

1. HEADS UP: Contents

About the second edition	1	- So I need to tell everyone?.....	17
Dear students.....	2	- What should I tell people?	18
Brain facts	3		
- What does the brain do?	4		
What happens when you have a knock to the head?	5	Why is returning to school a big step?.	19
- Traumatic brain injury	5	- Friends.....	19
- Concussion	5	- Teachers.....	19
- Non-traumatic brain injury	5	- Surviving school	19
- How does a brain injury affect the brain?.....	6	- Fatigue and brain injury.....	20
- What are some common symptoms following a brain injury?	6	- Can I return to Sport and PE after a brain injury?.....	21
- How do we look at the brain? ...	6	Alcohol and drugs	22
- How do we prevent further injuries?	7	Sexuality	23
- What is happening to me?.....	8	Driving.....	24
What is rehabilitation?.....	9	- What if I need an OT driving assessment?	25
- How can you make the most of rehab?.....	9	Looking after you (mental health)	26
- Who are the people you might work with?.....	9	- Depression	26
- How long will it be before I am 'normal'?	10	- Anxiety.....	26
- What sorts of things would you like help with?	10	- Anger/frustration	26
Can a brain injury affect my relationships?.....	12	- Steps to a healthier brain	26
- Social Circle.....	15	- Services.....	27
How can I explain my injury?	17	Summary and resources	
- Why say anything at all?.....	17	Summary.....	28
- Who should I tell?	17	Useful resources.....	29
		References.....	30
		Paediatric brain injury services in NSW.....	31
		Paediatric brain injury services in Victoria	32

About the second edition ...

This booklet is one of a series of “Fact Packs” that were developed by The Kids’ Team at South West Brain Injury Rehabilitation Service (SWBIRS) in Albury over many years. The creation of the second edition of Fact Packs is intended to provide updated content designed to enhance the clinical usefulness of these resources.

Our aim was to collate some practical, user friendly material that has been found to assist families and educators in our work and in the research literature. We hope that we have developed a set of resource booklets containing a range of referenced, user friendly strategies and ideas relating to common issues that arise after an acquired brain injury (ABI). Introducing any new ideas or strategies will take time, patience and persistence. The advice from countless parents would be “hang in there.”

It is intended that the Fact Packs will be used in conjunction with service provision by The Kids’ Team or other ABI health professionals.

Some of the material included has been adapted from textbooks. Some has been developed by team members and much has been developed by the educators, rehabilitation workers and families supporting the children we see. Wherever possible, we have obtained permission to use the resources included in the book. Please advise us if we have left something out!

To keep our material clear, we have used “he” to refer to the child with ABI throughout the Fact Packs. This

reflects real life for us, too, as the majority of the children with whom we work are boys!

We extend thanks to the NSW Department of Health who provided the initial funding for this project. Without this funding, the development of the Fact Packs would have been an idea that remained trapped in the minds of several enthusiastic but busy ABI workers. Finally, we are very grateful to all the Kids’ Team members past and present, in addition to all the parents, teachers, school counsellors, students, therapists and ABI workers whose wisdom, energy, creativity and support has contributed to the development of these resources.

The eight Fact Packs in this series include:

- ◆ Achieving Goals
- ◆ Behaviour
- ◆ Especially for Parents
- ◆ Heads Up on Brain Injury
- ◆ Choosing a School
- ◆ Siblings
- ◆ Study Skills
- ◆ Teachers and Aides

We hope you find the Fact Packs useful. If you have ideas, resources, or material that could be included in future editions, please let us know!

The Kids Team
SWBIRS

Dear Student,

You have been given this booklet because you are experiencing changes in your life relating to a brain injury.

This booklet has been designed to provide information and to support you. At this point in time you may feel scared, confused, or overwhelmed. Through reading this book we hope that you will come to understand that other people have been where you are, and that things will get better!

This book has been developed after talking with teenagers who have a brain injury and discussions with parents and staff of The Kids' Team at SWBIRS. From these discussions it is clear that while there are some similarities in the journey, the experience of having a brain injury is different for each person.

These are some key messages that have come from our discussions with other teenagers affected by brain injury:

- Take one step at a time
- You are not alone
- Ask questions about things you are unsure about
- Be realistic about expectations and goals
- Even though you may feel different, you are still the same person.

This booklet is yours to keep, treat it as your own workbook.

"I may not have gone where I intended to go, but I think I have ended up where I intended to be"

- Douglas Adams (writer)

There are some activities to complete within the book. Share them with the people you are working with, because these will become your 'building blocks' for rehab.

Some information may not seem relevant at the moment. It has been designed so that you can revisit it in the future.

Good luck!

The Kids' team

South West Brain Injury Rehabilitation Service

Brain Facts

The human brain processes complex information much like a computer does. It controls everything that you do and say;

- It stores lots of information
- It is able to make quick associations
- It has many components that work together, which is like software is to a computer
- It has a full set of instructions that tells your body what to do
- It works when you are not even aware of it

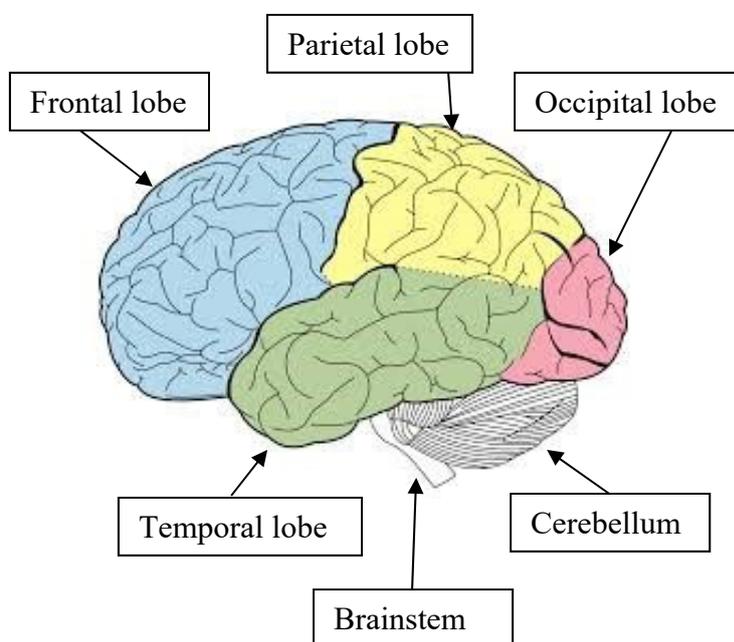
The skull protects the brain – it is made of very hard bone. The skull is smooth on the outside, but on the inside, there are lots of bony ridges that are quite sharp. The brain is also protected by layers of tissue (called the meninges) and fluid (which flows around the brain and spinal cord and acts like a cushion to absorb vibrations of normal body movement).

The brain weighs around 1.4kg. When it is removed from the skull it looks a little like a large pinkish-grey wrinkled walnut. The consistency of your brain is like firm jelly!

The brain is divided into lobes and areas that work together in a coordinated way. Each area of the brain has a special role in controlling your body.

