

# Brain injury

## Reasonable Adjustments

**Around one million people visit A&E each year following a head injury.**



**20-25% are moderate and severe head injuries.**

### Minor Head Injury and Concussion

**A brief period of unconsciousness, or feeling sick and dizzy, may result from a person banging their head getting into the car, walking into the top of a low doorway, or slipping over in the street.**

**This can lead to headaches, dizziness, fatigue, depression, irritability and memory problems.**

**Most people are symptom-free within two weeks, although some can experience problems for months or even years after a minor head injury.**

### Moderate and Severe Traumatic Brain Injury

**A moderate head injury is defined as loss of consciousness for between 15 minutes and 6 hours**

**or**

**post-traumatic amnesia of up to 24 hours.**

**These patients are likely to be hospitalised and receive rehabilitation once the acute phase has passed.**

**Severe traumatic brain injury is defined by a loss of consciousness for more than 6 hours**

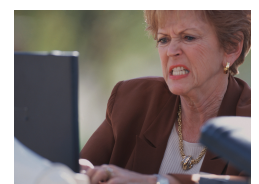
**or post-traumatic amnesia of more than 24 hours.**

**Depending on the length of time in coma, these patients tend to have more serious physical deficits.**

### Symptoms can be wide-ranging

**Physical effects such as balance problems, headaches and dizziness.**

**Cognitive, emotional and behavioural effects such as memory problems and anger.**



# Brain injury



## Reasonable Adjustments

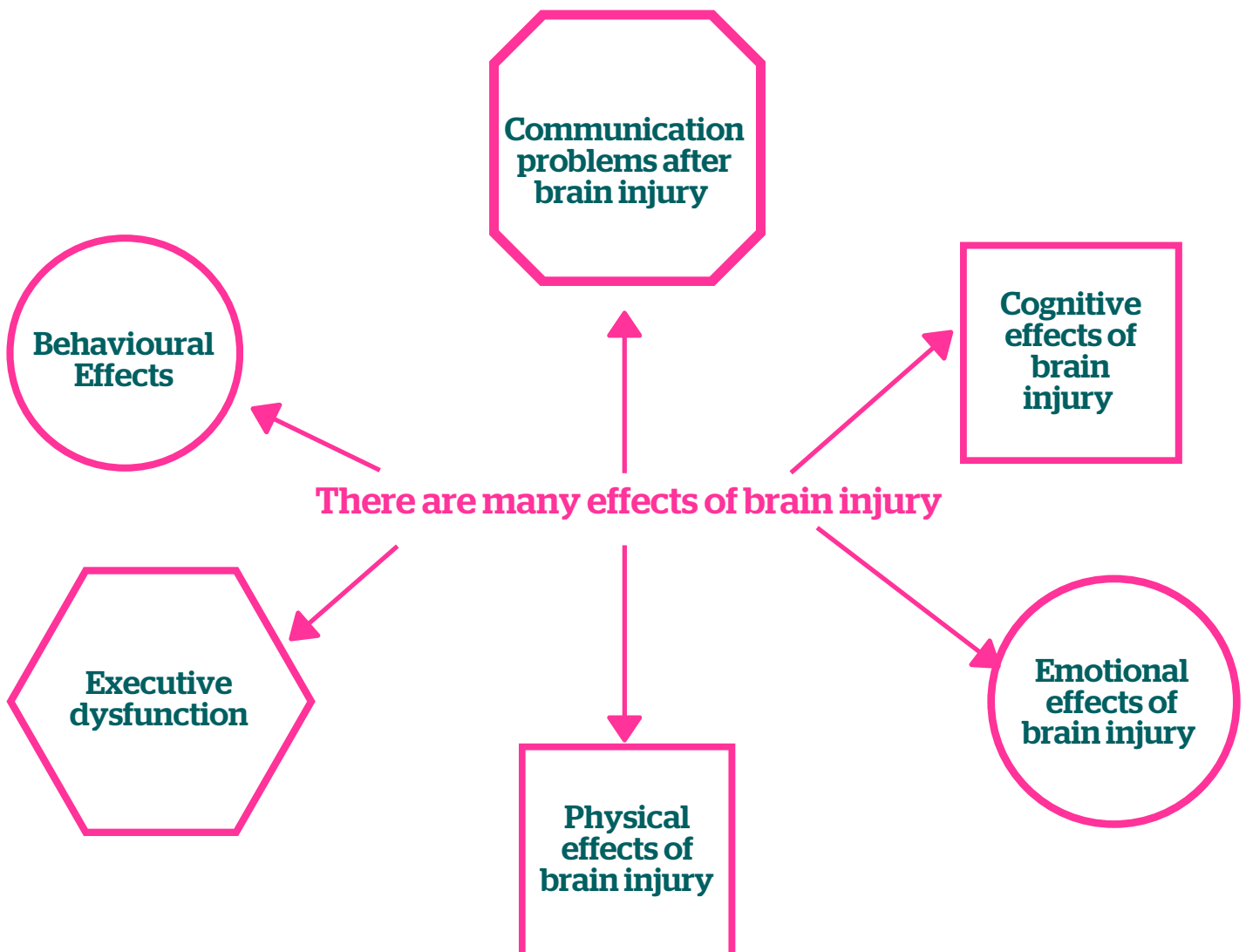
### Acquired Brain Injury

Acquired brain injury (ABI) covers all situations in which brain injury has occurred since birth, and includes traumatic brain injury as well as tumour, stroke, brain haemorrhage and encephalitis, to name a few.



### Traumatic Brain Injury

Traumatic brain injury (TBI) is an injury to the brain caused by a trauma to the head (head injury). There are many possible causes, including road traffic accidents, assaults, falls and accidents at home or at work.



# Brain injury: Behavioural effects



**Work Place Reasonable Adjustments:  
what you and your colleagues can do  
in the workplace**



- Brain injuries can cause:
- **disinhibition;**
- **impulsiveness;**
- **obsessive behaviour;**
- **irritability and aggression;**
- **apathy;**
- **loss of initiative; and;**
- **egocentricity.**

**It is important to be sensitive to extreme behavioural changes after brain injury, as they may indicate a developing mental illness.**

## Reduced insight

Recognise and accept that the person may lack or have limited insight into any or all these problems.

They may believe they are acting 'normally' and exactly as they would have done before.

Explain to staff who are providing services to the individual and make allowances.



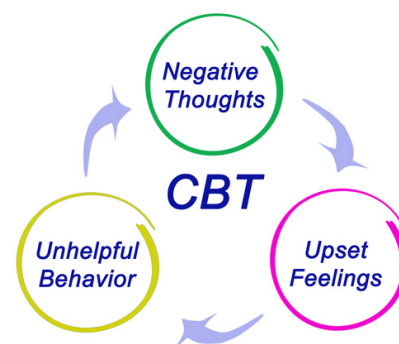
## Mood and emotions

Cognitive behavioural therapy (CBT) and other therapies can help.

It is helpful for others to make allowances for the difficulties experienced in controlling mood.

