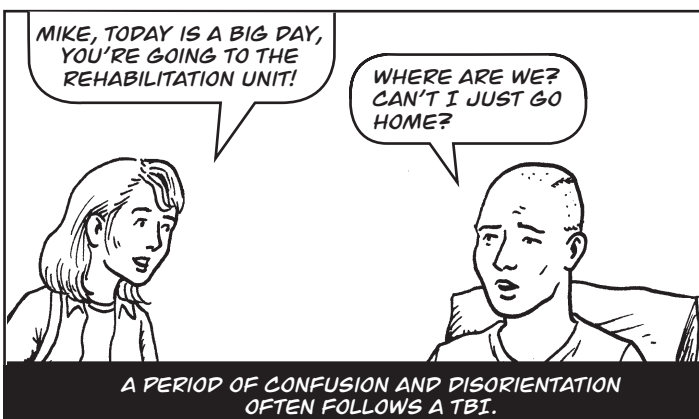
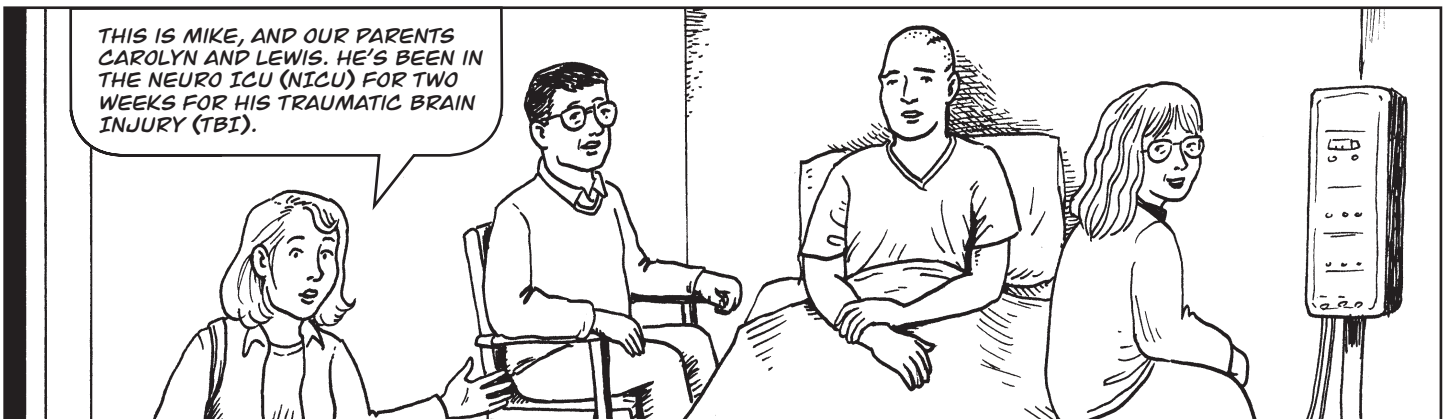
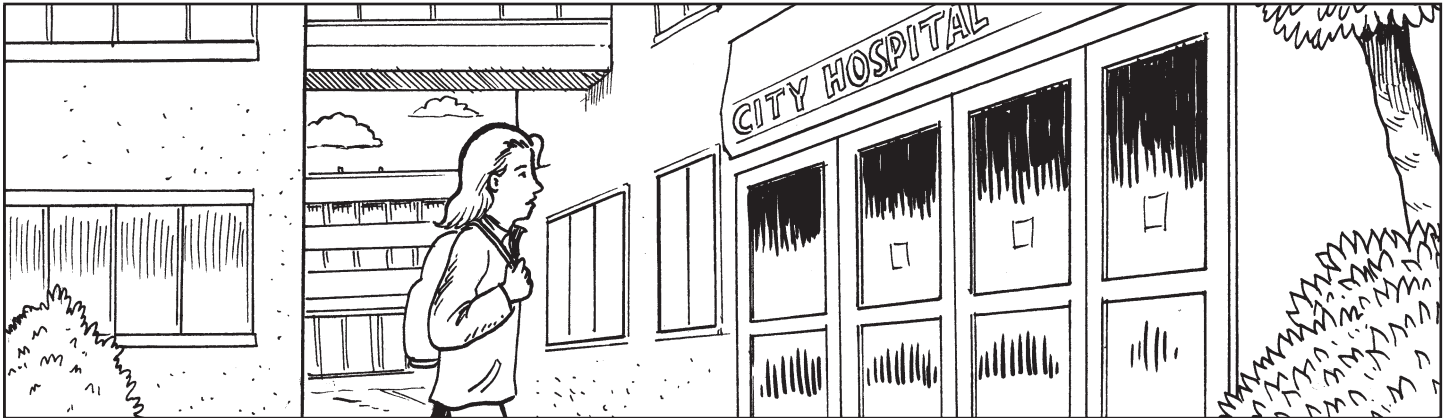
