

I Screened Positive for a Brain Injury Now What?



**A Self-Paced Workbook
to Learn More About
Brain Injury**



**NORTH DAKOTA
BRAIN INJURY
NETWORK**

This packet is not intended to replace medical advice. Please see a primary care provider, therapy provider, or resource facilitator to individualize your brain injury recovery.

Table of Contents

Symptom Inventory Results Worksheet.....	4
Frequently Asked Questions	6
Slang for Brain Injury.....	7
Vulnerable Populations.....	8
Types of Brain Injury.....	10
Brain Anatomy and Function.....	13
How Your Brain Works	15
Brain Injury Symptoms.....	16
Brain Rerouting	19
Recovery and Long-Term Impact.....	22
Road to Recovery	25
Invisible Injury and Undiagnosed Injury	27
Energy and Fatigue	28
Life After Brain Injury	32
Anger	33
Dealing with Triggers.....	35
Coping Skills Toolbox.....	37
Fatigue.....	39
Sensory Sensitivity	40
Mindfulness	41
Self-Awareness.....	45
Sleep	47
Attention	49
Memory.....	52
Delayed Processing.....	54
Emotional Dysregulation.....	56
Executive Functioning Skills.....	59
Impulsivity/Inhibition.....	61
Mental Inflexibility	63
Organization	66
Speech/Language.....	68
Return to Work.....	71
Brain Injury and Grieving.....	74
Moving Forward and Common Referrals.....	78
Citations	81
Contact Us.....	82

The following page is NDBIN's symptom inventory results page. If you have not already taken a symptom inventory please contact NDBIN to set that up with us.

Symptom Inventory Results Worksheet

NDBIN ordered the sections in order of thinking skills that start with simpler, more basic process to more complex, higher-level ones.

Name:

Date:

On the symptom inventory you scored highest in the following:

SECTION 1

Attention Concerns; recommend the ATTENTION tip card

SECTION 2

Delayed Processing; recommend the DELAYED PROCESSING tip card

SECTION 3

Memory Concerns; recommend the MEMORY tip card

SECTION 4

Language Difficulties; recommend the LANGUAGE tip card

SECTION 5

Impulsivity/Inhibition; recommend the IMPULSIVITY tip card

SECTION 6

Mental Inflexibility; recommend the MENTAL INFLEXIBILITY tip card

SECTION 7

Organizational Concerns; recommend the ORGANIZATION tip card

SECTION 8

Emotional Difficulties; recommend the EMOTIONAL DYSREGULATION tip card

SECTION 9

Physical/Sensorimotor Difficulties; recommend the PHYSICAL/SENSORIMOTOR tip card

The following brain injury tip cards are recommended for all individuals:

- Brain Injury Accommodations
- Anger
- Fatigue
- Mindfulness
- Self-Awareness
- Sleep

North Dakota Brain Injury Network

Completing a brain injury screening can give you answers to questions you have about your life. The stigma against brain injuries is improving, and we hope to continue to appropriately educate you on how brain injuries can impact your daily life. Brain injury symptoms can include difficulties with memory, sleep, anger management, depression, and headaches, among many others. Some people with brain injury have very few symptoms, whereas others have multiple side effects. This booklet was written to provide you with an education that you can receive at your own pace and refer to in the future.

The **North Dakota Brain Injury Network (NDBIN)** is a free program dedicated to support brain injury survivors, family members, professionals, caregivers, and friends. Do not hesitate to reach out to NDBIN with any questions or comments.

The following questions are frequently asked questions to first review before diving into the booklet.

Frequently Asked Questions

Why was I screened for brain injury? Brain injury is a chronic condition. It is often a co-occurring condition with mental health, substance abuse, unemployment, corrections involvement, and homelessness. Screening for brain injury is the best practice for individuals in health, community, and correction services. Brain injuries can sometimes go unnoticed or be mistaken for other issues like mental health conditions, learning difficulties, or behavioral problems. It's not about labeling you – it's about making sure we don't miss something important that could affect your life and recovery.

What is the benefit of screening? When brain injuries are not identified, symptoms may be mistaken for other health or behavioral conditions. When this occurs, appropriate treatment and symptom management are missed. For example, you may have had a history of misdiagnosed concussions and now got prescribed anti-depressants – whereas the depression may actually be a side effect of the concussions. If you are not addressing the underlying cause of the depression, you're missing a large piece of the puzzle. A brain injury screening can help you in seeking appropriate services and support.