The difficulties you may have after brain injury depend on the location of the injury.

- **Frontal lobe** – involved with judgement, reasoning, behaviour, and motivation
- **Parietal lobe** – involved with spatial skills, reading, writing, calculation
- **Temporal lobe** – involved with hearing, emotion, behaviour and memory
- **Occipital lobe** – involved with visual processing
- **Cerebellum** – involved in muscle coordination and balance
- **Brainstem** – controls many of the body's life support systems, such as heart rate, breathing, wakefulness, blood pressure and body temperature.

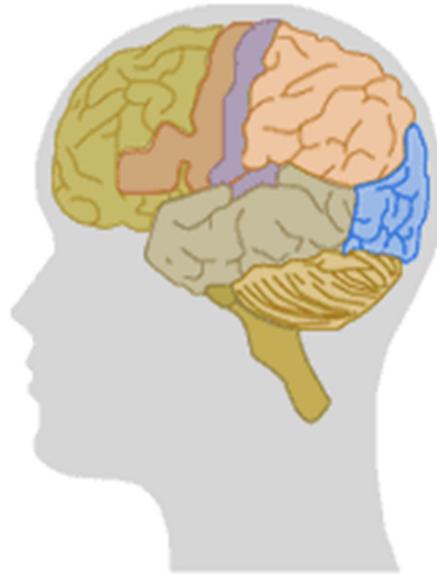


What does the brain do?

- Movement
- Vision
- Hearing
- Taste
- Smell
- Touch
- Speak

It also helps you:

- Make decisions
- Problem solve
- Control behaviour
- Remember things
- Stay awake
- Control your emotions
- Plan your day
- Regulate your personality
- Consider your sexuality
- Read and write
- Learn new information



Importantly, the brain also controls many basic functions such as:

- Heart rate
- Breathing
- Eating
- Sleeping
- Body temperature

What happens when you have a knock to the head?

An acquired brain injury (ABI) refers to damage or injury to the brain that occurs after birth. There are various causes of ABI which generally fall into two main categories: traumatic and non-traumatic brain injury.

Traumatic Brain Injury

Traumatic brain injuries (TBI) are caused when a trauma or blow to the head disrupts brain function. Common causes of TBI include:

- A car, motorbike, bike, skateboard, or pedestrian accident
- A knock on the head from a fight
- Sports injuries and falls

After a TBI, people can have **focal** damage (i.e., damage in one particular part of the brain) – this usually occurs following a direct blow to the head and there is often bruising of the brain (e.g., head strike on the ground after a tackle in football). People can also have **diffuse** (widespread) damage following an ABI – this usually results from a motor car or bike accident, where there has been shaking of the brain. This shaking results in damage to the connections between the nerve cells of the brain, causing what is called **diffuse axonal injury**.

Concussion

A concussion is a common form of a traumatic brain injury. Effects may include headaches and problems with concentration, memory, balance and

coordination. Concussion injuries can cause a loss of consciousness, but most concussions do not. Because of this, some people have concussions and do not even realise it.

While concussions are common, particularly if you play a contact sport, such as football, they should still be treated seriously. Every concussion injures your brain to some extent. This injury needs time and rest to heal properly. Most concussions are mild, and people usually recover fully. Contact sports and strenuous activities should be avoided during the recovery period. If you are unsure about whether you have had a concussion, or if it is safe to return to sport activities, have a chat with one of members of the SWBIRS Kids' Team or contact your Doctor.

Non-traumatic Brain Injury

Types of non-traumatic brain injury include:

- **Stroke** (e.g., when a blood vessel bursts, or is blocked, disrupting the normal supply of blood to an area of the brain)
- **Tumour** (e.g., a mass of tissue that occupies space in the brain)
- **Infection** (e.g., encephalitis; meningitis)
- **Hypoxia** (a lack of oxygen to the brain)
- **Substance-related** (e.g., drug / alcohol abuse)

How does a brain injury affect the brain?

The brain is full of special nerve cells called neurons. These are long, wiry cells that carry electrical messages through the nervous system and the brain. Following a brain injury, some neurons are damaged. Just like with other parts of your body, the brain can bleed, tear, stretch, bruise, and swell.

The cells in our brains are delicate and once a brain cell dies it may not be replaced. Other cells in the brain may help out to compensate for the damaged area. The aim of rehabilitation is to help the brain adapt to the damage and to give you some tips that help you at school, home, and in the community.

What are some common symptoms following brain injury?

Physical symptoms:

- Headaches
- Balance and coordination difficulties
- Sensory changes (e.g., sensitivity to light/sound)
- Muscle weakness and soreness
- Fatigue
- Difficulty sleeping
- Difficulty performing daily living activities

Cognitive symptoms:

- Memory impairment
- Attention and concentration difficulties
- Language difficulties

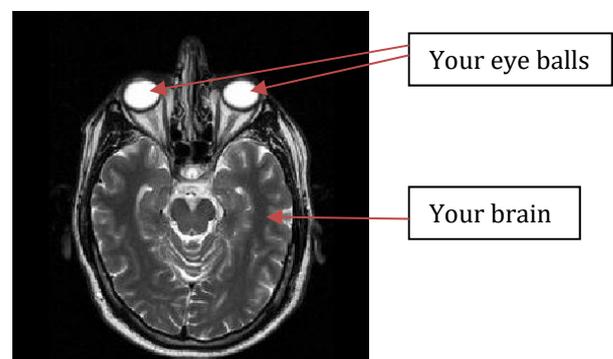
- Difficulties with problem solving and organisation
- Slowed speed of processing

Behavioural and emotional changes:

- Irritability
- Difficulty controlling emotions
- Aggression
- Disinhibition
- Depression
- Fear
- Withdrawal from social activities
- Reduced motivation

How do we look at the brain?

Doctors can look at the brain by taking complicated pictures with a CT or MRI machine.



The image above is an example of an MRI brain scan – the image is looking down at your brain from above, with you facing the top of the picture.

We can also determine how your brain has been affected by looking at what difficulties you are having in daily life. This is what your team members, such as speech pathologists, occupational therapists, and neuropsychologists do.

How do we prevent further injuries?

Accumulated injuries to your head can slow recovery and limit your return to social and school based activities. Following an injury, it is usually recommended that you take precautions when engaging in activities that may put you at risk of further injury to your head.

This may include things like:

- Not being able to play sport for at least 6 weeks post-injury
- Wearing a helmet when playing sports
- Wearing protective gear when riding a skate board or bike
- Avoiding drugs and alcohol
- Following road rules
- Completing an occupational therapy (OT) assessment before driving

You may also need to be cleared by a doctor before being able to play sports. If you are not sure what activities it is safe for you to participate in, have a chat with your doctor or rehabilitation coordinator.

What is happening to me?

Highlight some thoughts that you have felt or experienced.

There are some empty thought bubbles where you can fill in your own personal experiences as well.

Remember everyone experiences a head injury differently; there are no right or wrong feelings.



What is rehabilitation?

