

## **WORKING WITH A HEAD INJURED PERSON**

### **THINGS YOU MUST REMEMBER WHEN WORKING WITH A HEAD INJURED PERSON:**

1. Establish and maintain a daily routine. This helps the person feel more secure in his environment. Frequent changes may be upsetting.
2. Place objects the person needs within reach.
3. In the beginning stages of treatment, learn to measure improvement on a small scale until you are adjusted to the person's condition and are ready to set realistic long-term goals.
4. For answers regarding medical problems and degrees of recovery, ask the doctor.
5. **Never discuss the person's condition with someone else when the person can hear you, even when you think he cannot understand. On the other hand if there are problems that need to be resolved, try to work out a solution WITH the person including him in the decision. You will find it is a good policy NOT to discuss any complaints you have about the therapy program or the hospital in the presence of the patient. He may adopt the same complaints as an excuse not to cooperate in his rehabilitation program. It is better to talk with someone from the TEAM in the person's office.**
6. **Treat the person as an adult.** Do not "talk down" to him and make him feel he is acting like a child. He may rebel or develop childish mannerisms and attitudes.
7. Do not speak to the person as if he was deaf. His hearing is probably as good as it ever was. The problem is in his brain, not his ears. Speaking louder will not help one bit in getting the message through.
8. Communication is important to a person's recovery. If the person is not speaking, use another consistent way of communicating such as eye or head movement or finger tapping to communicate "yes" or "no".
9. Respect the person's likes and dislikes about food, clothing, entertainment and music. You should also share what you know about these preferences with other members of the **TEAM** for their work with the person. **Keep in mind these likes and dislikes may have changed.**
10. Do not tease or do anything that would cause the person to react inappropriately.
11. Be generous with your approval for proper behaviour, immediate praise and reinforcement are necessary.
12. Give the person every possible opportunity to enjoy the feeling of success.

13. Don't laugh **AT** the person, laugh **WITH** him when he sees something funny in a situation. Disregards the person's laughter when a situation is not funny by not laughing yourself. Often the person is not able to know what is really humorous.
14. A head injured person may laugh or cry easily. He may be embarrassed by this uncontrolled behaviour and may prefer that you ignore it. Suggest another activity until he calms down.
15. Don't scold, tease or reprimand the person when he cannot perform a certain task even though you may have seen him doing it earlier. Such remarks can be discouraging and cause the person to lose interest in making an effort. It is important to remember that the person's performance is often inconsistent during the recovery.
16. The person may be unable to manage his bowel and bladder functions or forget to tell you. Do not scold he and make his embarrassment worse than it is.
17. Avoid making the person feel guilty for mistakes and accidents such as spilling something.
18. Remember that no person's problem is exactly like someone else's, so avoid making unfavourable comparisons to other patients.
19. Do not argue with the person. This is exhausting to him and may make him more angry and resentful. Try different approaches to leading the person to perform the task. Using emotional force will only increase the resistance to further efforts.
20. Be understanding and supportive without indulging in excessive optimism.
21. Avoid telling the person, "You will soon be well". Such remarks end in disillusionment. Avoid suggesting any time limit for how long it will take them to recover.
22. When you are talking with the person, do not ask questions that require him to make a choice, such as, "do you want to stay up awhile or would you like to go to bed?" Ask affirmative rather than negative questions. "Do you want a drink?" is better than "Don't you want a drink?"
23. Be prepared for swearing and inaccurate use of words.
24. Don't act as if you understand when you don't.
25. Do not confuse the person further by too much chatter or by having too many people present at the same time.

26. Remember, the person's inability to find a word to express himself does not mean he has lost his intellect or knowledge.
27. Discourage rambling, meaningless repetitions, but give the person every opportunity to express himself in a meaningful way. Sometimes the person may repeat a word, a phrase, or an activity over and over. Don't make a big issue of it, but get him interested in something else.
28. Speak slowly, giving the person enough time to understand and respond to what you have said. Remember this time is usually longer for someone with a head injury.
29. Familiar sayings we use to express more complicated ideas, such "There's no use crying over spilt milk", can be very confusing. A head injured person will probably take your words literally. Jokes and sarcasm are likewise hard for him to understand.
30. Avoid comparing the head injured person to "how he used to be". You must start becoming acquainted with him as a new person who is different in many ways from the way he used to be. Since the head injury, it is entirely likely that his personality will have changed somewhat along with his likes, dislikes and general behaviour.
31. Problems with memory, judgement and inappropriate behaviour may possibly continue for several months or years after the injury. Use your local Head Injury Support Group as a resource to help you continually learn new ways to deal with these problems.

## ALCOHOL AND DRUGS

For several good reasons, it must be stressed that a head injured person should not drink alcohol or use drugs which his physician has not prescribed. First of all, remember that alcohol destroys brain cells. The head injured person must not suffer any more damage that would delay or stop his recovery. Second, mood altering chemicals will have as much as ten times the effect that it did before the head injury.

Plainly, drinking and using drugs will quickly produce an exaggerated effect upon every problem the person now faces, whether in judgement, balance, co-ordination, behaviour, or other areas. Third, alcohol and drugs will not mix with medications the physician may now be prescribing. The physician will tell you if the patient may even use non-prescribed chemicals.

If you have any questions or concerns about the head injured person's past or present use of alcohol or drugs, please discuss it as soon as possible with the physician or the psychologist.