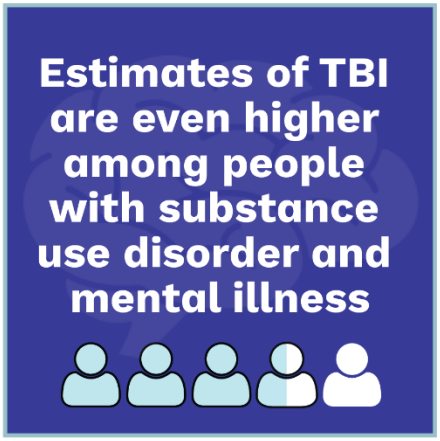
RECOMMENDATIONS FOR SUBSTANCE USE TREATMENT PROVIDERS

History of traumatic brain injury (TBI) is common among clients being treated for opioid use disorder, and standard treatment approaches can be challenging. Adaptations for people with TBI increase the likelihood of successful recovery from opioid use disorder.

Traumatic brain injury (TBI) is common among people who have a substance use disorder. Over 20% of non-institutionalized adults in the United States have had at least one TBI with a loss of consciousness, and this estimate more than doubles among people with a substance use disorder. Individuals with co-occurring substance use disorders and mental health problems are even more likely to have a history of TBI. The increased vulnerability for misuse and addiction to other substances (e.g., alcohol) among people with TBI suggests the same may be true with opioids.







People with a history of TBI have risk factors for opioid use disorder.

- More frequent headaches
- More likely to experience chronic pain
- More likely to be prescribed opioids
- Increased impulsive behavior that makes it difficult to self-regulate substance use, due to damage to the prefrontal cortex during the traumatic brain injury

funded by NIDILRR grant #90DPGE0007

Opioid use disorder may increase risk for future brain injury.

- Opioid overdoses can cause "anoxic" brain damage due to lack of oxygen to the brain, often leading to repeated brain injuries
- Opioid overdose can also lead to falls due to loss of consciousness, causing TBI

The defining feature of TBI is damage to the frontal lobes of the brain which can reduce concentration, memory, planning, problem-solving or communication, as well as self-regulation skills like impulse control, emotional inhibition and self-awareness. **These executive function skills are the building blocks for *successful* opioid use disorder treatment.**

Additional physical and mental health conditions may be present.

It is also important to remember that TBI and opioid use disorder may not be the only disabilities or health conditions your clients have. They may also live with mental health conditions, pain, sleep disorders, and other physical health conditions.

Strategies for determining the unique needs of clients with co-occurring TBI and opioid use disorder include:

- Identifying clients' communication and learning styles. Do your clients comprehend written and spoken language? What other forms of communication can they use? How do they learn best?
- Finding out what compensatory strategies worked or did not work for clients in the past.
- Asking clients what helps them accomplish specific executive functioning tasks. For example, "What helps you pay attention?"

Clients with a history of TBI need long-term support for successful opioid use disorder treatment. "When you think you're done with treatment, you're likely not."

Insight and the intention to stop using opioids will not ensure that clients sustain recovery and healthy functioning. Other factors should be taken into account, including medication treatment, organizational supports, trigger-free environments, and more time to allow remission to become recovery.

FUNDED BY NIDILRR GRANT #90DPGE0007

Strategies to address specific executive functioning problems include:

- For people who struggle with paying **attention**, presenting information in smaller chunks, providing simple and straightforward instructions, and offering opportunities for hands-on learning can help them stay engaged with their treatment program.
- People who have difficulties **processing** information may benefit from extra time, repetition, and simple instructions.
- People who have problems **remembering** things can benefit from written summaries, repetition of important material, and other forms of reminders.
- **Initiating** tasks can be hard for some people with TBI. Break tasks down into manageable portions.
- Sometimes people with TBI can be **impulsive**. Work with clients on anticipating impulses, goal-setting and thinking about the consequences of their actions.
- People with TBI can struggle with **planning and organization**. Help clients by working with them to keep routines, use organization systems (e.g., smartphone apps), and make lists.
- **Mental flexibility** can also be a challenge for people with TBI. Remember that clients may get stuck on one way of thinking, and may struggle to come up with solutions to unexpected problems.
- TBI can affect people's **self-awareness and ability to make good decisions**. Work with clients to plan ahead, and practice positive social interactions.

FUNDED BY NIDILRR GRANT #90DPGE0007

Adapted from:

John D. Corrigan and Rachel Sayko Adams (2019). The Intersection of Lifetime History of Traumatic Brain Injury and the Opioid Crisis. *Addictive Behaviors*; 90: 143-145. https://doi.org/10.1016/j.addbeh.2018.10.030

Accommodating the Symptoms of TBI. Ohio Valley Center for Brain Injury Prevention and Rehabilitation. http://heller.brandeis.edu/ibh/pdfs/accommodating-tbi-booklet-1-14.pdf

Traumatic Brain Injury Resources

Brain Injury Association of America. https://www.biausa.org/

BrainLine. https://www.brainline.org/

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Funder

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Heller School for Social Policy and Management, Brandeis University – http://heller.brandeis.edu
INROADS Project – inroads@brandeis.edu – http://heller.brandeis.edu/ibh/research/inroads/
April 1, 2019

Mental Health Information and Fact Sheets

Crisis Services and Suicide Prevention

Hotline: 855-CRISIS-1, 855-274-7471,
tn.gov/CrisisLine

Crisis Management and De-Escalation

The Brain Injury Association of North Carolina

Suicide and Brain Injury,

The Brain Injury Association of North Carolina

NAMI Tennessee (National Alliance on Mental Illness)

Tennessee Department of Mental Health and Substance Abuse Services

Concussion and Mental Health Infographic

This was developed from the Ontario Neurotrauma Foundation (https://concussionsontario.org/) is being shared by Brain Links with permission.

Mental Health and Brain Injury

In collaboration with the Brain Injury Association of Virginia, the Mental Health & TBI Quick Guide was customized for TN. **En Español**

Tennessee System of Care

"We help the child, youth, or young adult who: is between the ages of 0-21, is experiencing emotional or behavioral concerns that affect their daily life (i.e. having trouble in school, with their family, with peers or adults, with law enforcement, or children's services), is having difficultly or is at risk of psychiatric hospitalization, residential placement, or DCS custody, is willing and interested in participating (if under age 16, includes family)"

Tennessee Voices:

TN Voices is a non-profit organization of more than 100 social workers, peer support specialists, therapists, and care coordinators who are dedicated to providing advocacy, peer support, counseling services, and trainings to children, teens, young adults, and adults in all 95 counties in Tennessee.

Tennessee School-Based Behavioral Health Liaison Program:

School-Based Behavioral Health Liaisons is a program that provides prevention services for children and youth in elementary, middle, and high schools.

created 9/2019

SUICIDE

AND BRAIN INJURY

Acquired brain injury (ABI), including traumatic brain injury (TBI), can cause a lasting change in a person's thinking, how they react to certain situations, and how they relate to others. The intersection between suicide and brain injury is complex and overlapping. Suicide attempts may result in a brain injury (from falls, lack of oxygen, substance use, etc.). On the other hand, sustaining a brain injury might lead to an increased risk of suicidality due to additional stressors, medication, and impulsivity. Common influences might be:

- increased stress, helplessness, and isolation
- greater difficulty with relationships
- depression, and other mental health conditions
- difficulty controlling emotions, decision-making, planning, and problem solving
- loss of support system, job, and/or income

COMMON DEFINITIONS

Suicidal ideation - self-reported thoughts of engaging in suicide-related behavior.

Suicidal behavior - a spectrum of activities related to thoughts and behaviors such as suicidal thinking, attempts, and completed suicide.

Self-harm/Injury - the methods by which individuals injure themselves of suicidal or non-suicidal intent, such as self-laceration, battering, or recklessness.

DID YOU KNOW?

a person with brain injury is at an increased risk of suicide.

Mackelprang et al. (2014) found that 25% of participants experiencing hospitalization reported suicidal ideation at some time during the first year after TBI, a rate that exceeds the general population by almost 7 times. Screening and assessment is crucial at all stages following injury because there is not a specific window of risk for suicidality after TBI.



SUICIDE WARNING SIGNS

Talk or comments may be passive or directly related to suicide.

If a person talks about:

- Killing themselves
- Feeling hopeless
- Having no reason to live
- Being a burden to others
- Feeling trapped
- Unbearable pain

Behaviors that may signal risk, especially if related to a event, loss or change:

- Increased use of alcohol/ drugs
- Looking for a way to end their lives, such as searching for methods
- Withdrawing from activities
- Isolating from others
- Sleeping too much/ little
- Visiting or calling people to say goodbye
- Giving away prized possessions

Moods may be persistent or fluctuating, but often are all-consuming:

- Extreme sadness or stress
- Loss of interest
- Irritability or aggression
- Humiliation/Shame
- Agitation/Anger
- Relief/Sudden Improvement

Offer Support

Every person, brain injury, and struggle is different. Together we can all help to prevent suicide. As a supporter, be sure to keep in mind follow-up strategies within 48 hours after a suicidal crisis or hospital discharge: make a phone call, send a short text message, write a letter/email, or visit their residence. Here are strategies & resources to help change the internal narrative that there is no way out to one of hope and community.