Wouldn't I know if I had a brain injury? Not everyone realizes they have a brain injury, even when the symptoms are chronic and impact their daily lives. Individuals may never connect that the problems they are dealing with may be due to a blow to the head, overdose, or physical abuse – even if that occurred years earlier.

What does it mean that I screened positive? Brain injury screening does NOT provide a formal diagnosis or indicate the lack of a brain injury. It is, however, valid for a brief assessment of your lifetime exposure and a way to estimate the likelihood that consequences have resulted from any brain injuries. If the screening suggests a possible brain injury, it doesn't mean there's something wrong with you — it means we can work together to find better strategies, services, or referrals that might help. The goal is to give you the tools and support you deserve.

Does having a brain injury change who I am? A brain injury can change how your brain works — it might affect things like how you process information, control your emotions, remember things, or respond to stress. You might even feel different in how you relate to others or how you see yourself. But those changes don't erase who you are at your core. You're still you. Your values, your history, your personality, your spirit — they don't disappear. A brain injury might create challenges or make certain parts of life harder, but it doesn't take away your worth, your identity, or your potential. What can change is how you understand yourself and how you adapt. Some people say they discover new strengths, new ways of doing things, or even a deeper version of themselves as they move forward. Healing is possible, and you don't have to go through it alone.

What are my next steps now?

- Know you are not alone. This workbook is here to help you understand what has happened to your brain, and how you can begin to heal. Take your time. Go at your own pace. Healing is not a race.
- Follow up with an NDBIN Resource Facilitator (RF) for more information (contact information is at the end of the packet).

Slang for Brain Injury

Sometimes people talk about brain injuries using slang or casual language. These phrases might sound funny or lighthearted, especially in sports, criminal justice settings, the military, or everyday conversation. But behind the jokes is something serious: a real injury to the brain.

Here are some common phrases people use:

- **“Rung my bell”** – A hit to the head that leaves you dazed or disoriented.
- **“Got my clock cleaned”** – Took a hard hit that left you confused or knocked down.
- **“Seeing stars”** – Feeling dizzy or seeing flashes of light after a hit.
- **“Lights went out”** – A blackout or moment of unconsciousness.
- **“Took a shot to the dome”** – Getting hit in the head.
- **“Brains scrambled”** – Feeling foggy, confused, or out of it.
- **“Out cold”** – Being knocked unconscious.
- **“Knocked silly”** – Feeling off-balance or mentally foggy after a hit.
- **“Loopy” or “spacey”** – Not thinking clearly or feeling disconnected.
- **“Rattled”** – Feeling shaken or mentally thrown off.

These phrases are often used to brush off or laugh about something serious. But just because an injury didn't bleed or leave a scar doesn't mean it wasn't real. Many people don't even realize they had a brain injury until years later.

If you've ever used (or heard) these phrases, it might be worth looking at your own experiences with new eyes. What felt “normal” or “just part of life” may have been your brain calling for help.

Brain injury can happen to anyone, anywhere, at any time.

You are not alone. Every year, 2.8 million people sustain a traumatic brain injury (TBI) in the U.S. Many have similar struggles with memory, emotions, decision-making, and daily tasks. This workbook is here to help you understand what you're going through and remind you that recovery is possible!

North Dakota data: Each year in North Dakota, an estimated 5,500 individuals sustain TBI. More than 13,000 North Dakotans are currently living with a long-term disability from TBI. The Centers for Disease Control and Prevention (CDC) reports that there were 330 deaths due to stroke in North Dakota in 2022.

Common causes of brain injury include: falling, car accidents, football/MMA/sports, overdoses, intimate partner violence, stroke, and assault. Some injuries are obvious, but others are invisible. Just because people can't see it, doesn't mean it's not real.

Vulnerable Populations

Below are some populations who are at much higher risk for brain injury (BI) compared to the general population:

Child Abuse

Brain injury is a leading cause of disability and death in children and adolescents in the U.S.

Children may not be able to describe what happened – resulting in many undiagnosed abuse-related injuries.

Homeless

Between 50-80% of individuals who are homeless have a history of at least one brain injury.