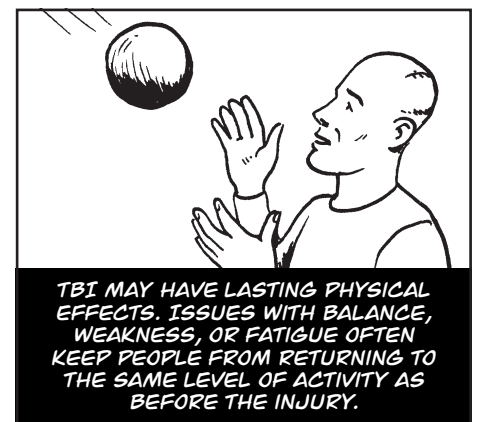
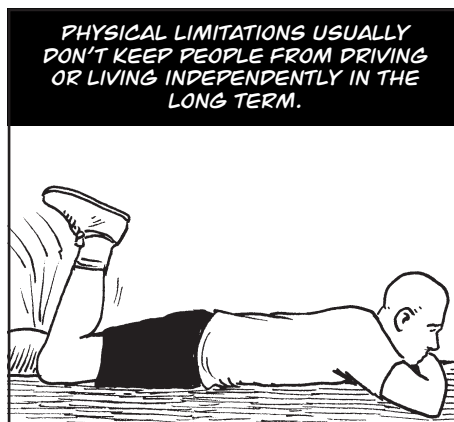
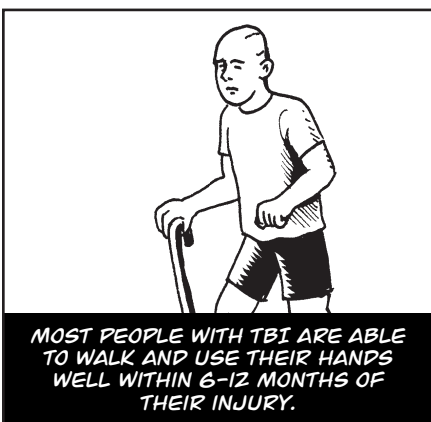
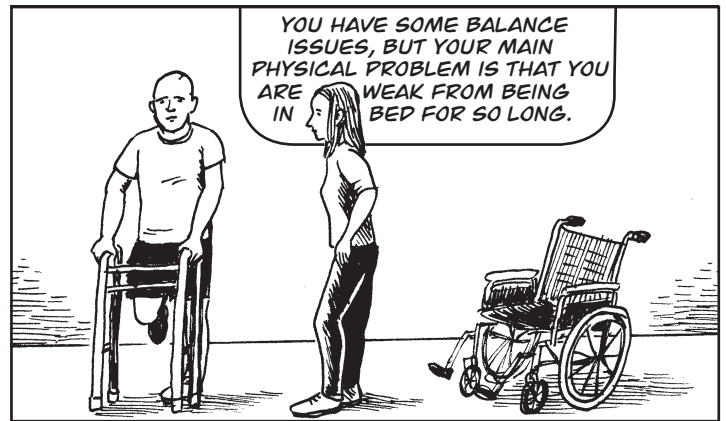
