**Traumatic Brain Injury: Effects and Suggestions**

**Attention:** Effects include difficulties in maintaining attention, shifting attention from one activity to another, suppressing one’s own preoccupations, and screening out distractions.

*Suggestions:* Keep sessions short and focused. Cue people when they seem stuck on prior topics or have lost the topic. Gradually lengthen the amount of time as abilities permit. Make eye contact frequently to maintain attention. Make learning fun. Make sure the environment has few distractions.

**Memory:** Short-term memory problems are common among people with brain injuries. Holding onto several pieces of information while thinking through each item may be difficult. Other common problems include remembering to complete tasks at specific times and recalling recent experiences. The memory of pre-traumatic events is often intact after the initial stages of rehabilitation.

*Suggestions:* Preview and review information. Use consistent terminology and presentation format. Present material in a way that makes previously presented information easy to recall. Speak concisely. Include in each session some material that was covered in the previous session. Use overheads and flip charts. Print rather than write. Use pictures and symbols for non-readers. Ask participants to use “memory books” or other notebooks during sessions. Point out information they might want to record. Help participants make note cards or signs to cue thoughts and actions. These signs can be placed in conspicuous spots in their rooms. Participants can choose the phrases to be used, then design and make the signs. Make audiotapes or videotapes of sessions for participants.

**Language:** Often people with brain injuries lose the ability to express ideas or to understand others. Many cannot quickly find the words to express themselves. They may have lost the ability to speak, or may speak in a disorganized fashion. People with cognitive disabilities are often uncomfortable speaking or reading in front of groups.

*Suggestions:* Speak slowly and clearly, but do not exaggerate inflection. Use concrete terms. Teach the meaning of new words before using them. Use age-appropriate words: Treat adults like adults. Encourage people to ask questions. If you are not sure they understand, ask questions to check comprehension. When you ask questions, begin with those that require short answers. Create an atmosphere where people are comfortable refusing to comment or read aloud. Be patient and encouraging when they need time to express their point. Do not pretend to understand if you cannot follow a person’s comment. If you think you understand, ask “Do I have this right?” and paraphrase what they have said.

**Reasoning and Judgment:** Brain injury often reduces the ability to make inferences. Thinking may be concrete, so that idioms and humor are interpreted incorrectly. This may lead to confusion and misinterpretation. Impulsivity may limit the ability to work on problems. People may find it difficult to picture the consequences of their acts. They will need help in distinguishing appropriate from inappropriate behavior, and some basis for reflecting on the propriety of what they have said or done.

*Suggestions:* Use simple, concrete terms. Avoid idioms and subtleties. Be clear and direct. Use problem-solving exercises that reflect the situations in which participants encounter “cues” for drinking or drug use. Role-play exercises and discussion of scenarios can be helpful. Avoid confronting people with brain injuries about their substance use, particularly in groups. Build decision-making skills by identifying and weighing short- and long-term consequences of actions. Encourage people to postpone decisions until they have more facts. Reply to their assertions in a concrete, non-judgmental way. Encourage people to read instructions and use cue-cards to strengthen reasoning skills. For example:

- Stop and think.
- What is the problem?
- What can I do to solve the problem?
- Which is the best solution?

**Emotions:** Emotional problems after brain injury can include irritability, frustration, dependence on others, insensitivity, inflexibility, anxiety when confronted, lack of awareness of one’s impact on others, overreacting to stress, and heightened emotionality.

*Suggestions:* Try to understand what the person may be experiencing. Keep a non-threatening, non-judgmental attitude and approach. Be positive in giving directions. Make sure non-verbal messages do not contradict verbal messages. Meet resistance with empathy and reflection, rather than confrontation.

This material is taken verbatim from *Alcohol and Other Drug Abuse Prevention for People With Traumatic Brain and Spinal Cord Injuries.* Published by the Rehabilitation Institute of Chicago and the Illinois Prevention Resource Center, 1993.