Understanding Concussion and Brain Injury

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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. 90TBSG0051-01-00 and in part by the TN Department of Health, Traumatic Brain Injury Program.
Brain Links

Who we are
Statewide team of brain injury specialists

What we do
We equip professionals to better serve people with TBI with current research-based training and tools.

• Family-friendly educational materials
• Resources for return to school and work settings
• Toolkits for healthcare providers, school nurses, families and service professionals
• Tennessee Brighter Futures Collaborative
Building brighter futures for Tennesseans by improving how systems of support collaborate to identify, educate and serve people with co-occurring needs.

https://www.tndisability.org/tennessee-brighter-futures
Agenda

- Overview of Traumatic Brain Injury (TBI) & Concussion
- TBI and Mental Health
- TBI and Substance Use Disorder
- TBI and Other Co-Occurring Disorders
- Tools and ways to help
What is TBI?

A Traumatic Brain Injury is caused by a bump, blow or jolt to the head or body, or a penetrating head injury that disrupts the normal function of the brain.

A Brain Injury can be ACQUIRED in other ways: brain tumor, stroke, infection, surgery and drug overdose.
TBI Can Happen in Many Ways

In Tennessee, the three leading causes of TBI are **falls, motor vehicle crashes and homicide or violent injuries.**

- Struck by an object
- Motor Vehicle – also think boat, ATV, motorized scooter & pedestrians
- Whiplash from a collision
- Being pushed or shaken
- Assault
- Strangulation
Can also Include:

- Repeatedly “smacking” someone in the head
- Throwing someone against a wall
- Punching them in the face
- Being physically bullied
- Falling off a bed as a young child (also think of someone with physical disability or older person)

If you suspect abuse: Tennessee Department of Children Services 24-hour hotline: 1-877-237-0004
68 Tennesseans experience a traumatic brain injury EACH DAY

25,000 Tennesseans EACH YEAR

Nationally, 2.8 Million new TBIs each year
Concussion is a Type of TBI

- Functional Injury vs. Structural Injury
- Chemical Cascade
- CT Findings

CDC “What is a concussion?”
https://www.youtube.com/watch?v=Sno_0Jd8GuA
Common Symptoms following Concussion

Cognitive/Communication
- Feeling dazed or in fog
- Word finding problems
- Slowed information processing

Emotional/Behavioral
- Irritability
- Quick to anger
- Decreased motivation
- Cries easily

Physical
- Headaches
- Changes in vision
- Sleep disturbance
- Fatigue
- Balance/Dizziness
- Sensitivity to light/sounds
Common Problems after TBI

Physical
Balance, incoordination, vision, difficulty walking, movement disorders

Cognitive, Speech and Language
Slurring, forgetting words, slow to respond, difficulty understanding, “over” talking/rambling, under responding, problem with attention, decreased reasoning

Executive functioning: impulsivity, initiation, planning, organization, judgment, self-monitoring, flexibility

Behavior
Impulsive, aggressive, angry, rude, belligerent, loud, don’t know boundaries, overly emotional
Common Symptoms Following Concussion for the Younger Child

- Same as Older Child or Adult, but also
  - Appetite Changes
  - Behavioral Dysregulation
  - Decreased Engagement
  - Disrupted Sleep
  - Continence Issues
  - Increased Dependence
  - Stomachaches

Suskauer et al, 2018
Are you missing Pain Indicators?

Signs of Pain:

• Excessive crying
• Anxious or agitated
• Increased muscle tightness
• Facial changes (tense or stressed)
• A lot of physical movement
• Changes in breathing

Also may be relevant for someone who communicates without words
Danger Signs

- One pupil larger than the other.
- **Drowsiness or inability to wake up.**
- A headache that gets worse and does not go away.
- **Slurred speech**, weakness, numbness, or decreased coordination.
- Repeated vomiting or nausea; **seizures**.
- Unusual behavior, increased confusion, restlessness, or agitation.
- Loss of consciousness.