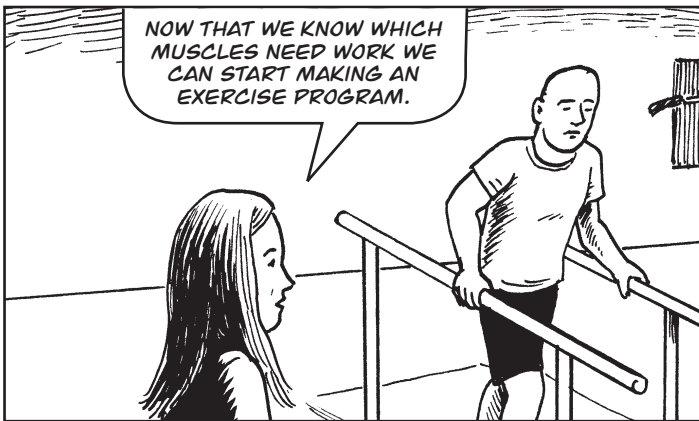
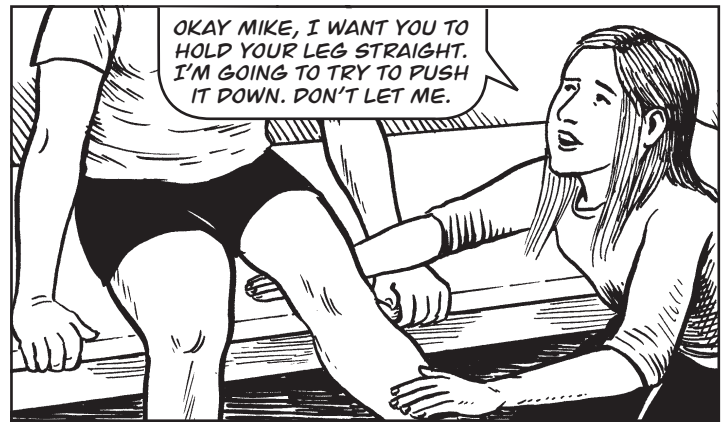
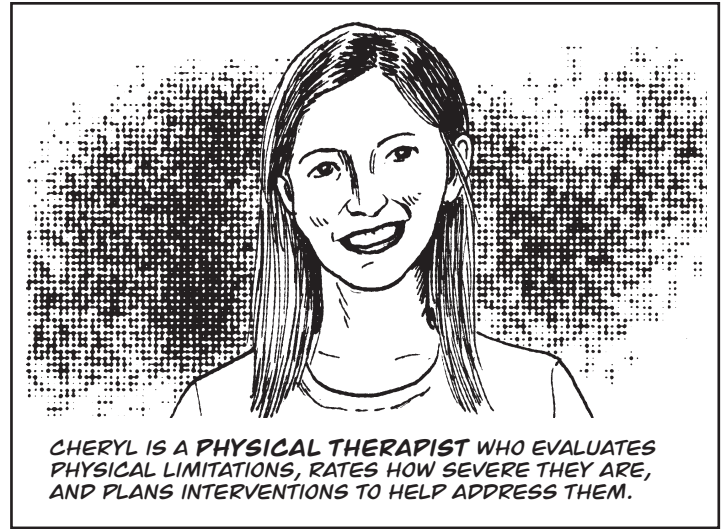


