



***You cannot direct the wind...
but you can adjust your wings***

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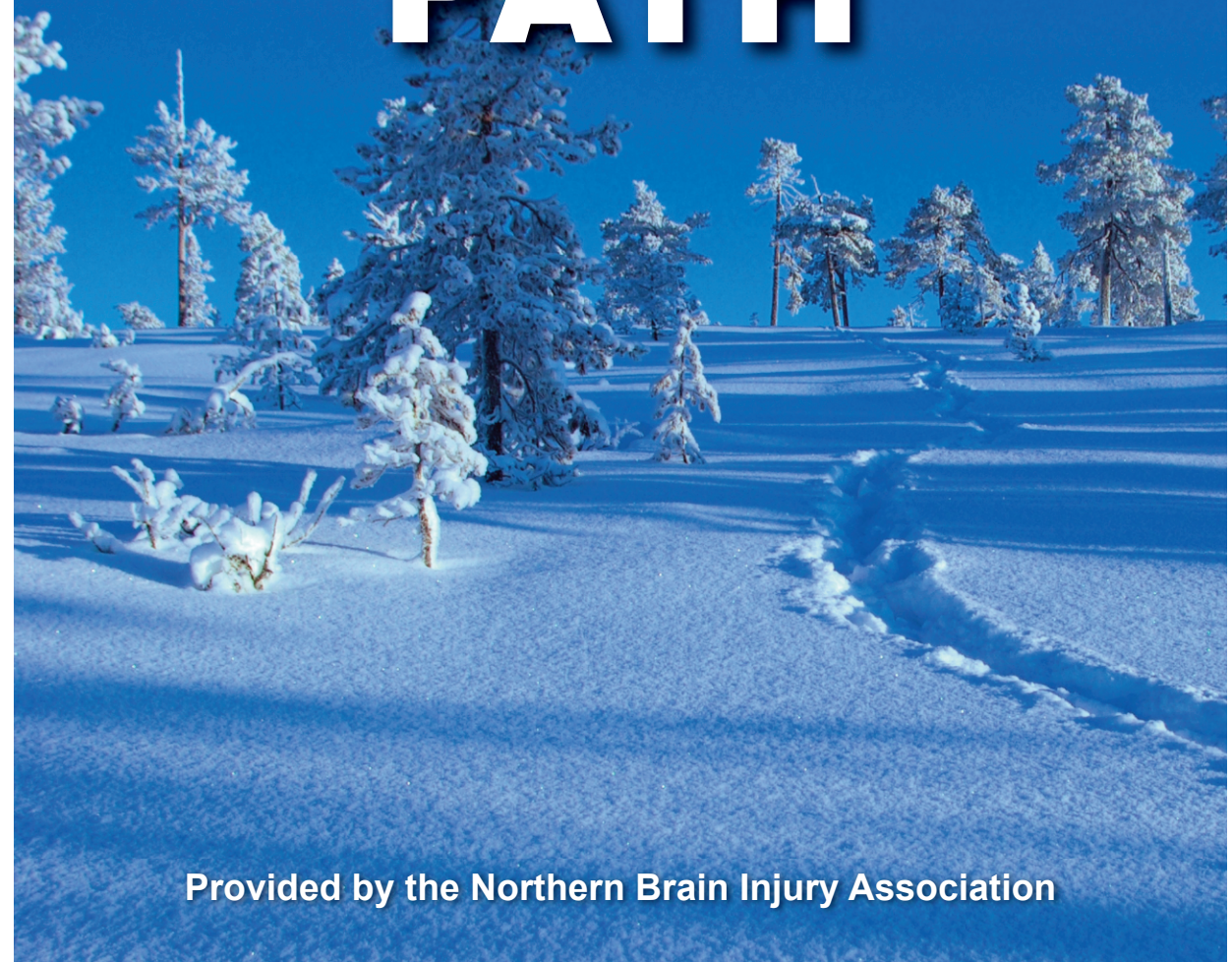
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THE HEALING PATH



Provided by the Northern Brain Injury Association



PREVENTION IS THE ONLY CURE

For now, prevention is the only real cure for brain injury, so please encourage safety at work and play.