CDC.gov
6 Types of Concussion

- Vestibular
- Ocular
- Cognitive/Fatigue
- Post-Traumatic Migraine
- Cervical
- Mood/Anxiety

Targeted & Active Treatments

- Medication
- Exercise
- CBT
- Psychotherapy

Vestibular
- Vestibular Rehabilitation
- Exercise

Mood/Anxiety
- Manual Therapy
- Exercise
- Injection
- Acupuncture
- Biofeedback
- Medication
- Surgery

Cervical

Courtesy of UPMC Sports Medicine Concussion Program
Targeted & Active Treatments

- Ocular
  - Vision Therapy/
  - Orthoptics

- Cognitive/Fatigue
  - Structured Rest
  - Exercise
  - Medication

- Post-Traumatic Migraine
  - Behavior Regulation
  - CBT Cognitive Behavioral Therapy

- Education/Trigger Modification
  - Exercise
  - Medication

Courtesy of UPMC Sports Medicine Concussion Program
Concussion Protocol

Asking Healthcare Providers to

- **Think of Concussion as a 2-visit diagnosis**
  - 1st visit: Symptoms Evaluation and Patient Education. Give parent/patient a symptom list to take home and observe.
  - **If symptoms exist/persist**
    - Return in 4 weeks
    - Referral for treatment

- **Check in at yearly check-ups specifically about the concussion**
Anoxic Brain Injury
Anoxic Brain Injury

In 2015, the Media Research Center reported that drug overdoses had surpassed motor vehicle accident fatalities nationwide for the first time.

BIAA, 2020
Will Dane, Dianna Fahel, and Tiffany Epley

Opioid Overdose
1. People who have had an opioid overdose may now be living with a brain injury.
2. Brain injury caused by opioid overdose can make treatment and recovery difficult for some people.
3. If a person has had one or more opioid overdoses, they should visit their doctor to be checked for brain injury.

“The opioid epidemic has led to the creation of a new term: *Toxic Brain Injury.*” This type of brain injury occurs from prolonged substance misuse and nonfatal overdose.

The amount of time the brain is without adequate oxygen dictates the severity of injury.
Anoxia refers to the **complete lack of oxygen** delivery to an organ.

Hypoxia applies when an organ **experiences oxygen delivery which is insufficient** to meet the metabolic needs of the tissue — so **not enough** oxygen.

“Cellular injury can begin within minutes, and permanent brain injury will follow if prompt intervention does not occur.”

https://www.ncbi.nlm.nih.gov/books/NBK537310/

BIAA, 2020

*Will Dane, Dianna Fahel, and Tiffany Epley*
Brain Injury & Mental Health
A complex relationship between Mental Illness and Brain Injury.
Concussions and Mental Health

- Know what symptoms to look for
- Talk with your doctor about your mental health
- Individualized treatment plan
- Strong support system
Important to Understand TBI

**History of TBI** is often hidden among people with

- Substance Use
- Spinal cord injury
- **Mental health challenges**
- Homelessness
- **History of incarceration**
- Aggression/behavioral issues
- **Domestic violence (perpetrators AND victims)**
- Cognitive/intellectual disabilities
Youth ages 15-19 with TBI

Higher levels of

- Use of alcohol and/or drugs
- Anxiety
- Depression
- Attention deficit and hyperactivity disorder
- Attempted suicide
Need for Ongoing Monitoring/Treatment

All ages: More likely to

- Have another injury
- Become obese
- Be incarcerated
- Use substances
- Become depressed
- Be socially isolated
“Breaking mechanism”

- Self-control
- Judgement
- Self-monitoring
- Inhibition of Behavior
Possible Psychosocial changes with TBI