Rehabilitation (or “rehab” for short) is a program where you get help to achieve your goals while recovering from a brain injury. The aim of rehab is to help you reach your maximum level of recovery. Be patient, this process can take time. You may need to regain your strength, re-learn skills, or find new ways of doing things you did before.

How can you make the most of rehab?

- Tell us about the things that matter to you
- Be comfortable to give us information about how well you do things at school, at home, and in the community. This will help us plan how best to support you.
- Be open to learning how to deal with difficulties you may have. That way, you and your family don’t need us to solve problems for you forever.
- Help your teachers to better understand your needs and they can tell us about things that are available to help.

If you are unsure about anything, just ask. The people around you are there to work **with** you (not against you!) to help you achieve the best possible outcome in the long term.

Who are the people you may work with?

During rehab, there are many people who might work with you.

Here is a brief description of who they are and what they focus on:

Clinical Psychologist – someone who you can see if you are worried about things, or are feeling very sad, or confused. These people are specialists in helping you to understand your feelings, work through problems, and cope with difficult situations.

GP – the doctor you see whenever you are sick with general problems (e.g., a cold). They will also refer you to specialists and oversee your medical issues.

Neuropsychologist – looks at your thinking, behaviour and emotions following brain injury and provides support and recommendations for managing any changes.

Occupational Therapist – helps you find ways to do the things you want to do each day. This might be looking after yourself, schoolwork, as well as leisure activities.

Paediatrician – this is a doctor that is an expert in working with children.

Physiotherapist – assesses and helps you after a brain injury to improve your movement, coordination, balance and fitness.

Rehabilitation Coordinator – helps you set goals, coordinates meetings and ensures rehab is progressing according to your goals.

Rehabilitation Specialist – this is a doctor that is an expert in working with people with a brain injury.

Social Worker – helps you and your family come to terms with what's happening to you, and can link you in with appropriate local services.

Speech Pathologist – helps you with your communication. This could include

the way you speak, how well you can listen, working out what you want to say and write (e.g., essays) and helping you with friendships.

How long will it be before I am 'normal'?

This is a question we get asked a lot, but it is difficult to answer because 'normal' can cover such a wide range of possibilities, and there is plenty of variation between people. For example, it is common for children to be better than others at one thing (e.g., reading), but not as good as others at another thing (e.g., maths). You might find that you can't do some things you used to be able to do, or some things are harder to do after your injury.

It can take a long time to get better from your brain injury; it is not like when you have a cold. The swelling and bruising in the brain needs time to improve. Also, recovering from a brain injury is usually

different for each person. It depends on your type of injury, where and when the brain has been injured and how severe the injury was.

The rate of recovery is also different for each person. Generally speaking, recovery is usually the most rapid in the early weeks to months following the injury, but can continue for several years afterwards.

You may find that some skills never return to the same level as before the injury, but you will find new goals and interests, and you may even learn a few new skills along the way!

What sorts of things would you like help with?

Do you have any goals for rehab?

.....
.....
.....
.....

What motivates you in your life?

.....
.....
.....
.....

If you had to describe yourself to someone what would you say?

.....
.....
.....
.....

What are some things that are great about you and that you wish other people knew?

.....
.....
.....
.....

What things do you enjoy doing?

.....
.....
.....
.....

What are some things that help you when things get hard?

.....
.....
.....
.....

Can a brain injury affect my relationships?

As a teenager, you have many relationships with family, friends, relatives, teachers, doctors, therapists and many more.

Brain injury is a change in your life. You have experienced unique things. The people close to you will also feel the changes. They may think about them in a different way to you.

Parents and those caring for you

Your parents and other caregivers have been with you on this journey. They may have experienced many things, such as:

- Uncertainty about whether you were going to be okay
- Difficulty coping with the changes they see in you
- Difficulty understanding what you are experiencing
- Feeling stressed and overwhelmed
- Feeling afraid
- Feeling helpless that they are not able to help you

There may be significant changes in relationships with parents. Some of these may be:

- Feeling that your parents can't protect you
- You get increased attention because of your injury. Some people get frustrated by this and feel smothered

- You parents have taken on different roles such as nursing, and negotiating with services, which may mean less time for some of the fun and important things you used to do
- You may need to rely more on your parents to help you with the things that are difficult
- You may have a different understanding of your experiences than your parents

Brothers and sisters

Your brothers and sisters may react to your injury in a variety of different ways:

- They might miss having you around or do the things you used to do together
- They may want to help but don't know how, or seem to do it the wrong way
- They may be upset, because they are feeling hurt that you receive more attention
- They might be upset because they can see things are hard for you
- They might want more attention from your parents
- They might be able to remember what happened and be afraid or sad
- They might be scared

- They might be confused about everything that is happening
- They might be jealous that you get special treatment, to stay home from school or get more time with your parents

Boyfriend or girlfriend

At the time of your brain injury, you may have had a boyfriend or a girlfriend. They may have experienced similar things to your family and siblings:

- They might be struggling to understand what has happened to you
- They might be scared
- They might be confused
- They may need time to get used to the changes in you
- They might not be able to cope with your issues in their life
- They may be falling behind in their school work

Because those people closest to you are acting differently, you might feel that you can't discuss your hopes or fears. Some people feel as though they need to act like they are coping well and that nothing has changed.

You may need to learn new skills to be independent without as much family support (e.g., using checklists, remembering things).

What might help?

- Take some time to talk to your family about how you feel and what you need.
- Each person will have ways of dealing with emotions and the challenges they face. Some talk to

others, some read books, some listen to music. It is important for every person to have the time and space to find out what works for them

- You might want to talk things over with your rehabilitation coordinator or counsellor to work out what support you might need
- You may use the 'Social Circle' exercise on the following page to work out who is closest to you and who you can share things with
- Communicate to those around you to help everyone cope with the changes

Issues with friends

- Friends may be scared and confused too
- They may want to help but are unsure how
- They may not understand why you can't talk or do things in the same way
- They may miss being able to do things you used to do together before
- You may miss out on doing things with your friends because you are tired

Your rehabilitation coordinator would be happy to talk to your friends to explain what is happening. Sometimes a little bit of information helps people to understand.

What might help?

Here are some suggestions to help you keep your old friends as well as make some new ones. You may have some better ideas.

These are just to get you started thinking about it.

- Don't do anything that you are not comfortable doing just to keep friends.
- Identify the things that are important to you now. Who do you still want to be your friends?
- Work out how you can have contact with your friends without becoming too tired. Perhaps you could invite them to come and watch a movie at home rather than at the cinema.
- Make sure that you have a way to contact your important friends (e.g., phone numbers or email addresses).

- Make sure that you listen as well as talk to your friends.
- Remember to plan ahead. When you are planning your activities and want your friends to join you, make sure you give them enough notice.
- Accept that you can't win them all.
- In the long term, your relationships might change. This is a normal part of growing up, even without a brain injury. A good way to meet people is to join groups in your area. If you enjoying doing something, this is a great way to meet people. You might like a leisure group, social club, sporting group or church.