Promote Prevention

FOR INDIVIDUALS & FAMILIES

- Talk to someone with psychotherapy, counseling, & support groups.
- Medication and management can be helpful for regulating emotions.
- Encourage connecting to providers, transportation, and group activities.
- Provide or seek a positive environment and support.
- Take time to evaluate a sense of purpose & of self, spirituality, or meaning.
- Responsibility such as a pet, chores, or job can help with purpose and feeling valued.
- Distractions & self-care can help to reduce stress.
- Helping others (volunteer work, acts of kindness, donating, etc.) can feel rewarding.

FOR PROVIDERS

- Take more time, be patient, and promote independence at all opportunities.
- Repeat or cue the person many times and provide written handouts for memory.
- Involve support, family, or friends whenever possible to avoid misinformation or confusion.
- Coordination of care should be communicated between all providers.
- Recommend family and couples counseling or positive group interactions with other people.
- Provide consistent monitoring and follow-up because memory and organization may be a barrier.
- Communicate that there is a possibility of suicide and the resources available.
- Medication may help, but pay attention to potential misuse or negative side-effects or ones that may be awkward to talk about.
- Written communication (i.e. emails) are often not enough to fully assess needs.
- Educate and support caregivers on expectations, coping skills, burnout, and connection to respite services.

Encourage Connection

RESOURCES & REFERENCES

National Suicide Prevention Lifeline:
- 1-800-273-TALK (8255)
- TTY: 1-800-779-4889
- suicidepreventionlifeline.org

Veterans Crisis Line:
- 1-800-273-8255 and Press 1
- www.veteranscrisisline.net

Suicide Resource Prevention Center:
- 877-(438-7772)
- www.sprc.org

Substance Abuse and Mental Health Services Administration (SAMSHA):
- www.samhsa.gov

Defense and Veterans Brain Injury Center (DVBIC):
- 1-800-870-9244
- dvbic.dcoe.mil

North Carolina Resources:
- crisissolutionsnc.org
- hopeline-nc.org
- LME/MCO Crisis Centers

HOPE is available.

BRAIN INJURY ASSOCIATION OF NORTH CAROLINA

in partnership with NCDHHS

WEBSITE www.bianc.net

EMAIL bianc@bianc.net

PHONE (919) 833-9634 1-800-377-1464

Bell Let's Talk

Let's talk about

CONCUSSIONS & MENTAL HEALTH

Mental health issues are common after sustaining a concussion. The information below can help you identify, get help for, and recover from any mental health challenges you face after a concussion.

SYMPTOMS



IRRITABILITY
ANXIETY
MOOD SWINGS
DEPRESSED MOOD
APATHY
IMPATIENCE

Know what to look for.

Symptoms of mental health problems can affect your wellness, ability to function in daily life, and relationships with others. Identifying symptoms early will prevent them from getting worse and interfering with your recovery.

DIAGNOSIS



Talk to your primary healthcare provider about your mental health.

Let your doctor know if you experience any mental health issues after your concussion and if you have had mental health challenges in the past. They will ask you questions and observe your behaviour to make a diagnosis and recommend treatment. They might also talk to your family members to find out more information about your symptoms.

TREATMENT



Get on the road to recovery with an individualized treatment plan.

You may need counseling, talk therapy, or medications (sometimes a combination is best). Your primary healthcare provider will create your treatment plan based on your the type and severity of your symptoms. You might be referred to a mental health specialist if your symptoms are complex.

RECOVERY



Recovery takes time. Build a strong support system to help you through this process.

Having a support system of close friends and family members is important. Avoid isolation and reintegrate yourself into daily activity as symptoms allow. Connect with a peer support group, create a consistent routine, exercise regularly, and eat balanced meals to support recovery.

Brain Links

tndisability.org/brain

LEARN MORE AT OUR WEBSITES:
BRAININJURYGUIDELINES.ORG
CONCUSSIONSONTARIO.ORG
Ontario Neurotrauma Foundation
Fondation ontarienne de neurotraumatologie

National Alliance of Mental Illness (NAMI)TN https://www.namitn.org/

TN Voices for Children https://tnvoices.org/

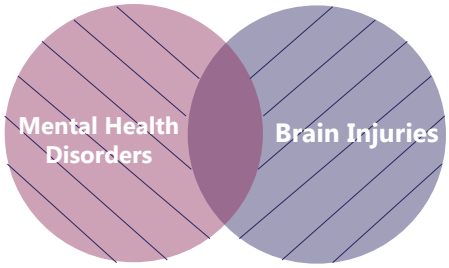
Brain Links http://tndisability.org/brain

QUICK GUIDE

Mental Health & Brain Injury

The relationship between brain injury and mental health is strong, but still under-researched. What we do know is while sometimes brain injury is an entirely separate issue to mental health, brain injury can lead to new mental health issues developing, and mental health issues can make brain injury symptoms worse. The effects of brain injury and mental illness can look very similar, which is why understanding the relationship between the two is important for individuals to advocate for themselves and for medical professionals to make accurate diagnoses.

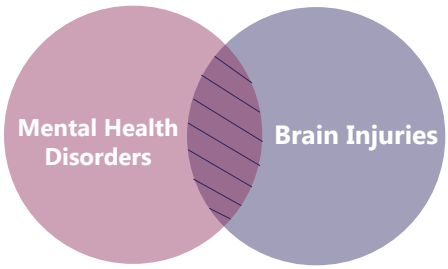
What are the differences between mental health disorders and brain injuries?



While many symptoms of a brain injury overlap with those of a mental health disorder, not all mental health issues that develop after a brain injury are severe enough to be considered "disordered." However, this does not mean the mental health issues an individual experiences are not real, important, or cause challenges. Talking about mental and emotional struggles with medical professionals can help determine whether or not they are related to a brain injury.

What are the similarities?

There are many symptoms caused by a brain injury that are also typical for different types of mental health disorders (see chart on next page). If a mental health issue or disorder is already present for an individual, a brain injury can also make those symptoms worse, creating more challenging problems. Tracking symptoms (like emotions and mental state) in a journal and trying to identify when they first started and compare that timeline to when the brain injury occurred can help the individual and medical professionals determine the root cause and best treatment options.



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How do substance abuse disorders impact brain injuries and vice versa?

Substance abuse and addiction to drugs and alcohol is considered a mental disorder, and can be intertwined with the effects of a brain injury. Being under the influence of substances that impair judgment, motor functions, and memory increases the likelihood of being injured. The symptoms of a brain injury also increase chances of developing a substance abuse disorder. In fact, individuals with a brain injury are 11 times more likely to die of an overdose than people without a brain injury[1]. This means substance abuse can be both a cause and a symptom of brain injury, making it especially important to be aware of.

Overall, the symptoms* of some mental health disorders and brain injuries overlap in many ways:

	Concussion	Anxiety	Depression	Substance Abuse
Headaches	x	x	x	x
Drowsiness	x	x	x	x
Irritability	x	x	x	x
Poor memory	x	x	x	x
Fatigue	x	x	x	x
Poor sleep	x	x	x	x
Nausea	x	x	x	x
Dizziness	x			x
Blurred vision	x			x

*For a comprehensive list of mental health disorder and brain injury symptoms, please consult with a medical professional.

What does treatment and recovery look like?

There is no "cure" for brain injury or mental health disorders. However, there are many effective treatment options like cognitive-behavioral therapy and medication to help decrease symptoms and manage challenges. Be aware not all doctors who treat brain injury are mental health experts and vice versa, which is why being as honest as possible about your difficulties is key.

The TN Traumatic Brain Injury Program can help you better understand brain injury and consult with you about your personal situation. We can then direct you to services you might need in your area. Our services are confidential and free.

To get in touch: 1-800-882-0611

Visit the TN TBI Program
https://www.tn.gov/health/health-program-areas/fhw/vipp/tbi.html

Contact Brain Links for "free" Training & Educational Information at: tbi@tndisability.org

1. Administration for Community Living National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR) "Opioids and TBI" Brief, April 2019.

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1.800.444.6443
biav.net

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Alianza Nacional para las Enfermedades Mentales (Siglas en inglés: NAMI) TN
https://www.namitn.org/

Voces para los Niños TN
https://tnvoices.org/

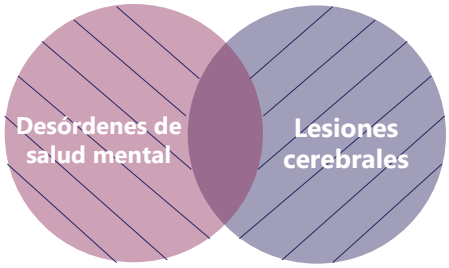
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http://tndisability.org/brain

Salud Mental y Lesiones Cerebrales

GUÍA RÁPIDA

La relación entre las lesiones cerebrales y la salud mental es fuerte, pero aún falta investigación. Lo que sabemos es que aunque algunas veces las lesiones cerebrales son un asunto totalmente aparte de la salud mental, las lesiones cerebrales pueden llevar a que se desarrollen nuevos problemas de salud mental y los problemas de salud mental pueden hacer que los síntomas de lesiones cerebrales empeoren. Los efectos de una lesión cerebral y una enfermedad mental pueden parecer muy similares, por tal motivo, entender las relaciones entre ambas es importante para que las personas aboguen por sí mismas y para que los profesionales de la medicina hagan diagnósticos exactos.