1. Social cues
2. Overly stimulating environments, **low frustration tolerance**
3. Mood swings or emotional lability
4. Self-esteem
5. Lack of awareness of deficits
6. **Emotional adjustment to injury** (anxiety, depression, anger, withdrawal, egocentricity, or dependence)
Possible Psychosocial Changes with TBI

7. Behavior not age-appropriate

8. **Impaired self-control (verbal or physical aggression, impulsivity)**

9. Restlessness, limited motivation and initiation

10. **Intensification of pre-existing maladaptive behaviors or disabilities**

   (something they already had is now worse)
Behavior Following TBI

- Verbal outbursts
- Physical outbursts
- Poor judgment and disinhibition
- Impulsive behavior
- Negativity
- Intolerance
- Apathy
- Egocentricity
- Rigidity and inflexibility
- Risky behavior
- Lack of empathy
- Lack of motivation or initiative
- Depression or anxiety
Brain Injury & Substance Use
25% of people entering brain injury rehabilitation are there as a result of drugs or alcohol.

Approximately half of people receiving substance abuse treatment have at least one brain injury.
For every overdose death, there are approximately fifty overdose survivors,

90% of whom become impaired because of insufficient oxygen to the brain.
Substance Use

People with TBI:

• 70-80% discharged from health care facilities with a Rx for opioids
• Greater risk of opioid misuse and death due to overdose
• 10-20% develop a substance use problem 8-12 months after injury

CDC
Domestic Violence
Criminal Justice
Adverse Childhood Experiences (ACEs)
Child Abuse
Individual Served
Traumatic Brain Injury
Social Determinants of Health
Juvenile Justice
Pain
Substance Use
Homelessness
Mental Health
Juvenile Justice
Justice System

- Within 5 years post injury, nearly 1/3 report some involvement with criminal justice system

(Farrer & Hedges, 2011)

- Of those in the Juvenile Justice System, 41% have had a TBI.

- In the adult Justice System, 50-80% have had a TBI.
Downstream Consequences of TBI

Death & disability

Homelessness

Pain

Financial

Mental Health/PTSD

Domestic Violence

Incarceration

Substance Use

Financial Homelessness Homelessness

Incarceration Mental Health/PTSD PTSD

Domestic Violence

Substance Use

Pain
Age: 10 months

- Falls down a flight of steps
- Crying, no loss of consciousness
- Seen at hospital, “no concussion”
- No recommendations
- Bruising around his right eye for weeks

Age: 24 years

- Is currently in prison
- Uses drugs and alcohol (“tried everything”)
- Can’t/won’t hold a job
- Very smart but struggled in school
- Few friends
- Borderline personality disorder

Often, the parent or guardian may say, “He won’t get help.”
At the Individual Level

**Brain Health**
- Eat well
- Get 7-8 hours sleep
- Exercise regularly
- Maintain a healthy weight
- Don’t drink or do illicit drugs
- Keep learning
- Be social
- And much more...

- Get early treatment for Brain Injuries
- Screening for Brain Injuries*
- Ongoing monitoring throughout life
- Re-engage in treatment as needed
Brain Health
How to Have a Healthy Brain Throughout Life

Evidence-based information on
• Eating Well
• Exercise
• Being Social
• Learning
• Mental Health
• Gratitude

• Resilience
• Purpose and Joy
• Brain Injury Prevention
• Avoiding Toxicity
• Sleep

❖ How to Make Change
❖ Free Resources

tndisability.org/brain-health
Tools and Ways to Help
Implications for Service Professionals

People with TBI will have a harder time using services and maintaining change if they do not receive the needed ACCOMMODATIONS:

• Write things down/encourage them to take notes
• Set up alarms for appointments
• Repeat information, summarize, use visual aids
• Ask them to paraphrase
• Speak more slowly with pauses for comprehension
• Support efforts to be organized – notebooks, calendars, lists
• Education about brain injury, brain injury resources
• Judgement and impulsivity may be issues – help to plan ahead, anticipate triggers, think about consequences
HELPS Brain Injury Screening Tool

**Consumer Information:**

**Agency/Screener’s Information:**

**H** Have you ever hit your head or been hit on the head? [ ] Yes [ ] No

Note: Prompt client to think about all incidents that may have occurred at any age, even those that did not seem serious: vehicle accidents, falls, assault, abuse, sports, etc. Screen for domestic violence and child abuse, and also for service-related injuries. A TBI can also occur from violent shaking of the head, such as being shaken as a baby or child.