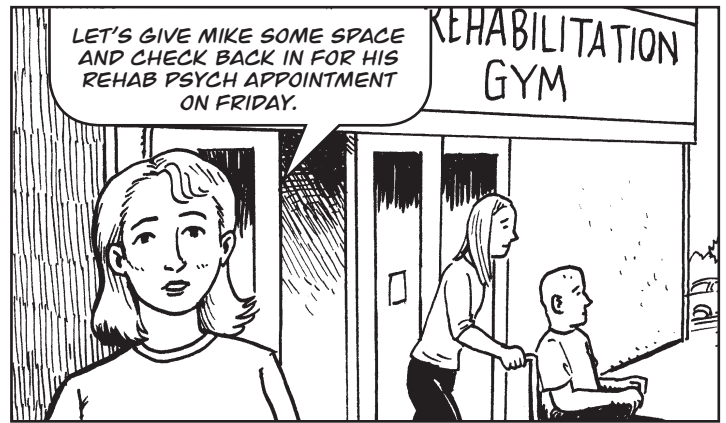
# Understanding Traumatic Brain Injury: Part 1



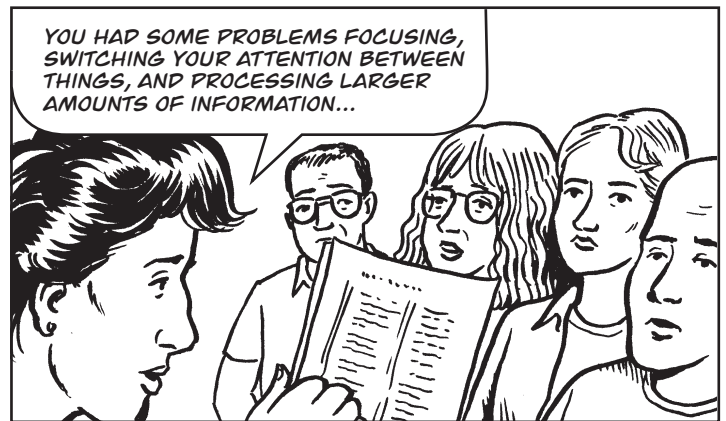
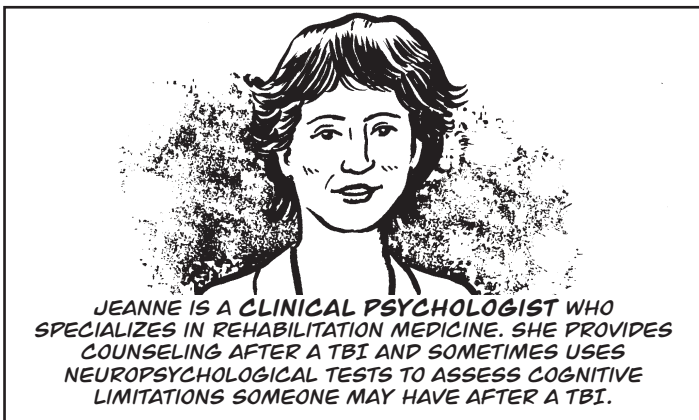
# TBI REHABILITATION