When a person feels very upset, it may be better to try to calm the situation in the short term and discuss it later.

Recognise that the changes are a result of the injury and not because the person is lazy, self-centred or difficult. Make allowances.



# Brain injury: Cognitive effects



**Work Place Reasonable Adjustments:  
what you and your colleagues can do in  
in the workplace**



## Cognitive effects include:

memory and language loss (aphasia); impairments in visual-perceptive skills; reduced initiative and problems with motivation; reduced concentration span; reduced information processing ability; repetition or 'perservation'; impaired reasoning; impaired insight; and empathy.

### Language Loss



This can be very frustrating for the person and for others, and patience is needed on both sides.

**Remember - just because a person cannot express themselves, it does not mean they do not need or want to be heard.**



### Reduced reasoning and problem-solving skills

Carry out a risk assessment with the person and develop problem-solving prompts for common problems e.g. a card that says if you miss your bus ring for a lift.

**Use simple straight forward language and reasoning**

e.g. "This is not safe do not do it". Rather than, "if you do this X, Y, Z may happen and then, where will you be?"

### Impairments in visual perception skills

It is important to make sure that a person with a brain injury is safe when crossing roads.

**Impairments in visual perception may mean that a person cannot assess the speed of oncoming traffic accurately.**



Understand when they are being inflexible. It is because they do not understand the logic of your argument?

**Choose your battles.**  
If their view is not dangerous or harmful to themselves or others don't be argumentative.

**Concentrate on calmly, kindly and clearly explaining when views are unsafe or harmful.**



# Brain injury: Cognitive effects



**Attention and concentration  
difficulties.**



**Action you and your  
colleagues can take.**

**To avoid communication difficulties in this area:**

**1. Make sure that you have a person's attention. Give a small wave or touch their shoulder / arm if appropriate.**



**2. Be prepared to repeat information  
calmly.**



**3. Do not impart important  
information when someone is  
carrying out an activity.**



**4. Aim to do one activity at a time.**



**5. Talk about the task in hand  
and be encouraging.**



**6. Allow the person to focus and  
be "in the moment" with them.**



**7. Don't move on to discussing something unconnected. They will probably  
not remember it.**





# Brain injury: Cognitive effects



## Memory problems:

What you and your colleagues can do.

It is important to note that memory problems cannot be overcome simply by practising, or by going over lists of information repeatedly.



Playing memory games and engaging in memory exercises will not do any harm, but do not expect these to bring about an improvement.