**E** Were you ever seen in the Emergency room, hospital, or by a doctor because of an injury to your head? [ ] Yes [ ] No

Note: Many people are seen for treatment. However, there are those who cannot afford treatment, or who do not think they require medical attention.

**L** Did you ever lose consciousness or experience a period of being dazed and confused because of an injury to your head? [ ] Yes [ ] No

Note: People with TBI may not lose consciousness but experience an "alteration of consciousness." This may include feeling dazed, confused, or disoriented at the time of the injury, or being unable to remember the events surrounding the injury.

**P** Do you experience any of these problems in your daily life since you hit your head? [ ] Yes [ ] No

Note: Ask your client if she experiences any of the following problems, and ask if the problem presented. You are looking for a combination of two or more problems that were not present prior to the injury.

[ ] headaches  [ ] difficulty reading, writing, calculating
[ ] dizziness  [ ] poor problem solving
[ ] anxiety  [ ] difficulty performing your job/school work
[ ] depression  [ ] change in relationships with others
[ ] difficulty concentrating  [ ] poor judgment (being fired from job, arrests, fights)
[ ] difficulty remembering

**S** Any significant Sicknesses? [ ] Yes [ ] No

Note: Traumatic brain injury may cause a physical blow to the head, but acquired brain injury may also be caused by medical conditions, such as brain tumor, meningitis, West Nile virus, stroke, sequela. Also screen for instances of oxygen deprivation such as following a heart attack, carbon monoxide poisoning, near drowning, or near suffocation.

**Scoring the HELPS Screening Tool**

A HELPS screening is considered positive for a possible TBI when the following 3 items are identified:

1. An event that could have caused a brain injury (yes to H, E or S), and
2. A period of loss of consciousness or altered consciousness after the injury or another indication that the injury was severe (yes to L or P), and
3. The presence of two or more chronic problems listed under P that were not present before the injury.

Note:

- A positive screening is **not sufficient to diagnose TBI** as the reason for current symptoms and difficulties - other possible causes may need to be ruled out
- Some individuals could present exceptions to the screening results, such as people who do have TBI-related problems but answered "no" to some questions
- Consider positive responses within the context of the person's self-report and documentation of altered behavior and/or cognitive functioning

The original HELPS TBI screening tool was developed by M. Pineau, D. Isarczuk, A. Fitch, HHS, National Center for the Elderly, TBI/HIT, U.S. Department of Veterans Affairs, Rehabilitation Services Administration, Grant #H324K010001. The Index Tool was updated to project personne to all persons with TBI, recommended by the CIU on the diagnosis of TBI. See http://www.cdc.gov/cidp/pro/proj/projtsbl/diagnosis.htm.

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Over Time – What You Can Do

Think “What happened to you, not What is wrong with you?”

✔ Watch them socially
✔ Watch mood (depression, anxiety, mood swings)
✔ Behavior issues
✔ Help other people to stay involved
✔ Watch them physically—greater chance of another injury
✔ Be patient and consistent
If You See *Any* Problems

- Refer back to the doctor
- Remind doctor of the Concussion/TBI
- Tell doctor all changes that you are seeing
- Give doctor the Symptom Tracker
- Don’t hesitate to suggest what referrals you think may be needed
Symptom Tracker tool

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Symptoms + Intensity 1-10 (Ex. Headache and Intensity rating 0-10)</th>
<th>Conditions (Ex. Other activity, 0% of control)</th>
<th>What Was Done (Ex: Head down, Headphones on)</th>
<th>Outcome + Intensity 1-10 (Ex: Head down, Headphones on)</th>
</tr>
</thead>
</table>

- Simple
- Quick
- List symptom
- Occurs during what
- What was done
- Outcomes

Over time, maybe only a few entries, you learn triggers and how to address them.
Small Changes to Help in a Big Way

- Brain Health education
- Share the Tennessee Brighter Futures Resource Pages

**Educate** others about Concussion, TBI and the connections to other co-occurring disorders, the need for screening and the tools that will help.