Therapies on a brain injury rehabilitation unit begin the process of recovery by helping the brain make new connections. Patients may have physical, occupational, and speech therapy, as well as other treatments. Remember that these changes don't happen quickly. Therapies in a hospital are a good first step, but usually must be followed by outpatient therapy and activities at home are also needed.





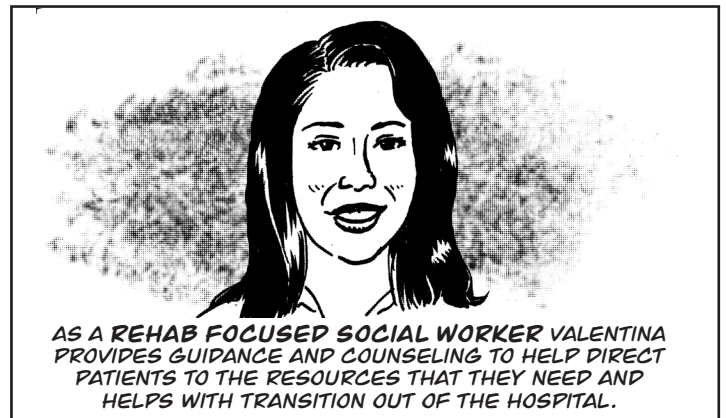
## REHABILITATION PSYCHOLOGY



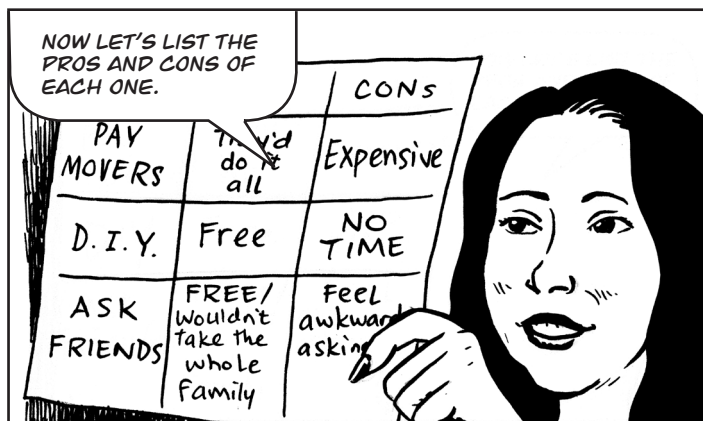
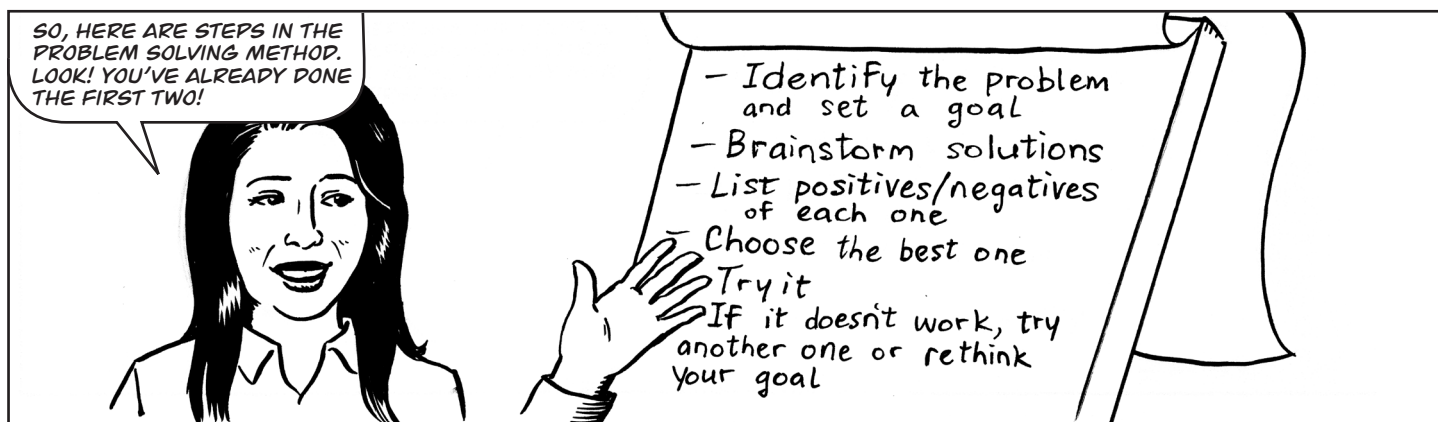
After a brain injury, a person may have trouble with some of the cognitive activities necessary to be independent and competent in our complex world. The brain processes large amounts of information all the time allowing us to be independent in our daily lives. This is called executive function. Individuals with moderate-to-severe brain injuries often have problems in basic thinking skills such as paying attention, concentrating, and remembering new information. They may also:

- Think, speak, and solve problems slowly,
- Become confused when routines are changed or when there is too much activity or noise around them,
- Stick to a task too long, and may be unable to switch to a different one when having difficulties,
- Choose the first “solution” they see without thinking it through,
- Speech and language problems like trouble understanding some words or finding the right one.

## SPEECH AND COGNITIVE THERAPY

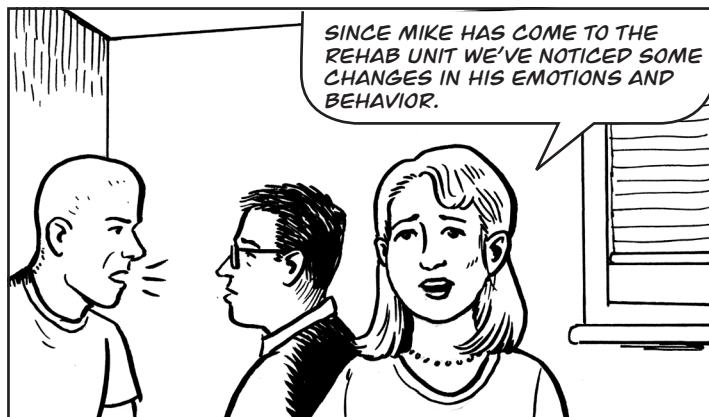


## PROBLEM-SOLVING METHODS



## EMOTIONAL AND BEHAVIORAL PROBLEMS

Changes in emotions and/or behavior are common after TBI. Physical or chemical changes to the brain, difficulty thinking or paying attention, and economic or life changes resulting from changed abilities can all be causes. These changes can be distressing for both the person with TBI and their family. Fortunately, with training, therapy, and other supports, people can learn how to manage these problems. It's also important for people who are close to them to find ways to cope with their distress.



MIKE HAS DIFFICULTY RECOGNIZING APPROPRIATE SOCIAL BOUNDARIES.



SO CHERYL, I'M GOING HOME SOON. DO YOU WANT TO GO ON A DATE WITH ME?

MIKE, THAT'S INAPPROPRIATE.

