Brain Injury Training Manual

Introduction to Brain Injury Session

NeuroTriage CIC















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Materials Required:

* Sign-in sheet
* Feedback sheets
* Flipchart
* Power-point presentation
* Laptop
* Speakers
* Discussion scenarios
* Activity packs
* Handouts:
  + Power-point slides
  + Areas and functions of the brain
  + Common difficulties handout

Welcome and Session Overview and True or False Quiz (5 minutes)

*Introduce facilitators, ask people’s names and hand around sign-in sheet.*

*Go over aims and overview of the session.*

Session Aims

* To gain an understanding of the term brain injury.
* To gain knowledge about the different areas of the brain and what functions these relate to.
* To gain an understanding of the different ways that a brain injury can impact an individual.
* To gain an understanding of what services can do to help someone with a brain injury.

Overview of the Session

* This is a one-hour long introduction to brain injury training session.
* This aims to give you an overview of the different aspects of brain injuries, how these impact people and how we can help.
* This will cover:
  + What is a brain injury?
  + What are the impacts of a brain injury?
  + How can services help someone with a brain injury?
  + Resources and further sources of information.

*Does anyone have any questions before we get started?*

True or False Quiz

* Your brain weighs about 1.5kg - True
* Women are more likely to be admitted to hospital with a brain injury than men – False, men are 1.6 times more likely to be admitted than women.
* There are approximately 100,000 people currently living with the effects of a brain injury in the UK – False, there are approximately 1,000,000 people currently living with a brain injury in the UK (2013).
* The brain is made up of 1 billion nerve cells - True
* Your brain has the texture of blancmange – True

Introduction to Brain Injury (15 minutes)

What is a brain injury?

The term ‘brain injury’ can be defined as the death of brain tissue resulting from either a lack of oxygen or blood. The term acquired brain injury (ABI) is defined as an injury to the brain after birth that has restricted the flow of oxygen or blood to the brain.

There are many ways in which a brain injury can occur. Some of the most common causes include:

* Trauma – often referred to as TBI (traumatic brain injury), is the most common form of brain injury.
  + Assaults, road traffic collisions, falls etc.
* Bleeding or blood clot.
  + Stroke or vascular disorder.
* Lack of oxygen.
  + Heart attack, asthma attack, carbon monoxide poisoning, strangulation etc.
* Infection in the brain.
  + Meningitis or Encephalitis.
* Brain tumour.
* Alcohol misuse.

Impacts of a brain injury

*Give out areas of the brain and functions handout and discuss the different areas and their functions.*

Frontal Lobe (Blue):

* This area of the brain is known as the frontal lobe and is thought to be responsible for our emotions, behaviour control and some aspects of memory.
* This part of the brain is used to make decisions, plan tasks, sequence events and inhibit responses (i.e. decide whether something is socially appropriate).

Parietal Lobe (Yellow):

* This area of the brain is known as the parietal lobe and is thought to be responsible for processing sensory information.
* This part of the brain is used for sensation, perception and integrating sensory input (mainly visual). I.e. how we process the world around us and know where we are in relation to objects.

Temporal Lobe (Green):

* This area of the brain is known as the temporal lobe and is thought to be responsible for our communication abilities.
* This part of the brain is involved in hearing, listening, processing and understanding sounds and speech. This area of the brain is also associated with memory.

Occipital Lobe (Pink):

* This area of the brain is known as the occipital lobe and is thought to be responsible for our vision.
* This part of the brain is used to process and understand what our eyes are seeing.