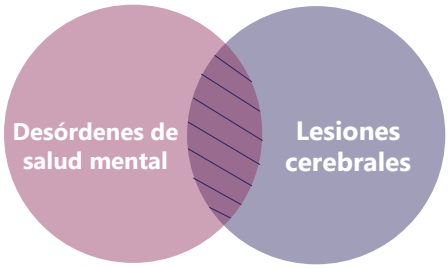
¿Cuáles son las diferencias entre los desórdenes de salud mental y las lesiones cerebrales?



Aunque muchos síntomas de una lesión cerebral se traslapan con los de un desorden de salud mental, no todos los problemas de salud mental que se desarrollan después de una lesión cerebral son lo suficientemente severos como para ser considerados “desordenados”. Sin embargo, esto no significa que los problemas de salud mental que una persona experimente no sean reales, importantes o desafiantes. Hablar acerca de las luchas mentales y emocionales con los profesionales médicos puede ayudar a determinar si dichos problemas son o no relacionados a una lesión cerebral.

¿Cuáles son las similitudes?

Hay muchos síntomas causados por una lesión cerebral que también son típicos para diferentes clases de desórdenes de salud mental (consulte el gráfico en la siguiente página). Si un problema o desorden de salud mental ya está presente para una persona, una lesión cerebral también puede hacer que empeoren esos síntomas, creando más problemas desafiantes. Registrar los síntomas (como emociones y estado mental) en un diario y tratar de identificar cuándo aparecieron por primera vez y comparar esa línea de tiempo al momento en que ocurrió la lesión cerebral puede ayudar a la persona y a los profesionales médicos a determinar la causa raíz y las mejores opciones de tratamiento.



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Se otorgó permiso para adaptarlo para Tennessee.

¿Cómo impactan los desórdenes de abuso de sustancias a las lesiones cerebrales y vice-versa?

El abuso de sustancias y la adicción a las drogas y al alcohol se consideran un desorden mental, y pueden entrelazarse con los efectos de una lesión cerebral. Estar bajo la influencia de sustancias que deterioran el juicio, las funciones motrices y la memoria, incrementan la probabilidad de ser lesionado. Los síntomas de una lesión cerebral también pueden incrementar la probabilidad de desarrollar un desorden de abuso de sustancias. De hecho, las personas con una lesión cerebral son 11 veces más propensas a morir de una sobredosis que una persona sin una lesión cerebral1. Esto significa que el abuso de sustancias puede ser tanto una causa como un síntoma de lesión cerebral, haciendo que sea especialmente importante estar conscientes e ello.

En general, los síntomas* de algunos desórdenes de salud mental y lesiones cerebrales se traslapan en muchas formas:

	Conmoción cerebral	Ansiedad	Depresión	Abuso de sustancias
Dolores de cabeza	x	x	x	x
Somnolencia	x	x	x	x
Irritabilidad	x	x	x	x
Memoria deficiente	x	x	x	x
Fatiga	x	x	x	x
Sueño deficiente	x	x	x	x
Náuseas	x	x	x	x
Mareos	x			x
Visión borrosa	x			x

*Para una lista minuciosa de desórdenes de la salud mental y síntomas de lesiones cerebrales, favor de consultar con un profesional médico.

¿Cómo son el tratamiento y la recuperación?

No hay "cura" para la lesión cerebral o los desórdenes de salud mental. Sin embargo, hay muchas opciones de tratamientos efectivos como la terapia cognitiva-conductista y medicamentos para ayudarles a reducir los síntomas y manejar los desafíos. Tenga presente que no todos los doctores que tratan lesiones cerebrales son expertos en salud mental y vice-versa, razón por la cual, es un punto clave ser tan honesto como sea posible acerca de sus dificultades.

El programa para Lesiones Cerebrales Traumáticas de Tennessee puede ayudarle a entender mejor las lesiones cerebrales consultar con usted acerca de su situación personal. Luego, podemos referirlo a los servicios que pueda necesitar en su área.

Para ponerse en contacto:
1-800-882-0611
Póngase en contacto con Brain Links para Capacitación "gratuita" e información educativa al correo: tbi@tndisability.org

1. Administración para el Instituto Nacional de Vida Comunitaria sobre Discapacidad, Vida Independiente e Investigación de Rehabilitación (Siglas en inglés: NIDILRR) Resumen de "Opioides y TBI", Abril de 2019.

Brain Links

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Domestic Violence

Victims of Domestic Violence may have sustained a brain injury in the past or have accumulated injuries that might have been misidentified and untreated.

Tennessee Domestic Violence Helpline:

Domestic Violence Helpline: 1-800-356-6767 The Statewide Domestic Violence Helpline is a referral and counseling helpline for victims of domestic violence. Counselors are available 24/7 to offer referrals and supportive listening, and help with safety planning.

Domestic Violence and Sexual Assault Center:

The center specializes in a wide array of vital healing and protective services including 24/7 crisis support, emergency shelter, sexual assault advocacy including onsite medical exams, counseling, and legal/court advocacy to all current or past victims of domestic violence, sexual assault, or stalking free of charge. **Emergency Shelter**, **Court Advocacy**, **Counseling**.
DOMESTIC VIOLENCE HOTLINE: (615) 896-2012
SEXUAL ASSAULT HOTLINE (615) 494-9262

TN Mental Health and Substance Abuse Services

TN Coalition to End Domestic Violence & Sexual Violence:

The mission of the Coalition is to end domestic and sexual violence in the lives of Tennesseans and to change societal attitudes and institutions that promote and condone violence, through public policy advocacy, education and activities that increase the capacity of programs and communities to address such violence. For more information call 615-386-9406 or toll- free at 800-289-9018.

WRAP – Wo/Men's Resource and Rape Assistance Program:

Call For Help: (800) 273- 8712

Intimate Partner Violence/Domestic Violence and Brain Injury

Brain Injury Alliance of New Jersey

- What Professionals Need to Know
- What Survivors Need to Know

Centers for Disease Control Violence Prevention:

A comprehensive website with infographics, videos that includes such topics as Intimate Partner Violence, Child Abuse, Elder Abuse and Youth Violence Prevention.

Has Your Head Been Hurt: CARE Education Card April 2019 (odvn.org)

When Your Head is Hurt While Experiencing Domestic Violence

Invisible-Injuries-Overview

Invisible Injuries: When Your Head is Hurt – Booklet:

Ohio Domestic Violence Network

HAS YOUR HEAD BEEN HURT?

It can affect your life in many different ways. Rest and time help, but you might need additional care, especially if your head has been hurt more than once.

Has your partner...



- Hit you in the face, neck or head?
- Tried to choke or strangle you?
- Made you fall and you hit your head?
- Shaken you severely?
- Done something that made you had trouble breathing or black out?

Are you having physical problems?



- Headaches?
- Fatigue, feeling dazed, confused, or in a fog?
- Changes in your vision?
- Ringing in your ears?
- Dizziness or balance problems?
- Seizures?
- Pain in your head, face or neck?

Are you having trouble...

- Remembering things?
- Paying attention or focusing?
- Getting things done?
- Organizing things?
- Following conversations?
- Feeling motivated?
- Controlling your emotions?



IF YOU SAID YES, YOU MIGHT HAVE A HEAD INJURY.

Talk to a domestic violence advocate or go to www.odvn.org

AFTER A HEAD INJURY

- [x] See a doctor and tell them you have been hurt in head or choked, especially if you have ANY symptoms that worry you or someone else.

- [x] Stay with someone safe for 24 to 72 hours to watch for the red flags listed below.

Danger Signs/Red Flags

These don't happen often, but if they do it's really important to see a doctor.

- [x] A headache that does not go away or gets worse
- [x] One pupil (eye) is larger than the other
- [x] No memory of what happened
- [x] Extreme drowsiness or having a hard time waking up
- [x] Slurred speech, vision problems, numbness, or decreased coordination
- [x] Repeated vomiting or nausea, or shaking or twitching
- [x] Unusual behavior, confusion, restlessness or agitation
- [x] You peed or pooped unintentionally
- [x] You were knocked out, passed out, or lost consciousness

If you were choked or strangled:

It can be a terrifying experience and very dangerous. Even if you don't have any marks, serious injuries can happen under the skin, get worse over the next few days, cause long term damage and even death.

SEE YOUR DOCTOR IMMEDIATELY IF:

- YOU HAVE A HARD TIME BREATHING
- IT'S PAINFUL TO BREATHE
- YOU HAVE TROUBLE SWALLOWING
- YOUR VOICE CHANGES
- YOU HAVE PROBLEMS SPEAKING

We care about your safety.

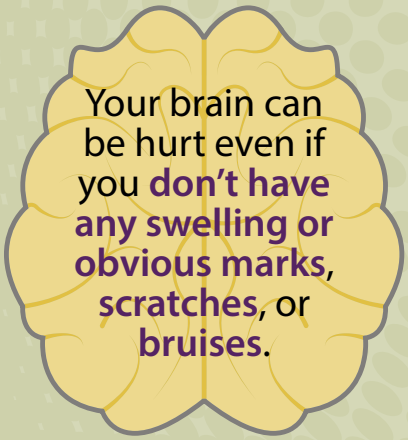
People who put their hands around their partner's neck are very dangerous and are much more likely to seriously harm or kill you. Talk to a domestic violence advocate about safety planning.