How do your family, friends or teachers help you when you have problems?

.....

.....

.....

.....

.....

.....

What else would you like people to do to help you?

.....

.....

.....

.....

.....

.....

What things do your family, friends or teachers do that frustrate or cause you more problems?

.....

.....

.....

.....

.....

.....

.....

What do you wish people would stop doing when they are around you?

.....
.....
.....
.....
.....
.....
.....

Who do you trust to talk to when you're feeling down?

.....
.....
.....
.....
.....
.....
.....

Social Circle

The social circle can be useful for:

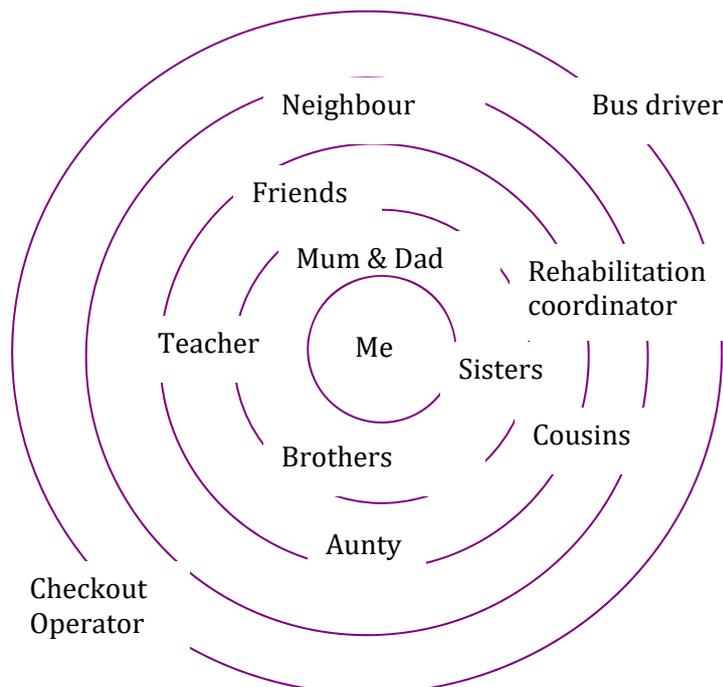
- Working out who you are really close to
- Working out who to tell and who not to tell about your brain injury
- Knowing who you can contact when you are having difficulties

In the inner-most circle is you. In the outer circles are the other people in your life. The closer the circle is to the centre (you), the closer you are to those people.

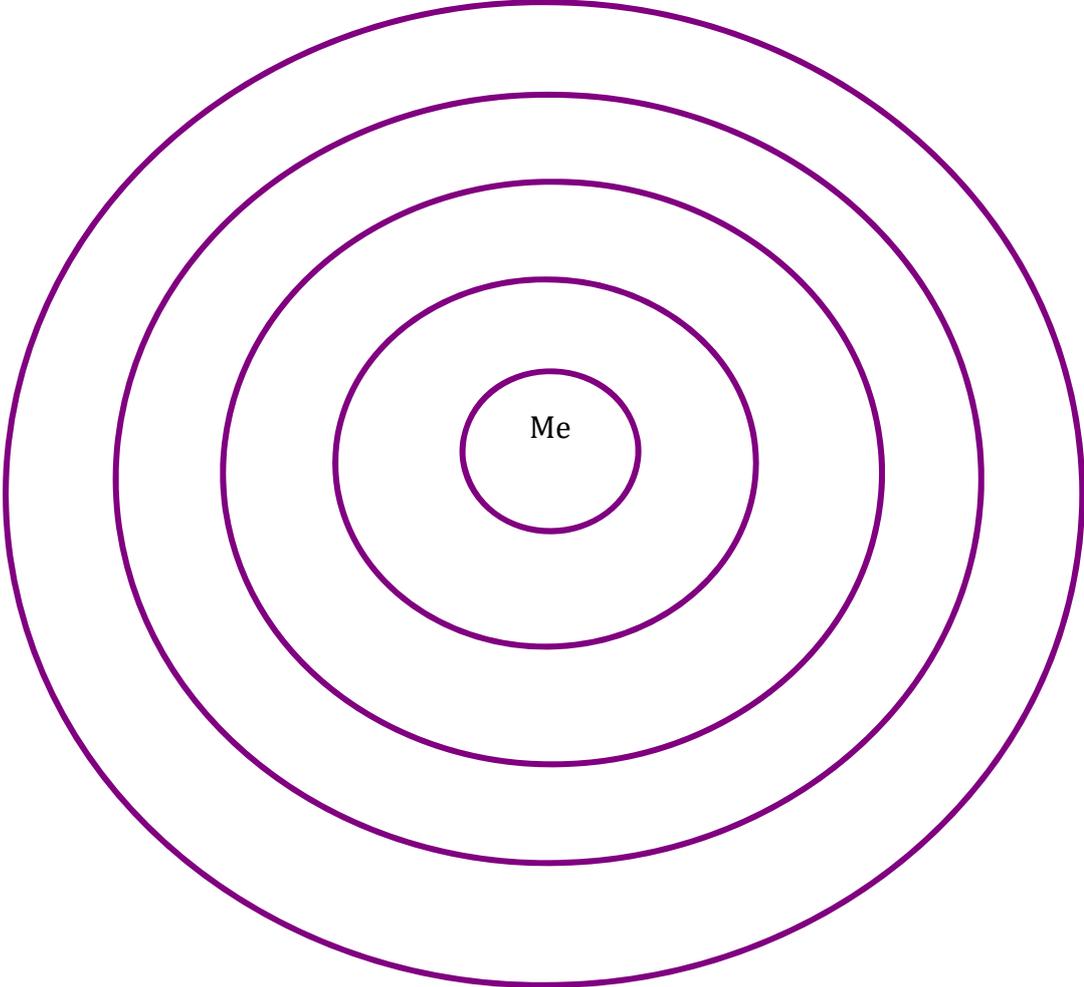
For example:

- Circle 1: You!
- Circle 2: People you are close to and you tell them everything
- Circle 3: People you are close to and they know some things about you
- Circle 4: People who know some things about you but not a lot
- Circle 5: People you chat to about the weather

Some people move in and out of the circles. This is particularly the case after a brain injury, as your relationships adapt to the changes. This is normal.



Fill out the empty social circle below with the names of people in your life.



How can I explain my injury?

Brain injury has been referred to as the invisible / hidden disability. This is because others can't always see what is happening for you. You may experience situations where people don't understand why things are difficult for you because they can't see your brain injury. If you have crutches, people can ask what is wrong. It can be frustrating for you because you continue to have difficulty but others stop making allowances for you.

Why say anything at all?

One way you can address this challenge is to think about how much you want other people to know about you and the difficulties that you are having. Sometimes the most obvious thing you can say is:

'I have a headache'

For you, this might mean you are in pain; feeling frustrated; feeling really, really cross; or are tired of trying to keep up.

The people around you may be thinking that a headache is something that you take a medication for.

