



Rationale: A Guide to Possible Changes After Brain Injury for School-Aged Children and Adults

People who have had brain injuries are more likely to experience negative outcomes in the years following their injuries than people who have not had a brain injury. The research literature shows that a person is more likely to have another injury, have behavioral and psychological issues, attempt suicide, have substance use disorders, become obese and socially isolated, become involved with the justice system, including becoming incarcerated.

In addition, children with brain injuries have higher rates of ADD/ADHD; learning disability; developmental delays; speech and language problems; anxiety; and bone, joint and muscle problems. Many also have pre-existing conditions which the brain injury further complicates.

A Guide to Possible Changes After Brain Injury for School-Aged Children and Adults was developed to educate families, caregivers and people who have sustained an injury a forewarning of what to look out for over time. The *Guide* makes it clear that these concerns are not guaranteed to happen, but *may*, and should be watched for, prepared for and even guarded against. The *Guide* provides information on what to do and who to consult should problems arise. The beauty of this resource is that while it offers insights and suggestions for immediately after the injury, it can be helpful for months and even years. For some, this guide may be the only link between the brain injury and challenges that may otherwise be misunderstood by the individual and professionals.

By design, the Guide is best when distributed by rehabilitation personnel in inpatient and outpatient therapy programs and by medical personnel in trauma units, pediatrician's offices, family practices, neurology offices, surgical offices, and other specialty offices. It is meant to be given to anyone who has sustained a diagnosed brain injury, as well as anyone who sustained a significant trauma where they may experience brain injury symptoms and downstream consequences; even if they do not show early symptoms or early symptoms seem to have cleared.

The recommendation is that the *Guide* be kept in a safe place where it is likely to be looked at through the coming years.

The *Guide* is at the 9th to 10th grade reading level. This is higher than ideal, but there are many medical words in it that could not be adequately substituted, for example: rehabilitation, academic, strategy, speech language therapist, neurologist and chiropractor. When possible, these words were defined or an example was given. Further, the *Guide* is ideally given out by a medical/rehabilitation professional who can explain the information and highlight how it may apply to the person.



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