DV NUMBER:_____

This brochure was produced by the Ohio Domestic Violence Network under grant 2016-VX-GX-K012, awarded by the Office for Victims of Crime, Office of Justice Programs, U.S Department of Justice. The opinions, findings and conclusions or recommendations expressed in this brochure are those of contributors and do not necessarily represent the official policies of the U.S Department of Justice.

care
CONNECT•ACKNOWLEDGE
RESPOND•EVALUATE

INVISIBLE**INJURIES**© When Your Head is Hurt While Experiencing Domestic Violence



Your brain plays a role in everything your body does. So when it gets hurt, it can change everything.

Your brain could have been hurt if your partner ever…

- Choked or strangled you, or did something that made it hard to breathe
- Hit, hurt, punched, or kicked you in the head, neck, or face
- Made you fall and you banged your head, or shook you really hard

If you ever hit your head—like in an accident, tripping, falling—that could have hurt your brain, too.

This violence can cause a head injury, which happens when there is a change in how your brain normally works. Your brain can be affected for a few minutes, hours, or days… but sometimes it's weeks, months, years, or forever.

You could have problems **right away** or you might feel okay now, but **have problems later.**

You Are **NOT ALONE**

Strangulation causes a head injury and hurts your brain!
Strangulation is dangerous and deadly...

...even if you have no marks—most people don't.
...even if you don't pass out.
...even if you don't feel like it's a big deal—it is.



You can be unconscious in seconds, and die within minutes.

It's not over when it's over.
People often thought they were going to die. It's a traumatic experience that affects our body, thoughts, and feelings.

It can impact your life for a long time.
These injuries can make it more difficult for your brain to do many things it needs to for you to live your daily life, get and keep a job, and be healthy.

If you have been strangled, your partner is over 7 times more likely to kill you.

7×

What might I notice that could be a sign my brain was hurt?

- Felt funny or something seemed different or off
- Don't remember what happened
- Felt dazed and confused, like your head was in a fog, or worried you were losing it
- Couldn't see right or saw stars and spots
- Felt dizzy or clumsy or had problems with balance
- Had headaches, pain in your face and neck, or bruising or swelling
- Felt agitated or restless and couldn't calm down
- Had problems with sleeping—too much, too little, or bad sleep

These symptoms generally get better with time, though not always.



What should I do if I was recently hurt in the head?

- **Stay with someone safe for at least 3 days** to watch for signs you need medical care.
- **See a doctor if you can**, especially if you or someone else is worried about something.

Get Medical Care if You Have:

- A headache that does not go away or gets worse
- One pupil (eye) is larger than the other
- Trouble remembering what happened
- Extreme drowsiness or difficulty waking up
- Slurred speech, numbness, or decreased coordination
- Repeated vomiting or nausea
- Been shaking or twitching
- Unusual behavior, confusion, restlessness, or agitation
- Peed or pooped unintentionally
- Lost consciousness, passed out, or were knocked out

If it's **hard** or **painful** to **breathe**, **swallow**, or **talk**.

Common Troubles after a Head Injury

These are ***not*** signs you are stupid or crazy

Physical	Emotions	Thinking
Headaches	Worries and fears	Remembering things
Sleeping Problems	Panic attacks	Understanding things
Sensitive to light or noise	Flashbacks	Paying attention or focus
Dizziness	Sadness	Following directions
Balance Problems	Depression	Getting things started
Fatigue	Hopelessness	Figuring out what to do next
Seizures	Anger or rage	Organizing things
	Irritable	Controlling your emotions or reactions

What are some strategies for dealing with common problems after a head injury?

Problem: Nightmares and flashbacks, feeling jumpy, anxious or withdrawn, racing heart. These are signs you have survived something traumatic.

- Focusing on your breath and breathing deeply
- Distract yourself
- Talk to others for support
- Learn more about trauma

Problem: Memory.

- Write down events in a calendar
- Record things in an app on your phone
- Always put items (phone, keys, wallet) in the same place
- Set up alerts or reminders in your phone
- Request additional reminders for meetings or appointments

Problem: Light or noise bothers you, or you have problems seeing right.

- Use earplugs, headphones, adjust lighting, wear sunglasses
- Get eyes checked
- Increase text size on devices

Problem: Communicating and understanding—when talking, reading, or writing.

- Ask people to talk slowly or explain information
- Re-read/review information a few times
- Ask for help when you need it

Problem: Planning, organizing or problem solving, making decisions, or getting things started.

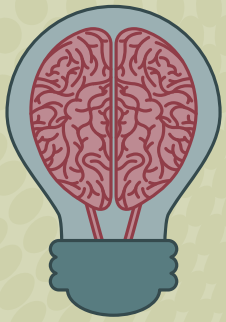
- Break things down (or ask for help in breaking things down) into smaller steps
- Write down different ideas to solve problems and discuss them with someone you trust
- Use a timer to help you get started and work for a set period of time
- Take a break when you get frustrated and come back later

Problem: Concentrating and paying attention.

- Do one thing at a time
- Do things for a shorter period of time
- Have shorter meetings, activities and conversations
- Work where it's quiet and distraction-free

Can brain injuries heal?

You are amazing, and so is your brain. Your brain can heal, and brain injuries can get better, especially when they get identified early. There are many different ways professionals treat brain injuries, but who will help you depends on how you were affected by your head injury. If your vision is off, you will see someone different than if you are having seizures, or if you are having thinking problems such as paying attention or focusing.



What helps my brain get better after it was hurt?

Get good sleep	Don't do anything that makes you feel worse	Don't use screens for a few days, the light and stimulation can hurt your brain
Take it easy and rest your brain and body	Plan ahead	Expect things to take extra time
Take breaks	Do important things in the morning, because your brain is fresher	Try to avoid your head being hurt again

You Are **STRONG**

To talk with someone about domestic violence:

Call the National Hotline at **1-800-799-7233** to find your nearest program.

Your local program:

To learn more about head injuries caused by domestic violence go to **www.odvn.org/brain-injury**

Ohio Domestic Violence Network ODVN

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The Center on Partner-Inflicted Brain Injury

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INVISIBLE INJURIES©



When Your Head is Hurt

To talk to someone please contact

The National Domestic Violence
HOTLINE
1.800.799.SAFE (7233) • 1.800.787.3224 (TTY)

Developed by

Ohio Domestic Violence Network
ODVN

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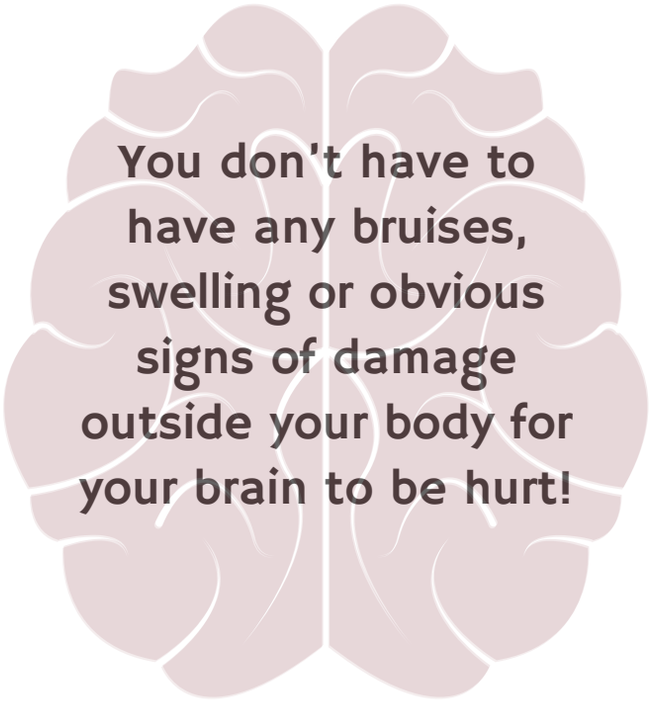
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WHAT HAPPENS WHEN YOUR HEAD GETS HURT

What is a head injury?

- A head injury is when there is a change to how your brain normally works due to a bump, blow, or jolt to your head. Or when your brain does not get the oxygen or blood it needs, like when someone chokes you or does something that messes with your breathing. Sometimes the change is temporary and sometimes it lasts longer.



- Just like broken arms, brains need time to heal. It might feel like your brain isn't working right or that it's hard doing things you used to. This happens to all brains that have been hurt.

Sometimes the problems get better or go away. Even if they don't, you can do things that can help.

WHAT CAUSES A HEAD INJURY



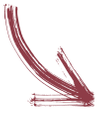
How might I get a head injury?

An abuser most often targets a person's head, neck or face, more than anywhere else on the body.

YOU MIGHT GET A HEAD INJURY IF YOUR PARTNER:

- Hits you in the face or the head
- Puts their hands around your neck or tries to choke or strangle you
- Makes you fall and you hit your head
- Shakes you severely
- Has done something that made you pass out, lose consciousness, or have trouble breathing. Did your partner sit on your chest, suffocate you, or put their hand over your mouth so you can't breathe or put you in a choke hold?

You can also get a head injury from things that have nothing to do with domestic violence. Maybe you hurt your head when you were a kid. You could fall and trip, be in a car accident, or in another type of accident or situation where your head was hurt and your brain doesn't work normally.