As different areas of the brain are responsible for different functions, then the impact of a brain injury can have different consequences depending on where the injury occurs. However, there are some common difficulties that individuals with a brain injury can experience, these include:

* **Cognitive Difficulties:**
  + Being able to solve problems and think these through may be difficult.
  + Imagining and understanding the consequences of actions may be difficult.
  + Being able to put yourself in someone else’s shoes (empathy) is a complex cognitive skill which can be affected.
  + Lack of insight – it is common for some people to lack an awareness or understanding of their injury and limitations.
  + Memory may be impaired, including short term memory or memory of specific events. Working memory can also be affected which is very important when planning, problem solving and decision making.
  + Communication may be affected in different ways e.g. being able to explain your current situation and understanding instructions.
  + ‘Confabulation’ – some people may talk about things which are not true but may be linked to things which are true and they have got very confused. This is not deliberate lying.
  + Responding to what, where, why, how questions – all common in assessment – may be very challenging for someone with brain injury.
* **Emotional Difficulties:**
  + It may be difficult to control emotional responses.
  + Emotional outbursts may be common.
  + Sometimes emotional responses may be flat, e.g. humour may not be understood in context.
  + If an individual’s cognition is affected, this may mean they cannot understand why others behave as they do, meaning their own emotional response may seem inappropriate.
  + Some people with brain injury become sexually inappropriate or disinhibited in other ways.
* **Physical Difficulties:**
  + Senses may be affected e.g. vision may be blurred, bright lights may be overwhelming, hearing may be impacted etc.
  + Noise may be distressing.
  + Coordination of movement may be diminished – visuospatial abilities may be affected – can lead to falls.
  + There may be obvious physical effects such as problems with walking or reduced use on one side of the body.
  + Dribbling, difficulty with eating, choking may be present.
  + Hormonal changes can cause weight gain, hair loss and many other symptoms (low blood pressure, pale appearance, constipation and reduced fertility).

Despite some common symptoms, each individual who experiences a brain injury will be affected in a slightly different way. As our brains are so unique, so is the impact of any damage that it sustains and no two people with a brain injury will present with the same difficulties/ experiences as each other.

Small Group Discussion (15 minutes)

*Ask group members to get into pairs or small groups for a discussion. Hand out scenarios and ask group members to read each of these and discuss together how you would react in those situations – 5 minutes*

*Once you have gone through the scenarios and your reactions to these then please discuss the answer to this question:*

* *How do we as workers/service providers take these difficulties into account when delivering our services? – 5 minutes*

*We will then discuss this together to see what your thoughts on this were and watch a short video on the experience of living with a brain injury – 5 minutes.*

*Introduce video clip on experiences of a brain injury:*

<https://www.youtube.com/watch?v=2KXqBkc_rxk>

*Discuss any reactions to the clip.*

What can we do to Assist? – 10 minutes

*In what ways can we improve our communication? – Ask group members to shout out answers and add these to flipchart.*

Communication

*The way in which we communicate can make a big difference to someone who has experienced a brain injury. By adapting how we communicate, we can reduce frustration, improve understanding and remove barriers that may be preventing someone from engaging with the service.*

*Some useful tips for improving communication include:*

* Speaking slowly and clearly – don’t rush our speech and expect the individual to keep up with multiple sentences.
* Repetition – Repeat information as often as is necessary for the individual to retain it, without getting frustrated and highlighting this.
* Providing information in different formats depending on the individual’s strengths and needs – if a person prefers visual information then provide written information (including pictures if helpful) or using gestures may assist verbal communication.
* Pace instructions – ask questions one at a time or if providing instructions provide these one at a time rather than as a long list.
* Allow process time for the individual – don’t expect them to respond straight away - be patient with their responses.
* Avoid trying to gain specific facts – this may be extremely difficult for an individual and if they are pressed for specific information this could cause anxiety and make it even more difficult for them to remember.
* Chunk information – try to chunk important information together to help someone remember it.

*In what ways can we improve our environments – Ask group members to shout out answers and add these to flipchart.*

Environment

*The way in which the psychical environment is laid out can help or hinder an individual with a brain injury. This can include the layout of the room, the type of flooring used and objects/ obstacles that could be in the way. There are small steps we can take to improve the accessibility of our premises for an individual with a brain injury such as:*

* Reduce obstacles – removing any clutter and unnecessary furniture to reduce trip hazards. Place furniture at outer edges of the room to enhance open space.
* Lighting – All spaces should be well lit. Try to avoid lighting that is dull, too bright or that flickers/ strobes/ flashes – this could be a trigger for epilepsy.
* Flooring – All spaces should have an even, level floor, any steps should be highlighted or alternative routes should be available (ramp/ lift). The type and colour of flooring used can be important too. Ideally flooring should contrast with the colour of the walls to highlight where it ends and the wall begins, providing depth perception (i.e. white floor and white walls can cause difficulty identifying depth in the room). Flooring that patterns (e.g. black and white tiles) can give the impression of there being holes in the floor which people with visuospatial difficulties may try to avoid – increasing risk of falls. Treads between doorways can also give the impression of a gap/ hole between the doorway which people may try to avoid.