People may not understand when you say that you have a headache and you can't participate in a movie marathon. However if you tell your story it helps them to understand you and what has happened to you. They want to know your experiences so they can help you. They want you to be honest.

It can be helpful to think about what you want to say before you say it.

An example

"I was snow skiing, lost control and hit a tree, and then cracked my head open on the ice. I got multiple fractures and spent a week in hospital. I get headaches because of my injuries".

– Imogen

Who should I tell?

There are some people that need to know your experiences. These are people that may be able to help you, such as your teachers and your friends. You will choose to give more of your story to different people. That is okay. This depends on what you are doing and what your needs are. A way to help you work this out is by using the Social Circle (see previous page). It provides an opportunity to decide who you could tell and who not to tell. People in Circle 1 and 2 are people that you can tell everything to.

Do I need to tell everyone?

Not everyone needs to know the details of your injuries. People that you have put in Circles 3-5 (on the previous page), you may consider as acquaintances. These are people that you don't know very well, or may have only talked to once, such as a shop assistant. You may know their names and be able to have a

general conversation with them but you don't know a lot about them. These people could be your music teacher, or some people in your class. For these people, think about whether it is useful or necessary for them to know about what happened to you.

What should I tell people?

Decide who needs to know and how much. You might like to talk to your

parents about this. Tell the truth, be straight to the point. You really only need to tell people as much information as is applicable and appropriate to the situation. For example, your swimming instructor may not need as much information as your maths teacher. Remember that you only need to share as much as you feel comfortable.

What do you want people to know about your experiences?

.....
.....
.....
.....

What could they do to help you?

.....
.....
.....
.....

An example

A conversation between Sam and his teacher might go something like this:

Mr MacDonald: *Hi Sam, Great to have you back in class.*

Sam: *Thanks Mr MacDonald, it is great to be back. Could I talk to you privately?*

Mr MacDonald: *Sure, can we meet in my office after school?*

Sam: *Sure.*

(After school)

Mr MacDonald: *So you wanted to see me?*

Sam: *I wanted to explain why I haven't been at school. During the holidays I fell off my bike and hit my head on the guard rail. I was in a coma for two days and spent a week in the hospital and now I need to rest regularly. When I read words they jump around and I can't concentrate. It gives me a headache.*

Mr MacDonald: *Oh I see.*

Sam: *If you would like other information, you can ring my rehabilitation coordinator. Their number is*

Mr MacDonald: *Okay, Thanks for letting me know. I will give your rehabilitation coordinator a ring and see if they have any other tips for me. Thanks Sam.*

Returning to school

Returning to school is a big step in your rehabilitation because there are many changes that you may experience. Some people have described returning to school as being a difficult step, mainly because they were unsure what the reaction was going to be. However, you may notice that not much has changed. Below are some tips to help you return:

Friends

Your friends may or may not understand what has happened to you. See the section on 'How can I explain my injury?' for ideas for discussions.

"Most people would treat you okay. There would be one or two that act different because they are worried about you." – Michelle

Teachers

Talk to your rehabilitation coordinator about arranging a meeting with your teachers to discuss the changes in your life.

Returning to school may not be smooth sailing, sometimes more than one meeting is required. Try and deal with any issues as soon as they arise.

"We sat down and had a conversation about how I would like to go about stuff. This has really made a difference for me."

– Dixon

Establish a continuous process of monitoring with your rehabilitation coordinator and teachers so that everyone is able to provide feedback to identify difficulties as early as possible.

School work & learning

Some kids find that when they go back to school, it can be hard to keep up with the work, or they find that learning is harder compared to before the injury. Sometimes this may be because you have missed a lot of school because of your injury. But sometimes it can also be due to changes in how well your brain is working since the injury. Some common difficulties at school can involve:

- (1) Concentration and attention (e.g., get distracted more easily)
- (2) Processing speed (e.g., takes you longer to hear/read new information and process it)
- (3) Short term memory (e.g., trouble remembering new information)

- (4) Planning and organisation (e.g., not knowing how to start an assignment, or what you need to do to complete a task)
- (5) Problem solving (e.g., thinking of different ways of solving a problem)

Fatigue

Fatigue is very common after brain injury, and you can feel extremely tired, no matter how much sleep you have had. You should not label yourself as lazy if you feel this way! Often fatigue is worse in the afternoon, or after you have been involved in an activity that required a lot of effort or concentration.

Usually, fatigue gets better with time. But sometimes, it does not, and it is important to restructure your day around it.

“When I started back at school, I only went in the mornings. It annoyed me that I could only go to school in the morning, and it was different from what I normally was, when I would just go to school, be okay and then come home and do whatever. But you soon get used to it, and then when you come home you will be fine.” – Michelle

Helpful hints:

- Take short breaks during the day.
- Don't try and do too much at the one time.
- Break up the chores/task into smaller, more manageable steps.
- Try to do things when you are feeling more alert and energetic (e.g., in the morning).
- Balance activities throughout the week. Don't try to do everything on one or two days.

“I write on my notes in dot-points, and if there is something I have difficulty understanding I listen and then go back to the teacher and ask for a hardcopy of the information.” – Rachael

Surviving school

If you're having trouble at school, the most important thing you can do is tell someone, such as your mum or dad, your teacher, or your therapist or rehabilitation coordinator. Then everyone can work together to help make things easier for you at school.

Other ideas include:

- Ask a friend for the information and photocopy it.
- Practice difficult skills with others around, so that when you are left on your own you are able to achieve the task.

- Break the task down into smaller parts and work on one part at a time.
- Negotiate a reduced homework load (establish which homework is the most important to complete).
- Negotiate a reduced school work load – e.g., one less subject to provide some 'free' periods when you can recharge your 'brain batteries'.
- Ask for additional time to complete assignments.
- Arrange for assignments to be provided at the beginning of term so that you can work evenly throughout the term.
- Apply for special provisions with examinations (e.g., rest breaks and extra time) through the school system.
- If you are having difficulty concentrating, talk to your teacher or your rehabilitation coordinator about ways to help you keep focused.
- Ask your rehabilitation coordinator for a copy of the Study Skills Fact Pack.
- Monitor your fatigue levels, and make changes to your routine as necessary.

Can I return to Sport and Physical Education after a brain injury?

Following head injuries, most people are advised ***not to resume participation in contact sports for 6-12 months***. This is often not what kids want to hear, but it's really important as it allows time for your brain to get better, as well as minimises the risk of another injury to your brain. Just like you wouldn't be able to play contact sports if you had a broken leg, it is important to give your brain time to heal. Healing and growth are processes that may continue for a long time. Healing is important to ensure your brain doesn't become overloaded. ***Doing what the doctor says in the short-term can improve outcome in the long term!***

What is a “contact sport”?

A contact sport is one where there is a possibility of further injury to your brain. This may cause you to be set back in your recovery process.

A contact sport has:

1. A high potential for physical contact with other participants, equipment, and the ground; and
2. A high input of a large amount of information requiring immediate decision making (e.g., your reaction times and thinking may be slower, which puts you at risk of further injury).