An abuser most often targets a person's head, neck or face, more than anywhere else on the body.

RIGHT AFTER YOUR HEAD HAS BEEN HURT

After a head injury, what can I expect?

After a head injury it is common to:

- Ask yourself, “Where am I? What just happened?” or not be able to remember recent events.
- Black out (also called losing consciousness). You might not know if it happened,. A clue might be if suddenly are in a different place or position than you last remember being in.
- Feel like you are “losing it”, feel dazed and confused, or as if your head is in a fog.
- Have changes in your vision, see stars or have ringing in your ears.
- Feel dizzy or have problems with balance.
- Have headaches, pain in your face or neck, or bruising or swelling.

Do I need to go to the doctor?

These symptoms generally get better with time, but not always.

- It’s always a good idea to see a doctor and tell them you have been hurt in the head or strangled or choked, especially if ANYTHING worries you or someone else.
- Stay with someone safe for 24-72 hours to watch for the warning signs on the next page. If any of these happen, get medical care immediately.

WARNING SIGNS

- A headache that does not go away or gets worse
- One pupil (eye) is larger than the other
- You can't remember what happened
- Extreme drowsiness or difficulty waking up
- Slurred speech, numbness, or decreased coordination
- Repeated vomiting or nausea
- Shaking or twitching
- Unusual behavior, confusion, restlessness, or agitation
- You peed or pooped unintentionally
- Loss of consciousness, passed out or knocked out

IF YOU HAVE BEEN CHOKED OR STRANGLED:

- It becomes more difficult or painful to breathe
- You have trouble swallowing
- Your voice changes
- You have problems speaking





COMMON SIGNS OF A HEAD INJURY

PHYSICAL:

- ☐ Headaches
- ☐ Sleeping problems
- ☐ Sensitive to light or noise
- ☐ Dizziness
- ☐ Balance problems
- ☐ Fatigue
- ☐ Seizures

EMOTIONS:

- ☐ Worries and fears
- ☐ Panic attacks
- ☐ Flashbacks
- ☐ Sadness
- ☐ Depression
- ☐ Hopelessness
- ☐ Anger or Rage
- ☐ Irritable

THINKING:

- ☐ Remembering things
- ☐ Understanding things
- ☐ Paying attention or focusing
- ☐ Following directions
- ☐ Getting things started
- ☐ Figuring out what to do next
- ☐ Organizing things
- ☐ Controlling your emotions or reactions

LOG OF SYMPTOMS

Filling this out will help you see if your injury is getting better or not. If symptoms aren't getting better within 2 or 3 weeks, consider sharing this log with your doctor and telling them that you have been hurt in your head.

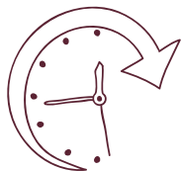
Date/time	Symptom	How often in 24 hrs?	Severity (1-10)	Notes

NOTE: If your head gets hurt again before your brain has healed, it can mean that problems might be more severe, last longer, or become permanent.

STRANGULATION IS A HEAD INJURY & HURTS YOUR BRAIN.

Strangulation is dangerous and deadly.

- Even if you have no marks--most people don't.
- Even if you didn't pass out.
- Even if you don't feel like it's a big deal, it is.



YOU CAN BE UNCONSCIOUS IN SECONDS AND CAN DIE WITHIN MINUTES--OR IT CAN KILL YOU DAYS AFTER IT HAPPENED.



Even with no marks.

You can't see the most dangerous injuries because they happen under the skin. They can get worse over a few days and can cause permanent brain damage and even death.

It usually stays with you after its over

Many victims have been choked over and over and they thought they were going to die when it happened. This trauma can affect our body, our thoughts, and feelings. Sometimes these changes go away and sometimes they stay for a while.



IT HAPPENS A LOT TO VICTIMS & CAN BE TERRIFYING AND PAINFUL.

7 X

IF YOU HAVE BEEN STRANGLED, YOUR PARTNER IS 7 TIMES MORE LIKELY TO KILL YOU.

Most people who have been strangled and are murdered are killed by guns.

If you've been choked by your partner and they can get a gun, this is even more dangerous and could be lethal. Reach out to your domestic violence program and talk with an advocate about safety planning.

IMPORTANT SAFETY PLANNING

IMPORTANT CONTACTS

IN IMMEDIATE DANGER: call 9-1-1

DV PROGRAM #: .....

TRUSTED PERSON #: .....

MY DOCTOR #: .....

where I feel safest when I'm at home:

where I feel safest outside my home:

some things I can do to protect my head:

what I can do to keep my kids safe:

Notes:

COMMON PROBLEMS AFTER A HEAD INJURY

what you can do to help!



PROBLEM:
Nightmares or flashbacks; feeling jumpy, anxious or withdrawn; tense muscles or a racing heart.

These are responses to really scary things (called trauma responses) and most domestic violence survivors experience them. They are NORMAL reactions and usually resolve themselves over time as you begin to feel safe again.

ways to help:

- Focus on your breath. Breathe in and out slowly to help your body calm down.
- Distract yourself by doing something you enjoy, like listening to music, going for a walk or doing an art project.
- Talk to others for support, like a trusted friend or family member, a domestic violence advocate, or a therapist or other professional.
- Learn more about common reactions to trauma.



PROBLEM:
You have trouble remembering things.

ways to help:

- Use a memory/organizational book or an app on your phone to keep important information including to do lists, calendars and phone directories. Look for the monthly and daily planner later on in this booklet.
- Set a central location where you always put important things, such as keys, glasses, or your wallet.
- Come up with strategies like developing associations (always take medication with breakfast), following a routine, and changing your environment so that you rely less on your memory.

COMMON PROBLEMS AFTER A HEAD INJURY

& what you can do to help!



PROBLEM:
Noise, light, or sound bothers you or your vision is off.

ways to help:

- Use earplugs, headphones, sunglasses, or adjust lighting if necessary.
- If vision problems don't get better, consider going to an eye doctor to get an exam and see if you need new glasses.
- Make text bigger on your computer or your phone so you can see better.



PROBLEM:
You have a hard time understanding information.

Often information doesn't seem to make sense and it feels like everything is slow. Your brain has to work harder to understand the same information because it is injured.

ways to help:

- Ask people to talk more slowly.
- Re-read or review information multiple times.
- Have shorter meetings, activities or conversations with people.

COMMON PROBLEMS AFTER A HEAD INJURY

& what you can do to help!



PROBLEM:
Difficulty planning, organizing, or problem solving. It's hard to start new things or finish things.

ways to help:

- When problem solving, write down several ideas for solving the problem, and talk them over with someone you trust.
- Work on breaking down large tasks into smaller steps.
- Use a timer or an alarm to help yourself get started and work on something for a set period of time.
- Take a break when you get frustrated and go do something else. Come back to it later.



PROBLEM:
It's hard to concentrate or pay attention.

ways to help:

- Do only one thing at a time.
- Take frequent breaks when trying to do something.
- Work where it is quiet and you don't have too many distractions.

tips for anyone with a head injury

GET GOOD SLEEP

Try to get good sleep and re-establish sleep patterns. Identify what helps you sleep (a dark room or sleeping with a fan).

MOVE YOUR BODY

Get exercise daily. Exercise improves your ability to think.

LESS SCREEN TIME

Avoid screens (television, tablets, phones) for a few days after the injury.

TAKE IT EASY

Try to stay away from things that are really demanding for a while. You are more vulnerable to pain, stress and fatigue after a head injury.

PLAN AHEAD

Plan ahead and schedule additional time to do things so you feel less frustrated.

TAKE BREAKS

Take frequent breaks and rest throughout the day.

MORNING BRAIN POWER

If you are going to do something stressful or hard, do it in the morning, when your brain is more rested.

START SLOW

Ease back into activities, jobs, or life obligations. Begin doing things for a short period of time. Gradually do things for a longer time so your brain and your body can adjust.

STAY SAFE

Problems last longer when your brain is hurt again and again without time for it to heal. Try to protect your head whenever possible.

MONTH: .....

MONTHLY PLANNER

MONTHLY GOALS

- ☐ .....
- ☐ .....
- ☐ .....
- ☐ .....
- ☐ .....

DATES TO REMEMBER

.....

.....

.....

.....