- The annual incidence of acquired brain injury in Canada occurs 15 times more common than spinal cord injuries, 30 times more common than breast cancer, and 400 times more common than HIV/AIDS. In fact, it is greater than that of all known cases of Multiple Sclerosis, Spinal Cord Injury, HIV/AIDS and Breast Cancer per year combined.
- Brain injury rates among First Canadian peoples are estimated to be 3-4 times that of the general population, and frequently go unreported and treated.
- It is estimated that today 68-80% of inmates in prison acquired a brain injury before committing an offense. Among First Nation inmates, that statistic rises to a staggering 95-100%.
- It is a known fact that brain injury can lead to depression, and depression often leads to substance abuse and suicide. Today, suicide accounts for roughly one quarter of all First Nation injury deaths, with current rates tragically 3 to 4 times the Canadian national average, and far worse rates in some geographical areas, and at particular ages.
- While accident rates are falling for the general population of Canadian children, aboriginal youth are still three or four times more likely to be killed or disabled by unintentional injuries than the national average, with head injuries currently being the number one cause of death.
- Better education and preventative programs, and many more of them, especially ones aimed at younger children could help prevent many of those injuries and deaths.
- The lack of health care resources in remote communities also contributes to the problem, as the injured are much less likely to receive rehabilitation, or other resources, after being released from hospital.
- As BC First Nations make the transition from federally controlled health care to a self-managed model over the next few years, it is hoped that prevention, education and support will be a priority. By preventing brain injuries, and providing early intervention when they occur, many current social concerns such as substance abuse, crime and suicide rates will dramatically reduce, as communities become happier and healthier due to fewer people feeling the need to self-medicate.
- The Canadian Paediatric Society recommends a national strategy to provide efficient tracking of First Nation injuries across the country. Injury tracking is critical to successful prevention planning, and provides statistical evidence to aid in securing future prevention and treatment funding.



THE FIRST VISIT

- During your first visit to a loved one who has suffered an acquired brain injury, and is now awake, it will be normal for you to be emotional. However, do your best to control your emotions, as it is a very scary time for the injured, and they may easily misunderstand your feelings. For instance, you may be crying tears of joy, but they may become terrified because they think you are crying because they're going to die.
- Your loved one may not recognize you, and depending on how bad the injury was, even be able to understand speech yet. Ask the health care provider about their condition, so you do not speak above or below their ability to understand what you are saying.
- A survivor's memory is usually unreliable after acquiring a brain injury, so also ask health care providers what restrictions your loved one has, such as getting out of bed unassisted, leaving the facility, smoking and what can be eaten. If necessary, gently remind your loved one about these limitations. They may need you to keep reminding them, again and again. Repeating things when needed helps to heal their memory.
- After an acquired brain injury, impulsive thinking and/or behaviors are common. This means that your loved one may say or do something without thinking about what might happen as a result (the consequences). To help them, encourage your loved one to stop and think before doing something, or to count to three before speaking or acting.
- If your loved one seems to be “stuck” on a specific topic or thought (called perseveration), or becomes upset, distract them by changing the subject and starting a new conversation.
- Occasionally, a person with a brain injury will attempt to fill in memory gaps by ‘making up’ information. This is not a lie, it is what is known as ‘confabulation’. This behavior is different than lying, because there is no attempt to deceive, it is simply their mind trying to make sense of things. Do not try to tease, argue with, or punish your loved one for this. Simply point out the truth in a calm, matter-of-fact way, then quickly move on.
- Sometimes your loved one may have unusual behaviors, such as swearing, hitting, and sexual talk or actions. This is a result of their brain being injured, and the behaviors tend to lessen over time. It is important to set firm limits on very unacceptable behavior.
- Pay attention to the things that cause frustration, agitation or anger for your loved one. Then, work to stop, or at least reduce the things that seem to make things worse.