- Healthcare Providers about Concussion/TBI
- All Treatment Programs about TBI
- Police & Correctional & Probation Officers about screening for TBI & other co-occurring disorders
Signs & Symptoms Tools

Recognizing Concussion

In People Who Communicate Without Words

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. 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.

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

DANGER SIGNS

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

- Losing balance or coordination
- Changes in behavior
- Confused
- Convulsions
- Severe headache

Sleep Problems

- Can’t sleep through the night
- Sleep too much
- Days and nights get mixed up

Balance Problems

- Difficulty walking or standing
- Dizziness
- Trouble with balance

Sensory Changes

- Changes in taste or smell
- Appy tastes changes
- Migraines
- Nausea
- Vision changes

WHAT TO DO

- Help the referrals.
- Sometimes concussion is unavailable.
- Your health may refer you to:
  - Neuologist
  - Neuropsychologist
  - Specialization concussion center
  - Traumatic brain injury rehabilitation center
  - Specialist in your particular symptoms

Spanish Available

tndisability.org/brain
When Your Child's Head Has Been Hurt:

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 away 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," "bobble," or "shake" to the head can be a head injury.
- If your child reports any symptoms of concussion, or if you notice the symptoms yourself, seek medical attention right away.

Health Problems

Headaches
- Headache that keeps coming back
- Pain in head or neck
- Pain below the ear
- Pain in the ear
- Pain on or around the eyes

Balance Problems
- Dizziness
- Trouble with balance

Sensory Changes
- Sensitivity to light or sound
- Trouble seeing or hearing
- Headache that does not go away or gets better
- Nausea
- Vomiting
- Unusual behavior
- Changes in sleep patterns

Sleep Problems
- Can't sleep through the night
- Sleep too much
- Sleeps and eats too much

Pain Problems
- Headache
- Shoulder pain that happens a lot
- Other unexplained body pain

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

Fall is the leading cause of traumatic brain injury in children between 6 and 4 years.

Play safety: Make sure playground equipment is properly designed and maintained, and that it is safe to play on. Always supervise children when they are playing.

Sensation is key. Always supervise your child around stairs and playground equipment.

Brain Injury In Young Children

Prevention is the Only Cure

Signs & Symptoms
- Drooling
- Decreased responsiveness
- Decreased ability to focus
- Difficulty walking
- Difficulty talking
- Drowsiness
- Difficulty sleeping
- Dizziness
- Dizziness
- 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 unsafe 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:
NIH traumatic brain injury Program
Brain Injury Association of America
https://www.biausa.org

Brain Links

https://www.biausa.org/brain

Brain Links is a program of the Department of Education’s Office of Special Education Programs, and is supported by the National Institute of Child Health and Human Development. This work is supported by the National Institute of Child Health and Human Development. This work is supported by the National Institute of Child Health and Human Development.
Returning to a Program

- Date & Doctor’s name
- Reported symptoms
- Check mark – cleared to return to program activities
- Danger signs
- Recommended short term changes

**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.

<table>
<thead>
<tr>
<th>Name</th>
<th>Date</th>
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In ___________________ office or clinic.