Some sports can be made safer if braces, helmets, or other protective gear is worn.

Other sports can be made safer or more predictable by modifying the rules to provide more structure to the situation.

If you have questions, contact your doctor, specialist or your rehabilitation coordinator.

Non-contact sports:

- Archery
- Badminton
- Dancing
- Fencing
- Golf
- Rowing
- Running
- Swimming
- Tennis
- Table tennis
- Track & field
- Walking

Contact sports:

- Basketball
- BMX riding
- Boxing
- Cricket
- Cycling
- Diving
- Football
- Gymnastics
- Handball
- Hockey
- Horse-riding
- Netball
- Skateboarding
- Skiing Snowboarding
- Soccer
- Volleyball

Alcohol & Drugs

This section may not be relevant to you because perhaps you are too young, but it is here so that you can think about it and when you are ready you can come back to it.

Alcohol and many other drugs are toxins to the brain. This means they kill brain cells.

After having a brain injury the physical implications of alcohol and drug use are very real. There is an increased risk of doing injury to yourself, and the use of alcohol and drugs may interfere significantly with your recovery.

Some facts about brain injury and alcohol / drug use:

- Your brain is more susceptible to the effects of alcohol following a brain injury (e.g., alcohol / drugs will affect you more quickly after a brain injury).
- You can cause more injury to your brain by using alcohol or drugs.
- Excessive alcohol / drug use can in itself cause damage to the brain.
- The use of alcohol / drugs can affect your judgement and this

may place you in situations that may lead to further injury.

There may be many reasons why you would want to drink or take drugs. You may want to escape, or you may want to fit in. There can be lots of pressure placed on you. There are some alternative things that you could do, like:

- Be honest with the people around you. It is okay to say 'No'.
- Talk to someone you trust.
- Go to the movies or bowling.
- Talk to your rehabilitation coordinator about what is happening for you.
- Contact a drug / alcohol service for support and/or advice. Some starting points include:
 - **Counselling online**
counsellingonline.org.au
Free counselling related to an alcohol or drug related concern.
 - **Alcohol & Drug Information Service**
1800 422 599
A 24 hour support line

What is happening for me?

.....
.....

What makes it hard?

.....
.....

What I can do about it?

.....
.....

Sexuality

Again, this section may not be relevant to you because perhaps you are too young, but it is here so that you can think about it and when you are ready you can come back to it.

Sexuality is about lots of things. Not just sex. It is a very important area of life, particularly when you are a teenager and starting to develop an interest in it! Unfortunately it is also an area that is not always talked about.

Sometimes people feel a bit embarrassed, this is okay. However it is good to talk to someone about any concerns you have rather than worrying about something.

Sexuality covers:

- Thinking about sex
- Sexual orientation
- Feelings
- Values
- Beliefs
- Actions and drives

Everybody thinks slightly differently about these things. It includes:

- Giving and receiving affection
- Feeling desirable
- Feeling attractive
- Being in personal relationships

A lot of these things happen in the brain. So, sometimes having a brain injury can make some of these things difficult. For example, some people may have difficulty talking to people and have a hard time expressing affection.

If there are things that you want to discuss with someone, talk to your rehabilitation coordinator.

There is lots of useful information about sexuality and sexual health available via Shine SA, the lead sexual health agency in South Australia: <http://www.shinesa.org.au/>

Driving

Again, this section may not be relevant to you because perhaps you are too young, but it is here so that you can think about it and when you are ready you can come back to it.

Just because you have a brain injury does not mean that you are not able to drive.

Driving is a complex activity. Lots of things affect your ability to drive. These include:

- **Your ability to see** – you need to be able to see things like signs, cyclists, obstacles and pedestrians. You need to be able to judge other people's speed or distances between you and objects.
- **Your physical state** – you need to have the mobility, co-ordination, muscle control and strength to change gears, press buttons and turn the steering wheel, sometimes very quickly.
- **Medications you may be taking** – these can affect your concentration, fatigue levels, coordination and your ability to react quickly.
- **Your thinking abilities** – you need to be able to make quick decisions, plan ahead, take in lots of information at once (especially road signs / changing traffic conditions, etc), be able to cope with distractions and identify potential hazards.

- **Difficulty concentrating for long periods of time** – you need to stay alert for long periods of time when driving long distances.
- **Fatigue** – driving requires a high level of alertness and can be quite tiring, even for people who have not had a brain injury. You need to be able to concentrate for extended periods of time and if you are experiencing fatigue this can affect your safety when driving. Fatigue is not just about how much sleep you have had or how physically active you have been it is also affected by how much you have been using your thinking skills.
- **Environment / weather** – changes in weather can have a big impact on your driving by affecting your capacity to see, concentrate and drive safely. For example, certain weather conditions, such as driving in the rain or in conditions when visibility is reduced (e.g., due to fog), as well as driving in unfamiliar areas, on unsealed / dirt roads, etc, can be very dangerous.

If you have any of the things listed you may need to answer **'YES'** to some of those questions. If you think you may need to answer yes to one of these, contact your local Roads and Traffic

Authority and talk to them about what you may need to do.

It may mean you need to collect a bit more information. You may have to ask your doctor to complete a medical assessment and possibly have an Occupational Therapy (OT) Driving Assessment to make sure you will be safe on the road.

Many difficulties can be overcome with special equipment or learning. Answering yes and having a brain injury does not necessarily mean you will not be able to drive.

Application for a licence

When applying for your licence you will need to fill out an *'Application for Licence'*.

It will include questions about whether you have any:

- Vision problems
- Epilepsy
- Poor concentration
- Slow thinking
- Difficulty using your arms or legs
- Medications you take

What if I need an OT Driving Assessment?

Talk to your Rehabilitation Coordinator to find out your options. You can get a list of people that are qualified to do the assessment with you from your local Road and Traffic Authority. Or

you can contact the Occupational Therapy Association of Australia (National Office: 1300 682 878 email: info@otaus.com.au) or visit their website (www.otaus.com.au) to get the contact details of a qualified OT who is close to where you live.

Looking after you (mental health)

Depression

People who have sustained a brain injury are at higher risk of experiencing depression. Depression can range from very mild to very severe. Some people can self-manage their low mood using strategies, while other people may need to see a Psychologist for help.

The following strategies may help people with a brain injury to cope with low mood and depression:

- Having a nap
- Listening to music
- Watching television
- Working on a personal project
- Seeing friends and socializing
- Walking or other exercise
- Mental stimulation

- Scheduling activities and making short-term plans
- Self-talk or thought challenging (the process of replacing upsetting thoughts with constructive explanations. For example, instead of thinking “*I’m useless, I never get anything right*”, replace with the more constructive “*My memory isn’t as great as it was, so I will try to set more reminders on my phone*”)

Anxiety

People can find it harder to deal with stress and anxiety after a brain injury. Stress management techniques include:

- (1) Visualisation
- (2) Slow breathing
- (3) Progressive muscle relaxation

Anger / Frustration

Many people who have had a brain injury notice that they get angry more easily than they used to – this is sometimes described as having a shorter fuse. This can be the result of damage to the area of your brain that controls how you act. So whereas previously you might have been able to control your impulse to shout or hurt others, now you may lose this control more easily.