ATTITUDE IS THE KEY TO RECOVERY

- Maintain a sense of “calm acceptance” as much as you can. Your loved one likely will be very aware of your acceptance, and when you are at ease, they will feel more comfortable around you.
- Take a few moments to educate first-time visitors about the changes in your loved one. This will help create a more positive visit for everyone involved.
- Do not make comparisons between your loved one’s injury, and current condition, with that of another person with a brain injury. No two brain injuries, treatment plans, or outcomes are exactly the same, just as no two people are the same. Many people with brain injuries recover in similar patterns, but each person recovers at their own speed (pace).
- Remember: Having a brain injury does not mean your loved one now is less intelligent, or less of a person. It only means they have new challenges they will need your help to overcome.
- Be honest and direct with your loved one. Do not treat them differently (as in younger than their age) because their behaviors may have changed. It helps their self esteem to be treated the same.
- Expect inconsistency throughout their recovery process. There will be good days, and there will be bad days. In the beginning, there will likely be many more bad days than good, but that becomes opposite over time. Try not to worry too much if progress isn’t consistent. Many people learn to celebrate “the good days”, and accept “the bad days.”
- Encourage them to participate in all available therapy sessions, even if they don’t feel like it. Therapy is very important in helping people to recover as fully as possible. If there is no therapy available near you, consider making your own. Create a social group, or card club, ask your loved one to share their story with youth, etc., almost anything that increases socialization gradually.
- Your loved one needs to be reassured that they will receive the care and treatment they need to restore their health and well-being. Reassurance keeps their stress down, and speeds healing.
- And, don’t forget to take care of yourself! This is a very stressful time for you. If you are a primary caregiver for your loved one, talk to the health care team about possible resources and ideas for your own self-care. In order to help your loved one, you need to be as healthy physically, mentally and spiritually as you can be, so you must be willing to follow the path to healing as well!



THE FIRST CONVERSATIONS

- After acquiring an injury, our brains require much more of our available energy. In fact, the brain makes up only 5% of our body, but uses 20% of our total energy. After injury, that demand may more than double.
- Only talk about one idea or request at a time, and from only one person at a time. An injured person may become overwhelmed by too much noise, activity or conversation, so keep the room dimly lit, as quiet as possible and if others are with you, take turns talking.
- When you are talking, add the current time of day (“morning”), location (“the hospital”), what happened (“car accident”) and the day of week (“Tuesday”). The more your loved one hears accurate and complete information, the more easily they may begin to remember the information.
- If your loved one asks you to stop talking, stop right away. It doesn’t mean that they don’t want to talk about it, it means that they are becoming overwhelmed or exhausted. They will be happy to finish the conversation later.
- Use very simple language to briefly explain things like how the injury happened. For example: “You were in a car accident.” “You fell off a ladder.” “You were hit by a golf club.” Greater detail can be shared with them later.
- Remember that repeating information is very, very important to do, because it helps your loved one to learn and remember. You will need to remain patient, no matter how many times you may have to repeat something.
- Ask questions that require simple “yes” or “no” answers. (These are called ‘closed-ended’ questions.) In the early stages of recovery, these are easier to answer than ‘open-ended’ questions, which require longer and complicated answers. For example, ask, “Did you sleep well?”, instead of “How did you sleep?” And, “Do you want me to help you eat? No? Okay. Do you want me to read to you?” instead of “What can I do for you today?”
- Don’t give long explanations, or get into arguments with your loved one. Simple instructions and conversations are best.
- It is important to listen to your loved one patiently, giving them time to speak, as they may have great difficulty organizing their thoughts. Try to help them only when they need your help, as the more that they do for themselves, the farther along the healing path they will travel.



