

## What is Brain Injury?

Brain Injury is an injury to the brain that happens after the first day of life. Brain Injury may be caused in a variety of ways, and result in various levels and types of disabilities.

Some causes of brain injury might include: Shaken Baby Syndrome, auto accidents, falls, sports injuries, lack of oxygen, assault, stroke, drug/medication overdose, domestic violence, bicycle accident, horseback riding accident, repetitive concussions, brain surgery, brain tumors, and more.

Persons with Brain Injury have difficulty reconciling the person they used to be with the person they have become. They often exhibit depression, anxiety, irritability, and low-frustration tolerance.

Characteristics can vary widely, from the person who appears slightly distracted to someone who is unable to communicate basic needs. Speech may be peculiar in tone, meter, articulation and use of words. Inability to select appropriate words in conversation is common. Many people with Brain Injury attempt to cover this by asking others to provide the word they cannot retrieve by describing the word and what it means.

Individuals often have no outside visible indication of their injury. They are frequently told by others that they appear perfectly fine and that they should “pull themselves together” and “get over it”. Many Brain Injury survivors are not diagnosed with brain injuries until years after the incident, and then medical documentation may be minimal or missing altogether.

## Common characteristics of Brain Injury

- impulsivity
- poor planning
- inappropriate conversational topics
- lack of motivation
- persistent headache

- getting lost or easily confused
- slowness in thinking or acting
- change in sleep patterns
- loss of balance
- blurred vision
- ringing in the ears
- dizziness
- feeling tired all of the time
- poor decision-making skills
- poor organizational skills
- forgetfulness

## How is Brain Injury diagnosed?

Brain Injury is a neurological disorder. It is not an emotional or behavioral condition, although because of the difficulties with social interaction and communication, individuals with Brain Injury may have emotional and behavioral issues. This is because persons with Brain Injury usually have a normal IQ prior to Brain Injury, and while intellect may or may not remain intact, access to stored information is impaired by the injury.

There are no simple blood tests or x-rays to determine Brain Injury. Doctors utilize CT Scans and MRIs to identify visual scars and larger injuries to the brain. However, many injuries are smaller and do not show up well on these tests. In those cases a neuropsychological evaluation can help to identify specific areas of damage and methods of treatment or re-training.

## Helpful strategies for parents and teachers

- Keep directions and conversation simple. For complicated and multi-task activities, use written directions and lists, broken down into short steps.
- Encourage children and give lots of praise and attention for any achievement, especially when they use appropriate social skills without prompting (i.e. when the child looks at you when you speak to him; when the teen interacts with peers in an appropriate way).

- Limit choices to two or three items.
- Whenever possible do not change activities abruptly, give warnings and prompts beforehand to allow the child to adjust or finish the task.
- Try to build flexibility into the routines so the child learns early that things do change (this may be difficult as routines provide “comfort zones” for individuals with Brain Injuries). Reminders to check daily schedules vs. weekly routines may be helpful.
- Identify stress triggers and avoid them if possible or be ready to intervene or distract when you see the child beginning to melt-down.
- Teach strategies for coping.
- Do not expect a skill or behavior mastered in one environment to be generalized to all environments – the skill or behavior must be taught in all environments and in situations which mirror “real life”.
- Recognize anger and outbursts as “overload” or frustration and provide the child with a safe, stress-free place to cool off and calm down.
- Be aware that a child with Brain Injury may be over stimulated by noise, lights, chaos, unstructured time (recess, lunch, PE), or strong tastes, bold patterns, bright colors, sounds, varied textures, smells – and provide a quiet spot or guidance to help him cope.
- Although the individual’s vocabulary and use of language may be high, she may not know the meaning of what she is saying, nor will she understand sarcasm, teasing or some forms of humor because her perspectives are very literal.
- Some individuals with Brain Injury have difficulty remembering information or retrieving that information, so provide them with picture or written schedules, written assignments, and help getting that information into the backpack to go home.

- Do not expect age-appropriate behaviors or skills – children may have some skills equivalent to their age, but not be able to remember to take their homework home or be able to interact with their classmates.
- Don't assume that just because the individual isn't making eye contact, he is not listening – he may hear and understand better if not forced to look directly at you.
- Some children with Brain Injury learn best with visual aids, such as picture schedules, others may be better with verbal instruction or hand signs (especially to reinforce certain messages such as "wait your turn" or "speak more slowly or quietly").
- It may take a person with Brain Injury longer to respond to questions or requests – he needs time to process information, formulate an answer and then respond.
- One of the biggest challenges for children with Brain Injury is making friends or developing relationships– identifying 1 or 2 students who can be their buddies will help, as will helping other children understand that one of the challenges that children with Brain Injury face is difficulty reading social situations – just as others may need glasses to read print, these children need patience, understanding and help making and keeping friends.

Members of the community or school staff may not recognize a child with Brain Injury as having a disability because they may be quite high-functioning in some areas. This disability can be an "invisible" disability and it is up to parents to provide the support and information to help their child get the necessary services.

To access State-funded services for children with brain injury contact:

**Developmental Disabilities Division**  
**(307) 777-7115**

**For more information about  
BRAIN INJURY**

**CONTACT:**

**Brain Injury Association of Wyoming**  
**111 W. 2<sup>nd</sup> Street, Suite 106**  
**Casper, WY 82601**  
**1-800-643-6457**

**Email:** [director@projectbrainofwy.org](mailto:director@projectbrainofwy.org)

**Website:** [www.wybia.org](http://www.wybia.org)



**Parent  
Information  
Center**

2232 Dell Range Blvd Suite 204  
Cheyenne WY 82009  
(307) 684-2277  
(888) 389-6542 (fax)  
E-mail: [info@wpic.org](mailto:info@wpic.org)  
Website: [www.wpic.org](http://www.wpic.org)

PHP of WY is a non-profit, 501(c) 3 organization; therefore, your donation is tax deductible. We welcome all donations. Every donation helps us strengthen our network of support for families.

The contents of this brochure were developed under a grant from the U.S. Department of Education. However, the contents do not necessarily represent the policy of the Department of Education, and endorsement by the Federal Government should not be assumed.

# BRAIN INJURY

*Disability Brochure #5*



## Characteristics and Coping Strategies

**Parent Information Center**  
1-307-684-2277

A project of  
Parents Helping Parents  
of Wyoming, Inc.