NOTES

IMPORTANT CONTACTS

- ☐ Doctor: .....
- ☐ Advocate: .....
- ☐ Crisis hotline: .....
- ☐ .....
- ☐ .....
- ☐ .....
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My Daily Planner

DATE

DAY

TO DO:

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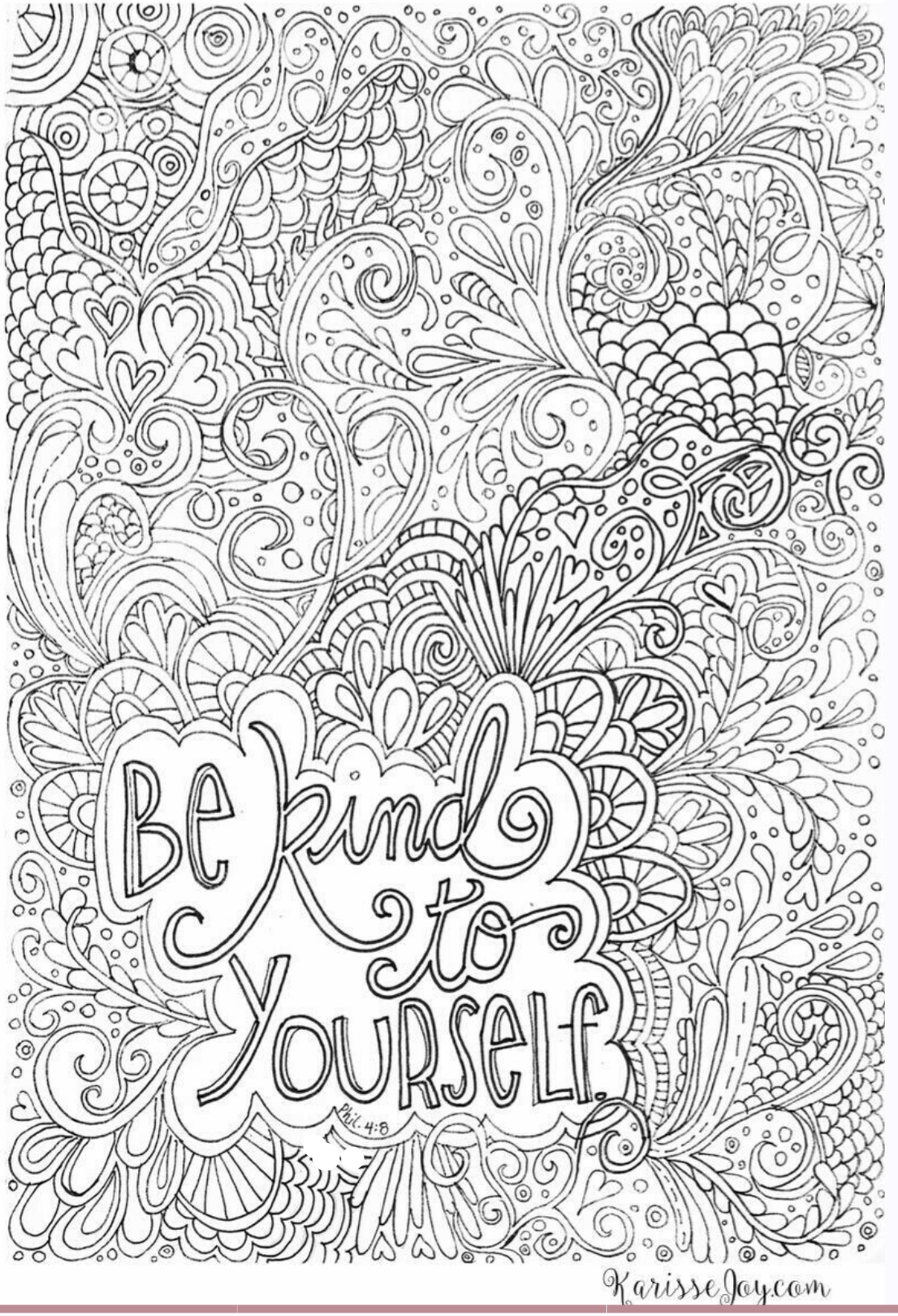
DON'T FORGET:

- [ ]
- [ ]
- [ ]
- [ ]
- [ ]

IMPORTANT:

SELF-CARE GOALS

go to bed early, take walk, less screen-time, do art



My domestic violence program's:

Name: .....

phone #: .....

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TO FIND YOUR NEAREST PROGRAM PLEASE CALL THE NATIONAL DOMESTIC VIOLENCE HOTLINE AT 1-800-799-7233

Returning to School and Education

CDC Return to School Letter

Returning to school after a concussion.

Symptom Tracker

Track symptoms, pain level changes, what provokes and what helps. Good information to take back to the healthcare provider.

When Concussion Symptoms Are Not Going Away for parents & caregivers of children 5 and under and school-aged children (also in the Fact Sheet section)

Choose the age-appropriate version. This will alert on what to look for over time and will help them know how to work with the school/workplace if problems persist. Also includes info on the TN Early Intervention System (TEIS) and the special education program in schools.

- **A Guide For Parents & Caregivers of Children Five and Under, English & Spanish**
- **A Guide For Parents of School-Aged Children, English & Spanish**

Tennessee Return to Learn/Return to Play: Concussion Management Guidelines

Tennessee Department of Health.

TACT – Teacher Acute Concussion Tool

TACT is available at **no cost to ALL TN educators in ANY TN educational system (**public & private**)**.

- **TACT requires no advanced training, is 100% web-based and aligns with the 2020 TN Department of Health Return to Learn/Return to Play: Concussion Management Guidelines.**
- **Follow this link to learn more about TACT, Concussions and COVID.**
- **Follow this link to access TACT.**

Tennessee Department of Education, Special Education:

The department promotes educational services and programs for all Tennessee's students with special education needs. The department is committed to systematic planning along with plan implementation, tracking, and accountability as a vehicle for providing the leadership necessary for fulfilling this purpose.
Use the search bar to go directly to brain injury resources including:

- **Special Education Evaluation and Eligibility**
- **Traumatic Brain Injury Evaluation Guidance (Revised 2018)**

504/IEP Accommodations and Modifications in the Classroom for a Student with a Traumatic Brain Injury

From the Center on Brain Injury Research and Training (CBIRT).

Building Blocks of Brain Development

From the Colorado Department of Education.

TN STEP: Support and Training for Exceptional Parents

Provides information and training related to special education rights, equal access to quality education, and connections to community resources.

- **STEP Manual (Support and Training for Exceptional Parents): Contains sample letters in section 3.** Parent Manual July 9 2021 (tnstep.org)

TN Pre-Employment Transition Services

(Pre-ETS) is a collaboration between high schools and Vocational Rehabilitation (VR). For ages 14-22, they help students transition from school to work. The Pre-ETS Program provides transition services for youth with disabilities who are between the ages of 14-22 and who are still in school.

- The purpose of the program is to help prepare students for the transition from high school to a post-secondary career path which could include post-secondary education, training or employment. **Follow this link for more Information**
- **Transition from School to Work**

College Living Experience

CLE students pursue their academic program or career of interest while also receiving services across the domains of independent living and social skill development.

SCHOOL LETTER

Returning to School After a Concussion

CDC HEADS UP
SAFE BRAIN. STRONGER FUTURE.

DEAR SCHOOL STAFF:

This letter offers input from a healthcare provider with experience in treating concussion, a type of traumatic brain injury. This letter was created to help school professionals and parents support students returning to school after a concussion. You can use these recommendations to make decisions about support for your student based on his or her specific needs. This letter is not intended to create a 504 Plan or an IEP unless school professionals determine that one is needed. Most students will only need short-term support as they recover from a concussion. A strong relationship between the healthcare provider, the school, and the parents will help your student recover and return to school.

_____ was seen for a concussion on _____
Student Name Date

in _____ office or clinic.
Healthcare Provider's Name

The student is currently reporting the following symptoms:

PHYSICAL

- ☐ Bothered by light or noise
- ☐ Dizziness or balance problems
- ☐ Feeling tired, no energy
- ☐ Headaches
- ☐ Nausea or vomiting
- ☐ Vision problems

THINKING OR REMEMBERING

- ☐ Attention or concentration problems
- ☐ Feeling slowed down
- ☐ Foggy or groggy
- ☐ Problems with short- or long-term memory
- ☐ Trouble thinking clearly

SOCIAL OR EMOTIONAL

- ☐ Anxiety or nervousness
- ☐ Irritability or easily angered
- ☐ Feeling more emotional
- ☐ Sadness

SLEEP

- ☐ Sleeping less than usual
- ☐ Sleeping more than usual
- ☐ Trouble falling asleep

The student also reported these symptoms:

_____

_____

_____

RETURNING TO SCHOOL

Based on the student's current symptoms, I recommend that the student:

☐ Be permitted to return to school and activities while school professionals closely monitor the student. School professionals should observe and check in with the student for the first two weeks, and note if symptoms worsen. If symptoms do not worsen during an activity, then this activity is OK for the student. If symptoms worsen, the student should cut back on time spent engaging in that activity, and may need some short-term support at school. Tell the student to update his or her teachers and school counselor if symptoms worsen.

☐ Is excused from school for _____ days.

☐ Return to school with the following changes until his or her symptoms improve.

(**NOTE:** Making short-term changes to a student's daily school activities can help him or her return to a regular routine more quickly. As the student begins to feel better, you can slowly remove these changes.)

Based on the student's symptoms, please make the short-term changes checked below:

- ☐ No physical activity during recess
- ☐ No physical education (PE) class
- ☐ No after school sports
- ☐ Shorten school day
- ☐ Later school start time
- ☐ Reduce the amount of homework
- ☐ Postpone classroom tests or standardized testing
- ☐ Provide extended time to complete school work, homework, or take tests
- ☐ Provide written notes for school lessons and assignments (when possible)
- ☐ Allow for a quiet place to take rest breaks throughout the day
- ☐ Lessen the amount of screen time for the student, such as on computers, tablets, etc.
- ☐ Give ibuprofen or acetaminophen to help with headaches (as needed)
- ☐ Allow the student to wear sunglasses, earplugs, or headphones if bothered by light or noise
- ☐ **Other:** _____

Most children with a concussion feel better within a couple of weeks. However, for some, symptoms can last for a month or longer. **If there are any symptoms that concern you, or are getting worse, notify the student's parents that the student should be seen by a healthcare provider as soon as possible.**

For information on helping students return to school safely after a concussion, visit **www.cdc.gov/HEADSUP**.