AVOID OVERSTIMULATION

- Work with the health care team to set up a schedule that promotes a balance between rest and activity. Being overly stimulated may lead your loved one to feel tired, confused and upset (agitated).
- Ask questions of the health care providers if you aren't sure how much stimulation is appropriate. And remember, your loved one's ability to cope with stimulation may change from day to day.
- Limit the number of visitors to 1 or 2 people at a time. Only 1 person should speak at a time.
- Remember that your loved one's tolerance for therapy and other activities is likely to be low at first, but their ability to participate should improve over time.
- Avoid asking your loved one many questions, such as, "Where are you?" "What's your name?" "Who's the president?" Too many questions can be tiring for your loved one.
- Avoid speaking too quickly or loudly. Use a regular, conversational tone of voice, and try to avoid issues that may cause stress.
- Turn off the radio or TV when you are talking to your loved one. Often they can only focus on one sound at a time. More than one sound or conversation at a time can make it impossible for them to understand what is being said.
- Because of the noises and fast imagery, many survivors find captioned television for the hearing impaired (where the words appear at the bottom of the screen) much easier to follow.
- Do restful activities, such as playing quiet music, reading softly or using soothing touch (massage).
- Spend quiet time with your loved one too. Their rest is important. Sometimes it's nice to have a short conversation, and then spend time holding their hand as they nod off to sleep.
- Look for verbal and non-verbal signs of overstimulation and fatigue. Verbal signs may be a strained voice, slurred speech or an agitated tone. Non-verbal signs may include a blank, vacant stare, tremors and staggering. Stop the visit before your loved one becomes over-tired or agitated.



KEEP THINGS CONSISTENT

- Work with the health care team to develop a consistent daily schedule. Post the schedule in your loved one's room, and in other locations around the home, and have them refer them to it often. Predictable daily routines help your loved one know what to expect from day to day, which helps them to keep their stress levels low.
- Learn the memory notebook system used by the therapists. This system is much like using a day planner, and helps to make up for a lack of memory and organization. The more your loved one uses tools as an aid, the more quickly they are likely to understand their purpose and use.
- Fatigue, or getting extremely tired, is common after brain injury because of the brain's huge drain on the body's available energy. Your loved one will likely tire very easily, even without much physical activity. They may seem not to be interested, or very motivated some days, and they may also sleep for long periods of time. These are common behaviors. Having consistent and predictable routines can help.
- Remove clutter and avoid rearranging items in the room. Balance and depth perception can sometimes be a challenge after brain injury, so obstacles of any kind can easily cause falls. Most people with brain injuries will respond best to consistent, clutter free familiar environments.
- At meal times, only present 1 or 2 food or drink items at a time. Deciding where to start on a full meal tray may be too many choices for them to make, and may overwhelm them early in the recovery phase.
- Break tasks down into simple steps, and offer step-by-step directions. Difficult, complex or multi-step tasks may be more challenging to complete. Give them time to complete tasks at their own pace, as rushing them will only cause confusion and frustration. Only provide help when asked for.
- Again, repetition is critical. The more consistent and predictable things are, the less stress there will be, allowing your loved one to move even farther along their healing path.



KEEP THINGS FAMILIAR

- While your loved one is still in care, tell the health care team about their typical daily routines, habits, likes, and dislikes. It will help the team to provide the best possible care. Also, help your loved one to create and complete a “Get to Know Me” poster, adding pictures and comments from their life as time goes on.
- Talk about familiar names, places, interests, and experiences. Their long-term memory usually works better than short-term memory (“Short-term” refers to anything that happened in most recently, such as minutes, hours or a few days). It is very common for the injured to have no memory of the actual incident that hurt them, or, of the days just before and after it.
- It will really help them for you to share pictures of family, friends, pets, home, school and work. Even if they are unfamiliar with what they are seeing at first, it will help them to put pieces of their world back together. Be sure to also bring in familiar music, and even better, recordings of messages from family, co-workers and other friends.
- Sing favorite songs, read from favorite books and recount favorite stories. Also remember the healing power of laughter. The more familiar things are, the less stress there will be, and the less stress there is, the farther your loved one can move along the healing path.
- Explore the possibility of bringing in a pet to visit if you think that would help. Sometimes animals can be very healing, and can also be a great mechanism to release or restore emotions.
- Let the health care team know you’d like to get more involved with your loved one’s simple needs, such as brushing their teeth or assisting with their meals. Your loved one may respond to you better because you are familiar, and the more relaxed and comfortable they are, the better will be their ability to heal.
- Your loved one may not recognize or want foods or treats brought from home. It is not uncommon after brain injury for a person’s appetite and sense of smell to be effected, so things that once smelled or tasted so good to them, they now have no interest in. Don’t become discouraged, or allow them to. These conditions often improve over time.