Healthcare Provider’s Name

**The person is currently reporting the following symptoms:**

- Physical
  - [ ] Bothered by light or noise
  - [ ] Blurred or double vision
  - [ ] Feeling tired, no energy
  - [ ] Headaches
  - [ ] Nausea or vomiting
  - [ ] Vision problems

- Thinking or Remembering
  - [ ] Trouble concentrating
  - [ ] Feeling slowed down
  - [ ] Fuzzy or foggy
  - [ ] 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*
When Concussion Symptoms Aren’t Going Away

5 and Under

School-Aged

Adults

Spanish Available
Problems Can Arise Even After Brain Injury Treatment

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 years after the initial treatment ends, whether they complained of rehabilitation, or how long the injury lasted. This guide offers ideas about how to address these changes. It also gives tips for keeping your brain healthy throughout your life.

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/Willfulness or ability to participate in rehab
- Assistance with transitioning from hospital to home and children/education
- As they get older, motivation to improve, ability to adapt to changes and support from friends

There is no set-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 sooner you make for your child today can prevent some of these. Positive changes can also continue throughout life.

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

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

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

- Academic/School Changes: Falling behind, in class, difficulty learning new information, posting of a grade, difficulty focusing, learning material in a check-up with your child, difficulty seeing or writing
- Social Changes: Losing friends, difficulty making new friends, not knowing how to act or speak in different situations, not understanding social cues or social skills (including knowing it is time to walk, conversation or that they are making someone uncomfortable), language, thing or hearing than their friends, laughing or crying, or crying
- Behavior Changes: Not acting like themselves, getting into fights, angering without thinking, having more problems, making inappropriate sexual comments, using sexual words or terms, hitting others, throwing objects, being argumentative or argumentative, alcohol use disorder, drug use, drug use, drug use, drug use, drug use
- Physical Changes: Pain, physical change from the injury that gets worse, new or uncontrolled emotions, mood swings, mood swings, mood swings, mood swings

Mental Health Changes: Becoming depressed or anxious, difficulty coping with change or handling stress, worry, worry, worry, and sleep disorder, finding stress and sleep disorder, finding stress and sleep disorder


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Spanish Available

tndisability.org/brain
Determining Strengths & Challenges

Use:

✔ Speech and Language Evaluation
✔ Neuropsychology Evaluation
✔ Other Evaluations

✔ and the Brainstorming Solutions Tool
Strategies & Accommodations Tool

- Used along with the Brainstorming Solutions Tool
- Matches area for area plus Assistive Technology
- Initial Key – who can help
- Lots of choices of strategies to try

See more on YouTube
Other Resources

- Service Coordinators – TN’s TBI Program
  - Will provide help
  - No cost

- Virtual Support Groups
  [http://www.braininjurytn.org/service-coordination.html](http://www.braininjurytn.org/service-coordination.html)

- TN Family Support Program
  [https://www.tn.gov/didd/for-consumers/family-support.html](https://www.tn.gov/didd/for-consumers/family-support.html)
TN Brighter Futures Website

Tennessee Brighter Futures

Mission: Bringing together professionals to recognize the far-reaching and unique nature of brain injury and to improve services for survivors.

Follow Us

About Brain Links
Have an Injury?
TBI Toolkits
For School Professionals
For Professionals
Tennessee Brighter Futures
Trainings, Webinars, Podcasts
Partners
Resources

tndisability.org/brain

1

Systems of Support

2
We Add New Resource Pages Every Meeting

ACEs

Mental Health Resources

Brain Injury

Substance Use

ACEs

Mental Health Resources

Brain Injury

Substance Use

Tennessee Brighter Futures

tndisability.org/tennessee-brighter-futures
Brain Links Training Series

- Jan 11, 2024  Cognitive Changes Following Brain Injury: Understanding Cognition & Developing Accommodations
- Feb 8, 2024    Behavioral & Psychosocial Changes Following Brain Injury: Tips, Strategies & De-escalation

Designed for Service Providers across all the TBF Systems of Support

Tennessee Brighter Futures
Thank you and survey

Take the 1 minute survey!
Get a certificate of attendance