Healthcare Provider's Name (printed)	Healthcare Provider's Signature	Date

For additional questions, you may reach me at: _____

Brain Links

SYMPTOM TRACKER

Date	Time	Symptoms + Intensity 1-10 *(Ex. Headache and intensity rating 0-10)*		Conditions *(Ex. Group activity, lots of noise)*	What Was Done *(Ex: head down, headphones on)*	Outcome + Intensity 1-10 *(Ex: head down, headphones on)*	

ACL Administration for Community Living

TBI SPP Traumatic Brain Injury State Partnership Program

https://www.tndisability.org/brain

@BrainLinksTN

COALITION

kidcentral tn KIDCENTRALTN.COM

Brain Links is supported by the Administration for Community Living (ACL) of the U.S. Department of Health and Human Services under Grant No. 90TBSG0024-01-00 and in part by the TN Department of Health, Traumatic Brain Injury Program.

Returning to Work

TN Department of Vocational Rehabilitation (VR)

The Vocational Rehabilitation Program (VR) provides a variety of individualized services to persons with disabilities in preparation for their employment in the competitive labor market.

- For adults seeking competitive employment. **English** & **Spanish**
- **TN Transition School to Work Program (TSW)** and the **TN Pre-Employment Transition Services (Pre-ETS)**

Symptom Tracker

Track symptoms, pain level changes, what provokes and what helps. Good information to take back to the healthcare provider.

Job Accommodation Network Brain Injury (askjan.org)

Returning to a Program After a Concussion Letter

This letter is modeled after the CDC's Return to School Letter and was designed by Brain Links to help adults return to residential facilities, adult day care, etc. to help the staff understand your loved one's symptoms and what to do. As most physicians are aware of the form, it is recommended you take it with you if you suspect your loved one has had a brain injury.

WorkAbleTN

WorkAbleTN offers confidential one-on-one benefits counseling to empower you to make choices about your goals and chosen lifestyle. We provide information about how working may (or may not) impact your benefits. We have a passion for possibilities and will think creatively with you about ways to do more than just get by. WorkAbleTN will guide you to appropriate resources and help boost your confidence to advocate for what you want.

- **Families of Transitioning Youth**

RETURNING TO A PROGRAM AFTER A CONCUSSION

Return to Home, Community-Based & Residential Services

DEAR PROGRAM STAFF:

This letter offers input from a healthcare provider with experience in treating concussion, a type of traumatic brain injury. This letter helps program providers and their caregivers support people **returning to an adult program after a concussion**. Use these recommendations to make decisions about support for your person based on his or her specific needs. Most people will only need short-term support as they recover from a concussion.

_____ was seen for a concussion on _____

Name Date

In _____ office or clinic.

Healthcare Provider's Name

The person is currently reporting the following symptoms:



Physical

- ☐ Bothered by light or noise
- ☐ Dizziness or balance problems
- ☐ Feeling tired, no energy
- ☐ Headaches
- ☐ Nausea or vomiting
- ☐ Vision problems



Thinking or Remembering

- ☐ Attention or concentration problems
- ☐ Feeling slowed down
- ☐ Foggy or groggy
- ☐ Problems with short or long-term memory
- ☐ Trouble thinking clearly



Social or Emotional

- ☐ Anxiety or nervousness
- ☐ Irritability or easily angered
- ☐ Feeling more emotional
- ☐ Sadness



Sleep

- ☐ Sleeping less than usual
- ☐ Sleeping more than usual
- ☐ Trouble falling asleep

The person also reported these symptoms:

_____

_____

_____

"Adapted from the Centers for Disease Control and Prevention's Returning to School After a Concussion Letter"

- ☐ Based on their current symptoms, the person is **cleared to return to program** activities while the person is closely monitored by program providers.
  - o Observe and check in with the person for the first two weeks, and note if symptoms worsen.
    - If symptoms do not worsen during the activity, then this activity is okay for the person.
    - If symptoms worsen, the person should cut back on time spent engaging in that activity. Tell the person to update program providers and caregivers if symptoms worsen.

The following changes may be helpful until symptoms improve:

(**NOTE**: Making short-term changes can help people with concussion return to their regular routine more quickly. As the person begins to feel better, you can slowly remove these changes)

- ☐ Shorten the program day or time spent in activities
- ☐ Allow for more frequent breaks
- ☐ Provide extended time to complete tasks
- ☐ Allow for a quiet place to take rest breaks throughout the day
- ☐ Give _____ as needed for headaches/pain
- ☐ Allow person to wear sunglasses or hat if bothered by light
- ☐ Allow person to wear earplugs or headphones if bothered by noise
- ☐ Other:

  _____

Most people with concussion feel better within a couple of weeks. However, for some, symptoms can last a month or longer. **If there are any symptoms that are concerning or are getting worse, notify the caregivers that a healthcare provider should see the person as soon as possible.**

If you see any of the following Danger Signs, call 911 immediately:

- ☐ One pupil (the black part in the middle of the eye) larger than the other
- ☐ Drowsiness or cannot be awakened
- ☐ A headache that gets worse and does not go away
- ☐ Weakness, numbness, or decreased coordination
- ☐ Repeated vomiting or nausea
- ☐ Slurred speech
- ☐ Convulsions or seizures
- ☐ Difficulty recognizing people or places
- ☐ Unusual behavior (for this individual)
- ☐ Loss of consciousness (even a brief loss of consciousness should be taken seriously)

_____ _____ _____

Healthcare Provider's Name (printed) | Healthcare Provider's Signature | Date

For additional questions, you can reach me at: _____

Brain Links

https://www.tndisability.org/brain

Brain Links is supported by the Administration for Community Living (ACL) by the U.S. Department of Health and Human Services under Grant NO 90TBSG0024-01-11 and in part by the TN Department of Health, Traumatic Brain Injury Program.

WE CAN PROVIDE:

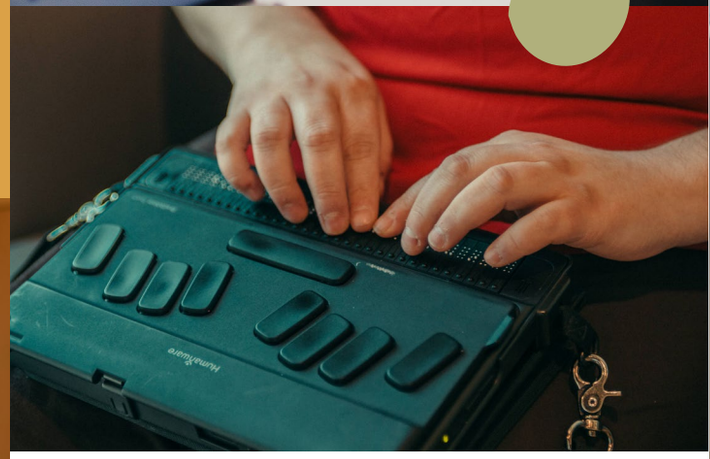
A personalized roadmap to help you make an informed decision about how working affects benefits including:

- A better understanding of your current and possible benefits
- A description of the work incentives that will apply in your circumstances
- Show how working will increase your income
- Discussion of problem areas and solutions
- Information about other resources and programs that may be of assistance to you
- Help end fears about working
- Answers to questions
- Help prevent problems with benefits in the future
- Next steps for you

We'll provide a summary of our work together in writing, when appropriate.







The content of this publication is the sole responsibility of the authors and does not represent the official views of the Social Security Administration and the Tennessee Department of Human Services Division of Rehabilitation Services.

955 Woodland Street
Nashville, Tennessee 37206

Work ABLE TN
A PASSION FOR POSSIBILITIES



Our Services are FREE!
615.383.9442 or 888.643.7811
www.tndisability.org/WorkAbleTN

A Program of the
Tennessee Disability Coalition

WHY WORK?

Individuals with disabilities can *make more money,* find economic stability, purpose, meaning and fulfillment through working.

It's not only about finding a job. It's about self-empowerment, gaining independence and building relationships in the community.

WHY WORK WITH US?

We provide accurate information based upon extensive training and decades of experience.

We make this complex process easier and help you make decisions to avoid problems with your benefits.

"I lived in public housing. I could not make ends meet with social security disability benefits (SSDI). I explored every possibility and even landed a job offer I was afraid to accept. I got help from WorkAbleTN counselors. They were always professional and kind people. They walked with me (and my family) through all of my concerns about losing benefits. They helped me with the confidence to take the job.

Now, I am working full-time earning a substantial salary, living in a new home, bought a new car, have traveled across the country and been on five cruises. I have a full and rewarding life. I am thankful for WorkAbleTN counselors who continue to provide assistance, direct me to resources and have done so for thirteen (13) years!"

— Michael H.

WHO WE ARE

If knowledge is power, WorkAbleTN is a powerful partner.

WHAT WE DO

WorkAbleTN offers confidential one-on-one benefits counseling to empower you to make choices about your goals and chosen lifestyle.

We provide information about how working may (or may not) impact your benefits.

We have a passion for possibilities and will think creatively with you about ways to do more than just get by.