*In what ways can we support an individual’s emotional and psychological needs? - Ask group members to shout out answers and add these to flipchart.*

Emotional/ Psychological

*By taking an approach which takes into account the individual’s emotional and psychological needs we can enhance communication and engagement with services in order to provide the individual with the support they require.*

*Some useful tips for this include:*

* Compassion – by taking a compassionate and non-judgemental approach to someone’s presentation we are more likely to see the person and not the behaviour they are presenting with.
* Understanding – by understanding the different impacts that brain injury can have on an individual we are more likely to understand why they present the way they do so we can adapt our style to meet this.
* Reassurance – by providing reassurance to the individual that they can take their time and that you will listen to their experiences, will help to build good engagement and rapport.
* Containing – by allowing an individual to express their emotions without needing to ‘fix’ these or offer advice.

*In what ways can we provide practical support? - Ask group members to shout out answers and add these to flipchart.*

Practical

*There are practical things we can do to help an individual with a brain injury too. These include:*

* Memory aides – using items such as lists, calendars, clocks, alarms and reminders can be a useful way of enhancing an individual’s ability to remember information. If they have a phone then asking if they would like to be reminded of appointments or information required before their appointment.
* Providing appointments at times that suit their needs – if they are more alert in a morning then provide a morning appointment or vice versa.
* Aids/ adaptations – asking if they require any physical aids/ adaptations that may benefit them such as a walking aides, memory aides or other assistive technology.
* Brain Injury ID Card – accessed through Headway (see further resources at the end for link).
* Referrals to other services – by referring to specialist services that can provide more practical advice and assistance to ensure they get the support they require (NeuroTriage, OT, SALT, Neurology etc.)

Activity - 10 minutes

*Give out the activity packs and ask group members to work in pairs or individually to link together the cause, difficulty and solution. – 5 minutes.*

*Go through answers and ask if anyone has any questions/ anything to feedback from this? – 5 minutes.*

Summary and Close - 5 minutes

What we covered today

Today we have looked at:

* What is a brain injury?
* The impacts of brain injury
* The experiences of brain injury
* What we can do to help someone with a brain injury.

Further Resources

Further sources of information:

* Headway website: <https://www.headway.org.uk/>
  + Information library: <https://www.headway.org.uk/about-brain-injury/individuals/information-library/>
  + Factsheet for professionals: <https://www.headway.org.uk/media/2808/management-of-acquired-brain-injury-a-guide-for-ward-nurses-factsheet.pdf>
  + Headway Brain Injury ID Card: <https://www.headway.org.uk/news/national-news/apply-for-a-brain-injury-identity-card/>
* Homeless Link Guidance for Brain Injury and Homelessness: <http://www.homeless.org.uk/sites/default/files/site-attachments/Brain%20Injury%20and%20Homelessness%20March%202017_0.pdf>
* Brain Injury Toolbox Guide: <http://www.braininjurytoolbox.com/bi/Brain%20Injury%20101%20Guidebook.pdf>

Further sources of support:

* Health:
  + GP services
  + Adult Neuro/ Community Rehab Services
* Local Authority:
  + Social Services
  + Housing

Questions

*Ask group members if they have any questions.*

Feedback

*Give out feedback questionnaires regarding today’s session and ask group members to provide feedback on what they found helpful/ unhelpful and ask if there is anything they would change. Highlight the importance of feedback as this is how training can be shaped and improved for future sessions.*

*Give out common difficulties handout and power-point presentations.*

Session End