Try to identify situations that lead to you becoming angry. It can help to get your friends and family to help you do this, as sometimes you might not be aware of all the situations on your own.

A simple and effective technique to help reduce your anger is the Stop-Think technique. This involves 3 basic steps:

- (1) Stop! And think before reacting to the situation (are your thoughts accurate/helpful?)
- (2) Challenge the inaccurate or unhelpful thought
- (3) Create a new thought

Steps to a healthier brain

- Exercise and mental stimulation
- Healthy diet
- Physical safety – take precautions (e.g., wear your seat, and sports helmets)
- Relax & sleep well

Services

Kids Helpline (1800 551 800)

www.kidshelpline.com.au

If you are aged between 5-25yrs there is 24 hour telephone and online counselling available. It is free, confidential, and if you want anonymous.

Headspace

<https://www.headspace.org.au/>

The national youth mental health foundation dedicated to improving the wellbeing of young Australians.

Beyond Blue

www.beyondblue.org.au

Provides information and support to help everyone in Australia achieve their best possible mental health, whatever their age and wherever they live.

Reach Out

www.reachout.com.au

Australia's leading online mental health organisation for young people which offers practical support, tools and tips to help young people get through anything from everyday issues to tough times.

Lifeline (13 11 14)

www.lifeline.org.au

An organisation that offers 24 hour counselling. You can ring at anytime for the cost of a local call.

Help... FAQ??

Below are some suggestions of ways to deal with specific problems you may have. Read through the problems and some of the ideas. Try out one or a few that you think may help.

I get mixed up about time, people and where I should be during the day

- ◆ Choose someone at school that you can “touch-base” with at the start and/or end of the day to review the day and prepare as required.
- ◆ Ask your year coordinator or school counsellor.
- ◆ Keep a journal/fact book with contact names, maps, timetables, assignment tasks etc. (You can also record some of this information in your personal electronic / technology device i.e. iPad, iPod, Smartphone) (Take photos and add text to help prompt you)
- ◆ Choose a buddy for support and guidance and who will stick with you in busy areas or at times of high activity
- ◆ Leave class a few minutes earlier than other students.

I forget instructions, assignments and coming events

- ◆ Put a date or assignment book section in journal.
- ◆ Ask a teacher to write in your diary about upcoming school events.
- ◆ Ask someone to remind you of upcoming significant events.
- ◆ Repeat or reword directions.
- ◆ Identify key landmarks and take notes regarding directions you are given
- ◆ Draw yourself an easy reference map that you can carry with you when you are finding your way
- ◆ Take photos on your personal electronic / technology device to help guide you
- ◆ Use an audio recording device for directions and assignments
- ◆ Make calendar of long-term assignments with intermediate steps e.g. Term paper due date with steps like: choose topic, research, main ideas, rough draft, final draft etc.

I need help to remember new information

- ◆ Don't try to remember too many new ideas at once – don't overload yourself.
- ◆ Use a journal.
- ◆ Have a special place for the journal.
- ◆ Use graphic organisers so key facts are highlighted.
- ◆ Visualise, organise or chunk new information to make it more memorable.
- ◆ Use review sheets.
- ◆ Link new information with something you already know.
- ◆ use your diary, whiteboard or personal electronic / technology device.

I get really tired and overloaded

- ◆ Return to school gradually if you have recently had your injury.
- ◆ With your year coordinator or school counsellor, arrange a time and place for rests or time-out.
- ◆ Work out your early signs of stress. Use signals to inform your teacher of this, and establish a plan of action for defusing the stress.
- ◆ Set shorter work periods separated by breaks.

I need help to maintain attention or motivation to finish a task

- ◆ Remove distractions or background noise.
- ◆ Make sure you understand what you have to do.
- ◆ Do you understand why you are doing the task?
- ◆ Plan rewards for yourself.
- ◆ Use external aids such as a clock marked with tape to show the end of work time.
- ◆ Set alarm/timer for short time segment.
- ◆ Sit in the front of the classroom near the teacher.

I need help with studying for examinations

- ◆ Use graphic organisers to organise studying. Refer back to previous sections of this fact pack for more ideas about this.
- ◆ Make a plan for study and to check off each step of the plan as it is completed.
- ◆ Work out what has to be done and get it over with!
- ◆ Audio record or video your teacher or yourself giving directions for study.
- ◆ Involve the family if you need to.
- ◆ Find a partner to study with.

I need help with organising stuff

- ◆ Use checklists or cue cards with steps.
- ◆ Use goalsetting and planning sheets and find out the number of tasks or items to be completed.
- ◆ Use graphic organisers as guides.
- ◆ Use mind mapping.
- ◆ Use colour coding.
- ◆ Use cue sheets/cards to remember routines or scripts.
- ◆ Break assignments down into sequence of smaller numbered steps.

I need more time to understand and work out what I have to say or write

- ◆ Ask for clearer instructions.
- ◆ Ask the teacher to repeat and rephrase directions and important information.
- ◆ Use external aids e.g. Key pictures for directions that are given often.
- ◆ Use an audio recorder or your personal technology device for lectures, directions or assignments (earphone can be used to be discreet!)
- ◆ Use pre-organisers or mind-mapping to prepare for lectures and lessons.
- ◆ Ask for more time!

Modified with permission from Ylvisaker, M. (1998). *Traumatic brain injury rehabilitation: Children and adolescents*. (2nd ed.). Boston, MA: Butterworth-Heinmann.

Summary

Sustaining a brain injury might change your life. However, there are many ways in which you can manage the changes that you experience, and many people available to support you. It is important to remember that you are not alone.

In this Fact Pact, we have aimed to provide you with information about brain injuries and resources/references that you might like to use to help you over the next few months/years. Aim to take one step at a time and be realistic about your expectations for yourself and others.

If you feel stuck and need some help or ideas, please talk to your Case Manager/Rehabilitation Coordinator, or contact SWBIRS on (02) 6041 9902 or MLHD-Albury-SWBIRS@health.nsw.gov.au.

Useful Resources

These addresses and contact details were correct at the time of printing in 2017. You may need to check them for changes.

Brain injury and teenagers

- **ABI Brain Crew**

http://www.health.qld.gov.au/abios/asp/braincrew/kids_zone.asp

A website by the Queensland Acquired Brain Injury Outreach Service. Some chat rooms, for chatting about the issues to do with brain injury. It also has useful information.

- **Recovering from head injury: A guide for kids**

https://www.multicare.org/file_viewer.php?id=4750&title=Head+Trauma+Recovery.

Brain injury

- **Kids' Team Fact Packs** including; *Achieving Goals* and *Study Skills*. Ask your Rehabilitation Coordinator about these.