WorkAbleTN will guide you to appropriate resources and help boost your confidence to advocate for what you want.

Come to us with questions about working and we'll brainstorm with you. We will be with you step-by-step on your journey.



People drawing SSI are typically much better off working!

For more info, visit:
tndisability.org/upcoming-presentations

WE ALSO HELP YOUTH AND YOUNG ADULTS.

We conduct free regularly occurring presentations to share information about our services, available resources and work incentives.

Here's an Example of a Work Incentive:

You can work and earn up to $2,040* per month with no change in your Supplemental Security Income (SSI) if you are:

Under Age 22 and Regularly Attending School

If you qualify, Social Security does not count the first $2,040* of your earned income up to a calendar year max of $8,230*. This is called, "Student Earned Income Exclusion" (SEIE).

**These figures are subject to change on an annual basis.*

WE CREATE SELF ADVOCATES.

TENNESSEE DISABILITY COALITION

- WorkAbleTN is a program of the Tennessee Disability Coalition (TDC).
- With programs, policy, and purpose, the Tennessee Disability Coalition helps Tennesseans learn how to influence the laws and policies that govern us through self-advocacy, civic engagement and much more. To learn more about the TDC, please follow us on:
  - > Facebook, Twitter, & Instagram: @TNDisability
  - > Text TEAMWORK to 72690*

**Msg & Data rates may apply. Avg. 1-4/msg per week.*

Residential Resources

Traumatic Brain Injury Resources – Directory and Resource Information Guide

See in state and out of state residential facilities within the guide.

NeuroRestorative in Benton, Arkansas

An additional facility that is not in the guide above.

Family & Caregiver Resources

Family Voices of TN: (FVTN)

Family Voices connects families with each other, community resources, experienced parent mentors, tools to navigate complex systems in healthcare and insurance and more. Serves families and children across all diagnoses and all ages. Call or email: 615-383-9442 familyvoices@tndisability.org.

TN Respite Coalition:

The Tennessee Respite Coalition's Mission is to enhance the quality of life for family caregivers through respite. They provide resources that enable caregivers to reclaim a little piece of themselves and restore balance to their lives and relationships. FAQs 615-269-8687.

TN Information on Respite Providers or Programs:

This resource will help to navigate Finding Respite Providers & Programs and Funding Eligibility resources.

TN Lifespan Respite Program

Funded by the Administration for Community Living, U.S. Department of Health and Human Services, State Lifespan Respite Programs or Projects are run by a designated state government lead agency, which works in collaboration with a state respite coalition and an Aging and Disability Resource Center Program/No Wrong Door System. **Their purpose is to implement statewide systems of coordinated, community-based respite for family caregivers caring for individuals with special needs of all ages**. To learn more contact a consultant at the Tennessee Commission on Aging and Disability. 615-253-3680.

Stay Active and Independent for Life

(SAIL) is an evidence-based strength, balance and fitness program for adults 65 and older. Performing exercises that improve strength, balance and fitness are the single most important activity that adults can do to stay active and reduce their chance of falling. For more information contact: Sidney Schuttrow, Director of Volunteer Engagement, Tennessee Commission on Aging and Disability p. 615-741-1585 f. 615-741-3309 or Sidney.Schuttrow@tn.gov.

Raising a Child with TBI:

Raising a child with TBI can be a daunting job. How can you give your child the help that he or she needs while still maintaining some semblance of a normal life?

Teens with TBI:

Adolescence is a tough enough time. What happens when a brain injury is added to the mix?

Traumatic Brain Injury: A Guide for Caregivers of Service Members and Veterans:

This guide is a recovery support tool to assist caregivers of service members and veterans who have sustained a traumatic brain injury at any severity level.

Video: Be Ready: Disaster Preparedness for Families with CYSHCN (English) - YouTube

Social Media

Traumatic or Acquired Brain Injury Support
Private group

Post Concussion Support
Solutions focused, not emotional support. Private group

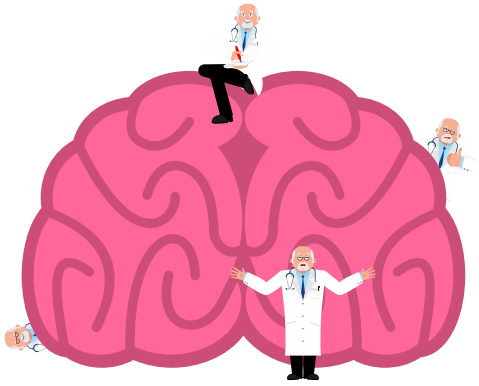
Pink Concussions
Nonprofit for women with brain injury.

Concussion Discussions
Private group

NOTE: Brainline Glossary of Brain Injury Terms

SECTION 3

PROFESSIONAL DEVELOPMENT



Brain Links

https://www.tndisability.org/brain

@BrainLinksTN

Brain Links is supported by the Administration for Community Living (ACL) of the U.S. Department of Health and Human Services under Grant No. 90TBSG0051-01-00 and in part by the TN Department of Health, Traumatic Brain Injury Program.

Professional Development

Use the links below to jump to a specific section.

No-Cost Training Options

Fee-Based Training Options

No-Cost Options

Online Trainings

Brain Links' YouTube Training Channel

Training playlists for specific groups and videos by topic ranging from 3 minute single resource clips to 90 minute sessions.

United States Brain Injury Alliance

Over 20 recorded webinars and handouts covering topics for professionals, families and survivors.

Brain Injury Alliance of New Jersey

Topic specific videos, PowerPoint presentations, factsheets and printable resources.

Brain Injury Association of North Carolina

Access recorded webinars and content and register for live webinars with topics including Powerful Tools for Caregivers, Brain Injury Support in Higher Education, and Adaptive Fitness.

CDC HEADS UP Online Training for Healthcare Providers

Is now available on CDC Train! There are three different versions offered for clinicians, school health providers, (e.g. school nurses), and other allied health professionals. Sign up today and earn 2.0 Continuing Education Credits through the American Academy of Pediatrics.

CDC HEADS UP to Youth Sports

A free, online course available to coaches, parents, sports officials, athletic trainers, and others helping to keep athletes safe from concussion.

Centers for Disease Control ACES Training

ACES training. CDC Preventing Adverse Childhood Experiences Training Modules: We all have a role in preventing adverse childhood experiences—commonly known as ACEs. ACES can affect children and families across all communities. Learn to Prevent ACEs: ACEs can impact kids' health and well-being. They can have long-term effects on adult health and wellness. Their consequences can affect families, communities, and even society. Thankfully, ACEs are preventable.

Center on Brain Injury Research and Training Webinars

48+ one-hour recorded webinars over a broad range of topics including Screening for Brain Injury, TBI and Behavioral Health Challenges, Section 504 and Remote Learning, and The Role of the SLP in Multidisciplinary Concussion Management.

The NeuroRestorative Rehabilitation Learning Institute

Offers monthly, one hour online CEU opportunities for brain injury rehabilitation professionals. The live presentations and recordings will be available to view for CE credit for Case Managers (CCMS), Social Workers (NASW), and Florida Board of Nursing (accepted in all states except AZ, NH, NC, OH). All other attendees will receive a general certificate of attendance.

Fee-Based Training

Brain Injury Association of America

65+ recorded and ongoing registration for live webinars for caregivers, professionals on a variety of subjects. Receive a certificate for ACBIS (Academy of Certified Brain Injury Specialist) recorded webinars – cost ranges $30-$50 per one hour webinar.

Academy of Brain Injury Specialists

Developed by experienced clinicians and rehabilitation professionals, Brain Injury Fundamentals is an all-new training and certificate program designed to address the unique needs and challenges of those who care for or encounter individuals with brain injury. This includes non-licensed direct care staff persons, facility staff, family members and friends, first responders, and others in the community.

Neuropsychological Screening: Using Brain Injury and Cognitive Screening to Inform Treatment Planning Across Settings

Become a NASHIA-Approved (National Association of State Head Injury Administrators) Neuropsychological Screener. Open to Masters-level clinicians, Social Workers, Vocational Rehabilitation Counselors, Addiction professionals, Community Rehabilitation programs, School staff, Evaluators, Mental health. $150 for all three modules and certificate. $150 for supervisors module and certificate. $200/hr consultation hours for anyone.

OSU TBI-ID Method Training (Screening for TBI)

The Ohio State University (OSU) Traumatic Brain Injury (TBI) Identification Method (OSU TBI-ID) is a standardized procedure for eliciting a person's lifetime history of TBI via a 3-5 minute structured interview. While not ideal for determining lifetime exposure to potentially damaging brain injury, self-report remains the gold standard for research and clinical use. The OSU TBI-ID has proven useful in many settings, including medical, mental health, substance abuse, domestic violence, corrections and aging. Health care and social service professionals need this tool to elicit a person's history of TBI.

Brainline's Glossary of Terms

This glossary provides information and definitions of medical terms associated with brain injury and rehabilitation to help you or your family.

Thank You!

We're here to help

Our mission is to bring together professionals to recognize the far-reaching and unique nature of brain injury and to improve services for survivors. If we can help you, please feel free to reach out!



Contact us:

tbi@tndisability.org

Check out out website:

www.tndisability.org/brain

Follow us on social media:

Brain Links

https://www.tndisability.org/brain

@BrainLinksTN

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