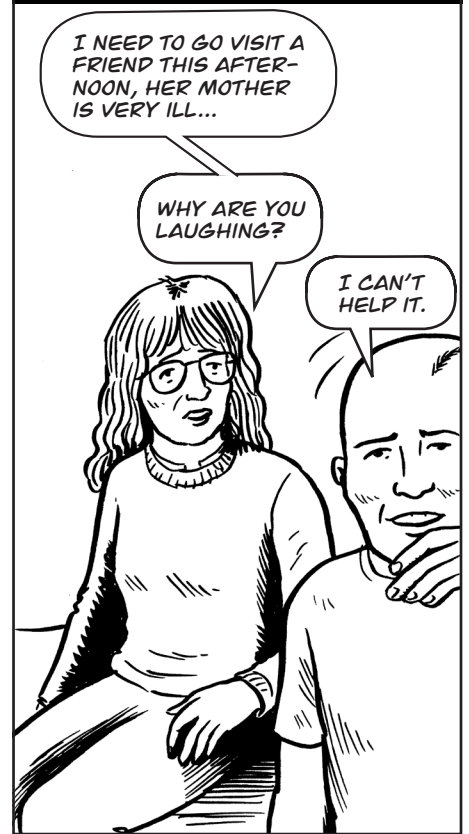
MIKE SOMETIMES SAYS INAPPROPRIATE THINGS.



WE'D LIKE YOU TO START MAKING YOUR OWN BED, SO YOU'RE USED TO IT WHEN YOU GO HOME.

ISN'T THAT YOUR JOB?

MIKE SOMETIMES LAUGHS INAPPROPRIATELY.



I NEED TO GO VISIT A FRIEND THIS AFTERNOON, HER MOTHER IS VERY ILL...

WHY ARE YOU LAUGHING?

I CAN'T HELP IT.

Some of the behavioral changes that people may experience after a TBI include:

- Restlessness
- Being more dependent on others
- Mood swings
- Irritability
- Aggression
- Lethargy
- Acting inappropriately for the setting
- Lack of self-awareness (this could be caused by either the TBI or being unwilling to accept the truth of their situation)

MIKE IS ALMOST READY TO MOVE BACK HOME BUT WITH THE CHANGES IN HIS BEHAVIOR AND ABILITIES WE WANT TO BE SURE THAT HE IS AS SAFE AND INDEPENDENT AS POSSIBLE.



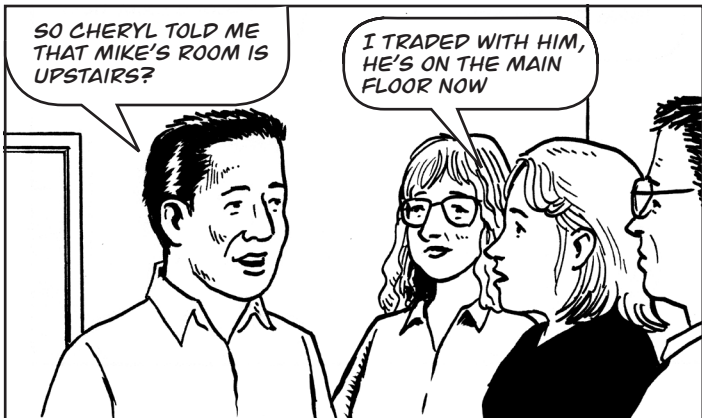
## OCCUPATIONAL THERAPY



AS AN OCCUPATIONAL THERAPIST RAJ'S GOAL IS TO HELP PEOPLE BE AS INDEPENDENT AS POSSIBLE IN THEIR DAILY ACTIVITIES AND TO HELP THEM HAVE MEANINGFUL AND SATISFYING LIVES.

MIKE WORKED WITH RAJ ON A LOT OF THINGS, FROM REMEMBERING HOW TO TIE HIS SHOES TO COOKING SAFELY.

