

Brain Injury and Chronic Pain



Pain is the most common chronic medical condition reported by people with Traumatic Brain Injury (TBI).

Over 50%



Over 50% of people with TBI develop chronic pain

11 Times



People with TBI are at eleven times greater risk of accidental overdose



Common problems following brain injury, like poor judgment, memory and increased impulsivity make it harder to self-regulate substance use and make overdose more likely.

BEST PRACTICE

Providers specializing in treating Chronic Pain should:

- **SCREEN** for prior history of Brain Injury
- **ASSESS** Cognitive & Functional Impairment
- **EDUCATE** staff on Brain Injury
- **EDUCATE** the person about their Brain Injury
- **PROVIDE** and **TEACH** Accommodations
- **CONNECT** person served with Community Resources

COMMON PROBLEMS

After Brain Injury, we often see problems with:

- Attention, memory and new learning
- Slowed speed of processing
- Organization, problem solving & impulsivity
- Irritability, frustration & agitation
- Balance, dizziness & headaches
- Poor awareness of deficits & difficulties
- Difficulty being flexible, poor self-monitoring

WHAT TO LOOK FOR

Providers specializing in treating Chronic Pain may see:

- Looking uninterested because they cannot pay attention
- Missing appointments
- Appearance of non-compliance because they cannot remember dosages and medication schedules
- Slow to follow directions because they cannot process quickly
- Falling into things, often getting hurt
- Difficulty re-entering community because of cognitive changes
- Gets stuck on an idea or a way of doing something, does not recognize mistakes

An estimated 50 million adults in the United States experienced chronic pain (i.e., pain lasting ≥3 months) in 2016, resulting in substantial health care costs and lost productivity. - CDC.gov

Common Accommodations for Brain Injury Challenges

Here are some common and simple accommodations:

- Working for shorter periods of time
- Getting rid of distractions around you, like noise or movement
- Taking notes (on paper, in a notebook, on a phone or computer)
- Using a phone to set timers to remember appointments & medication schedules; providing a check-off medication schedule to avoid forgetting they have already taken a medication
- Repeating information to the person
- Slowing down when talking; giving them more time to respond
- Giving a written list of non-medication strategies to avoid or reduce pain
- Coaching the person to take deep breaths when feeling angry or anxious



Tools for Best Practice



Brain Injury Screening Resources:

- **NASHIA's OBISSS:** <https://www.nashia.org/obissprogram> - The OBISSS is highly recommended. It is made up of the OSU screening tool, a Symptoms Questionnaire and Strategies. It can be used electronically, on a computer, phone or ipad. It can be self-administered.
- **OSU TBI Identification Method:** <https://wexnermedical.osu.edu/neurological-institute/neuroscience-research-institute/research-centers/ohio-valley-center-for-brain-injury-prevention-and-rehabilitation/osu-tbi-id>

Brain Links' Strategies & Accommodations Tool: <https://www.tndisability.org/rehabilitation>

Symptom Questionnaire and Cognitive Strategies:

- Adult: bit.ly/3FLkz0V
- Juvenile: bit.ly/4iS2bSC

Tennessee Resources

Brain Links' Website with many resources:
tndisability.org/brain

Brain Links' Toolkits (for Service Professionals and Survivors): <https://www.tndisability.org/brain-toolkits>

TN Department of Health TBI Program:
<https://tinyurl.com/3v5jrdt3>



Tennessee Brighter Futures' Resource Pages & Training for Brain Injury:

<https://www.tndisability.org/tbf-brain-injury>



Resource Pages & Training for Chronic Pain:

<https://www.tndisability.org/tbf-pain>

TN Brighter Futures is organized and facilitated by Brain Links through a contract from the TN Department of Health TBI Program.



Pain Resources

References:

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<https://www.tndisability.org/brain>
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