New practical or 'hands on' skills can be learned by repeating them frequently, but this learning will not transfer from one skill to another.



1. Remind and repeat with patience and kindness.



2. Don't expect the person to remember or learn as it is not always possible.



3. Try using simpler common words to describe what a bigger word means.



4. Avoid getting annoyed and frustrated.



5. Talk about the memories that they do recall in a positive way and make a memory book.





# Brain injury: Cognitive effects



## Workplace Reasonable Adjustments

### Memory problems.

1. Name badges can help people in social situations and avoid embarrassment.



2. Label equipment where possible.



3. Provide a staff, relative or friend picture board with names beneath.



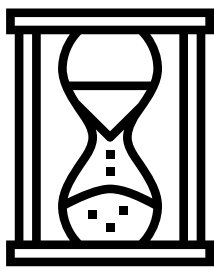
### Slowed speed of information processing.

What you and your colleagues can do.

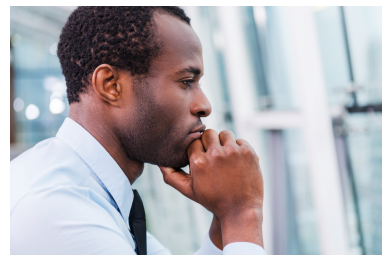


Notice when people get overwhelmed, 'switch off', or get frustrated and angry take action:

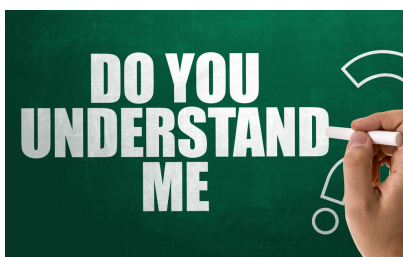
1. Slow down your conversation.



2. Allow time for reflection before moving on to something else.



3. Check understanding.



4. In meetings or at gatherings encourage people to not interrupt or speak over each other.



# Brain injury: Cognitive effects



## Slowed speed of information processing

5. Provide the team with cards that say slow down, I missed that, speak louder, I need a break. Encourage everyone to use them.



I have something to say

Please slow down



Vote



What you and your colleagues can do.



6. Stick to the agenda so people can follow where you are.

AGENDA

- 1.
- 2.
- 3.



7. Remind people.



8. Encourage them to be confident in their right to ask people to be considerate and back them up.



9. Encourage the person to tell you which aspects they find most difficult so you can alter the way you talk or meet.



10. Find quieter settings or times of day to meet, talk or socialise.





# Brain injury: Cognitive effects



## Cognitive fatigue and fatigue

Actions you and your colleagues can take.



1. Allow the person to take breaks and pace themselves.



Encourage a person to monitor their fatigue before and after activities. Once they are aware of which activities are tiring, then they can prioritise and set themselves realistic targets of what is achievable in a day.

2. Mix an easy activity with activity that needs concentration and focus, with built in periods of restful activity.



If meetings are particularly challenging, aim to have fewer in one day or provide a quiet place to work if noise is causing fatigue.

3. Ask if they are feeling tired and encourage them to stop and rest if they are getting irritable.



4. Notice if their cognitive communication skills are faltering as this may be a sign of fatigue.



Encourage the person to ask their colleagues, family and friends what signs of fatigue they notice as they may not notice themselves.

5. Help the person to work out a plan of action or routine that takes account of their fatigue levels and encourage them to stick to it.





# Brain injury: Cognitive effects



## Cognitive fatigue

Action you and your colleagues can take.



6. Professionals should avoid over loading somebody and causing fatigue.



7. Break sessions into manageable chunks.



8. Write down information clearly so that people can read it with a friend or carer later if their fatigue affected their ability to concentrate or understand.



9. Encourage individual to write down questions so that they do not need to expend energy or anxiety remembering or asking them.



10. Prepare for visits and treatments in a way that will reduce fatigue on the day.



11. Work out exit strategies if fatigue is too great e.g. Have a relative's phone number or taxi number if person may need to leave an appointment early.



# Brain injury: Cognitive effects

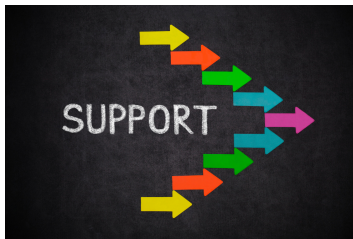


## Cognitive fatigue

Actions you and your colleagues can take.



**12. In employment, review supervise and support.**



**13. Provide clear unambiguous instructions and rules.**



**14. encourage staff teams to be considerate and understanding.**

**15. Be aware of fatigue signs. Signs may include:**

- reduced attention and concentration;
- reduced ability to think clearly;
- increased irritability;
- increased agitation;
- worsening of other communication impairments e.g. aphasia, dysarthria and dyspraxia of speech.