- **Synapse (previously Brain Injury Association of NSW)**

<http://synapse.org.au/>

Teenagers

- **Kids Health**

<http://www.kidshealth.org/>

A website for information on a wide variety of topics, including health, behaviour and development. Separate sites for parents, kids and teens.

- **SANE Australia**

<http://www.sane.org>

SANE Australia is a national charity helping all Australians affected by mental illness.

- **Itsallright.org**

www.itsallright.org

A website created by SANE Australia that actively promotes the mental health and wellbeing of everyone Australia-wide. Includes a free information and referral service called Helpline Online.

- **Kids Helpline**
<http://kidshelpline.com.au>
Kids Helpline is Australia's only free, 24/7 phone and online counselling service for young people aged 5-25.
- **Lifeline**
<https://www.lifeline.org.au/>
Provide 24/7 crisis support and suicide prevention services.
- **Eheadspace**
www.eheadspace.org.au
Provides online and telephone support to young people aged 12-25 and their family and friends.
- **Youth Beyond Blue**
<https://www.youthbeyondblue.com/>
A resource for young people who are stressed, anxious or feeling down.
- **Reach Out**
<http://forums.au.reachout.com/>
The Reach Out website has a range of forums where 14-25 year old Australians can read about other people's experiences and talk to other young people.
- **Orygen: National Centre of Excellence in Youth Mental Health**
<http://www.orygen.org.au/>
For young people who have experienced mental health issues. A place for information and support.
- **Mood Gym**
<http://moodgym.anu.edu.au/>
An online program developed by the National Institute for Mental Health Research in partnership with the Australian National University that helps you deal with your feelings.
- **Centre for Adolescent Health (CAH)**
http://www.rch.org.au/cah/resources/For_Young_People/
The centre aims to improve outcomes for teenagers.

Other information available:

- **Neuroscience for kids**
<http://faculty.washington.edu/chudler/lobe.html>
For information on the brain

References

- Chudler, E. (2008). *Neuroscience for Kids*. Available from: <http://faculty.washington.edu/chudler/lobe.html>
- Cohen, J. (1985). Vocational rehabilitation of the severely brain damaged patient: stages and processes. *Journal of Applied Rehabilitation Counselling*, 16(4), 25-30.
- Conti (2007). Traumatic Brain Injury. In B. J. Atchinson, & D. K. Dirette, *Conditions in occupational therapy: Effect on occupational performance* (3rd ed.). Baltimore, MD: Lippincott, Williams & Wilkins.
- Dolman, G. (1999). *Light at the end of the tunnel*. North Parramatta, NSW: Brain Injury Association of NSW.
- Durham, C. (1997). *Doing up buttons: A deeply personal yet practical account of understanding head injury*, Ringwood, Vic: Penguin Books.
- Floden, D., Alexander, M. P., Kubu, C. S., Katz, D., & Stuss, D. T. (2008). Impulsivity and risk-taking behaviour in focal frontal lobe lesions. *Neuropsychologia*, 46(1), 213-223.
- National Cancer Institute. (n.d). *Dictionary of cancer terms*. Available from: http://www.cancer.gov/Templates/db_alpha.aspx?print=1&cdrid=318825
- National Institutes of Health (NIH). (2003). *The brain: Understanding neurobiology*. Available from: http://science.education.nih.gov/supplements/nih2/addiction/activities/lesson1_brainparts.htm
- Ohio Valley Center (OVC) for TBI Prevention. (n.d). *Substance abuse and brain injuries: User manual*. Available from: http://www.origamirehab.org/programs/documents/sub_abuse_TBI.pdf
- Ontario Brain Injury Association (OBIA). (2003). *Educating Educators about ABI*: Available from: <http://www.abieducation.com>
- Ponsford, J. (1995). *Traumatic brain injury: Rehabilitation for everyday adaptive living*. East Sussex: Psychology Press.
- Royal Children's Hospital (RCH). (2007). *Kids' Health Info for Parents*. Available from: http://www.rch.org.au/kidsinfo/factsheets.cfm?doc_id=10287

- Sohlberg, M. M., Todis, B. & Glang, A. (1998). Clinical Forum, SCEMA: A Team Based Approach To Serving Secondary Students With Executive Dysfunction Following Brain Injury. *Aphasiology*, 12(12), 1047-1092.
- Synapse. (2013). Acquired brain injury: The facts (4th ed). Brain Injury Association of Queensland.
- Transupport. (2001). *A parent's guide for understanding children's reactions following a motor vehicle accident*. Transupport Australia.
- Ylvisaker, M. & DeBonis, D. (2000). Executive Function Impairment in Adolescence: TBI and ADHD. *Topics in Language Disorders*, 20(2), 29-57.

Paediatric brain injury services in NSW

Inpatient Services	Phone	Address
Sydney Children's Hospital Network - Westmead	(02) 9845 2132	Cnr Hawkesbury Road & Hainsworth Street Westmead NSW 2145
Rehab2Kids, Sydney Children's Hospital (Randwick)	(02) 9382 1590	High Street Randwick NSW 2031
Kaleidoscope Paediatric Brain Injury Rehabilitation Team (John Hunter Hospital)	(02) 4925 7963	Kookaburra Circuit New Lambton Heights NSW 2305
Community Services	Phone	Address
South West Brain Injury Rehabilitation Service (Albury)	(02) 6041 9902	335 Reservoir Road Lavington NSW 2641
Southern Area Brain Injury Service (Goulburn)	(02) 4823 7911	PO Box 274 Goulburn NSW 2580
Illawarra Brain Injury Service	(02) 42238470	8 Eyre Pl, Warrawong NSW 2502
Mid Western Brain Injury Rehabilitation Program (Bathurst)	(02) 6330 5114	Heritage Building Bathurst Health Service Howick Street Bathurst NSW 2795
New England Brain Injury Rehabilitation Service (Tamworth)	(02) 6767 8350	Dean Street Tamworth NSW 2340
Mid North Coast Brain Injury Rehabilitation Service (Coffs Harbour)	(02) 6652 2856	39 Victoria Street Coffs Harbour NSW 2450

Paediatric brain injury services in Victoria

Other nearby services (based in Victoria)	Phone	Address
<p>Victorian Paediatric Rehabilitation Service (VPRS) <i>Provide interdisciplinary rehabilitation for children with congenital, developmental, or acquired conditions that require rehabilitation. There are 8 sites across Victoria, the two covering North Victoria are:</i></p>		
<p>Goulburn Valley (Hume region)</p>	<p>(03) 5832 2322</p>	<p>Goulburn Valley Health Graham Street Shepparton VIC 3630</p>
<p>Bendigo (Loddon Malle region)</p>	<p>(03) 5454 6001</p>	<p>Bendigo Health John Lindell Mercy Street Bendigo VIC 3550</p>
<p>Melbourne City Mission, Statewide Paediatric ABI Service <i>Assist those working or living with children and young people (aged 0-18 years) with an ABI.</i></p>	<p>1800 343 287 (Disability Services Intake)</p>	<p>Head Office: 164-180 Kings Way South Melbourne VIC 3205</p>