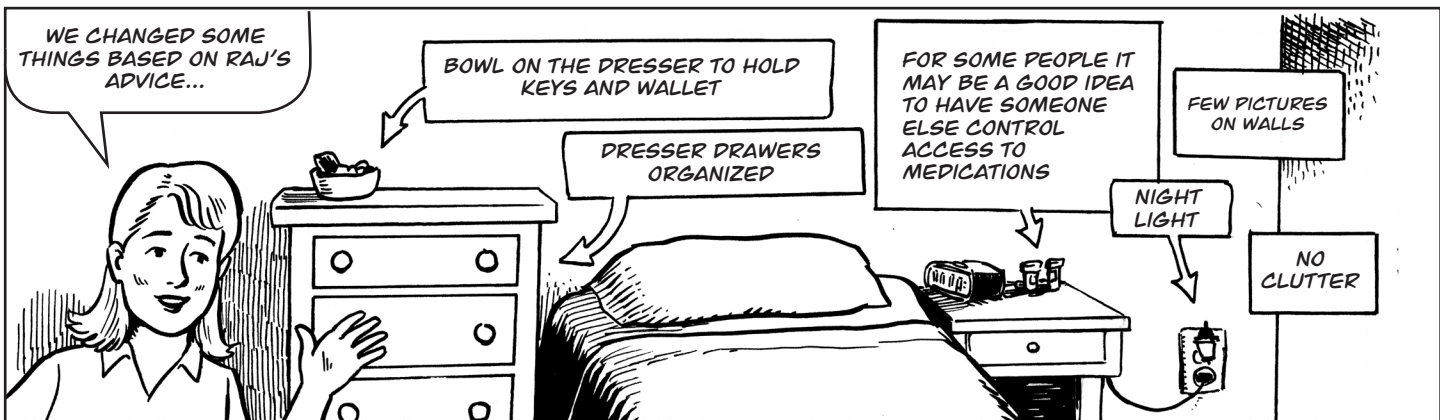
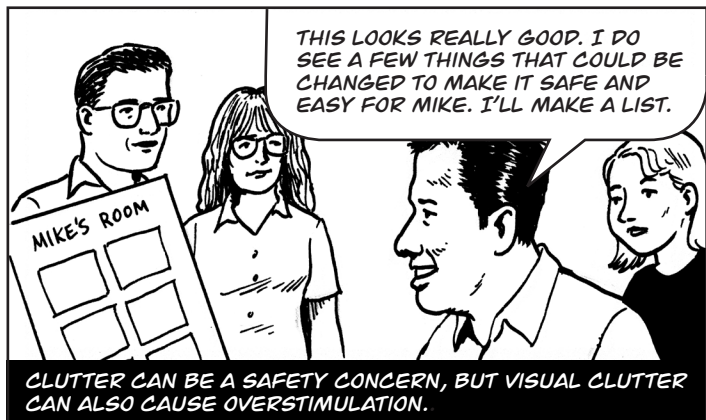




## SAFETY TIPS:

Depending on the symptoms that the person with TBI has, some of these tips may not be necessary, if you are unsure ask your health care provider.

- Keep clutter out of areas they will use, and off stairs. Also remove small rugs that could be tripped on.
- Remove dangerous things (matches, knives, and guns).
- Keep medications in a locked cabinet or drawer.
- Ask your doctor before giving over-the-counter medications.
- If there is a risk they may fall out of bed, place the mattress on the floor
- Light rooms well. Night-lights can prevent falls.
- Do not leave the person with TBI alone if they are severely agitated or confused.
- If they tend to wander, keep doors to potentially dangerous areas (like basements) locked. Consider getting them an ID bracelet in case they get lost.
- Consider attaching an exit alarm or a bell to doors to the outside of the house.
- A mat alarm can also be placed beside the bed to alert you if they get up at night.



## SOURCE

The health information presented in this Graphic Fact Sheet is based on evidence from research and/or professional consensus and has been reviewed and approved by an editorial team of experts from the TBI Model Systems.

## AUTHORSHIP AND ILLUSTRATION

Portions of this InfoComic were adapted from the four part series of Consumer Information Pamphlets also titled Understanding TBI, which was developed by Thomas Novack, PhD, and Tamara Bushnik, PhD in collaboration with the Model System Knowledge Translation. Portions of this document were adapted from materials developed by the University of Alabama TBIMS, Baylor Institute for Rehabilitation, New York TBIMS, Mayo Clinic TBIMS, Moss TBIMS, and from "Picking up the Pieces After TBI: A Guide for Family Members", by Angelle M. Sander, PhD, Baylor College of Medicine (2002).

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Please send any feedback or questions about this InfoComic to [tbicomix@uw.edu](mailto:tbicomix@uw.edu)