Brain injury can be both a cause and consequence of homelessness.

Interpersonal Violence (IPV)

Anywhere from 60%-92% of women who have been abused obtain a brain injury directly related to IPV.

Symptoms like confusion, memory loss, and mood changes are often blamed on trauma, stress, or mental health issues – instead of brain injury.

Criminal Justice Involved

Up to 87% of individuals involved in the criminal justice system report having had a brain injury.

A brain injury can impact impulse control, memory, judgement, emotional regulation, and problem solving – all of which can increase the risk of justice involvement.

Veterans

Approximately 67% of veterans have experienced at least one TBI.

Even without direct impact, the pressure wave from explosions can cause damage to the brain – sometimes without immediate symptoms.

Substance Misuse

As many as 75% of people seeking services for dual treatment for substance abuse and mental illness reported a history of at least one brain injury. TBIs can affect judgment, impulse control, memory, and emotional regulation, which can make recovery from addiction more difficult.

People with brain injuries may be more vulnerable to victimization, including violence, exploitation, and repeated trauma.

Brain Injury as a Chronic Condition

Brain injuries used to be viewed as a single, isolated event. Now, brain injuries are being increasingly recognized as chronic conditions with potentially lifelong impacts, requiring ongoing management and support. For many individuals, a brain injury is not a one-time crisis but the beginning of a lifelong health condition.

Many service systems are not brain-injury informed, meaning people with brain injuries may be misunderstood, labeled as noncompliant, or overlooked instead of supported.

The Brain Injury Spiral

It has been estimated that, after sustaining a first brain injury, the risk for a second TBI is three times greater; when an individual sustains a second TBI, the risk for another TBI is eight times higher. Brain injuries are often thought to have immediate and visible trauma – concussions from sports, car accidents, or falls. However, many brain injuries go undiagnosed, especially when symptoms are mild, delayed, or mistaken for other conditions. The consequences of missing these injuries can be profound, leading not only to prolonged symptoms but also to permanent neurological, psychological, and physical complications. Undiagnosed brain injuries are a silent threat with the potential to significantly derail a person's quality of life.

Types of Brain Injury

You are not alone. Your brain can still learn and grow.

An acquired brain injury is damage to the brain or its coverings that leads to an altered mental state and results in a decrease in cognitive, behavioral, emotional, and/or physical functioning, not including degenerative (ex. dementia, Parkinson's Disease, ALS) or congenital (ex. cerebral palsy) conditions. It is called an "acquired" brain injury, because it's brain damage that's happened after birth. Loss of consciousness or being "knocked out" is a common factor of brain injuries, but not in all cases does a person lose consciousness (i.e., some concussions).

There are TWO types of acquired brain injuries

- Traumatic Brain Injuries (TBI) and
- Non-traumatic Brain Injuries (nTBI)



A traumatic brain injury (TBI) is brain damage caused by an external blow to the head or neck which results in change of brain function or other evidence of brain pathology. A *concussion* IS a type of TBI. Types of TBIs include:

- Falls
- Assaults
- Motor vehicle crashes
- Child abuse
- Sports and recreation injuries (motorcross, MMA, rodeo, four wheelers, all sports)
- Abusive head trauma
- Gunshot wounds
- Workplace injuries
- Domestic violence
- Military actions (blast injuries)

If you were unconscious after your injury for 30 minutes to 24 hours, your injury would be medically graded as "moderate severity." If you were unconscious for more than 24 hours, that would be labeled as "severe."



Fall



Motor Vehicle Accident



Struck by object



Sports

A non-traumatic brain injury (nTBI) is brain damage caused by something happening inside the body or an internal medical condition that affects the brain. Brain cells essentially live from three things – blood, oxygen, and nutrients; when there is a disruption in one or all of these items, brain cells can die and brain damage occurs. Types of nTBIs include:



Stroke



Virus



Poison



Tumor

- Stroke
- Infectious disease (encephalitis, meningitis)
- Seizure disorders
- Brain tumors (surgery, radiation, chemo)
- Drug overdose
- Electric shock/lightning strike
- Toxic exposures (ingestion of lead, inhalation of volatile agents)
- Metabolic disorders (insulin shock, diabetic coma, liver and kidney disease)
- Neurotoxic poisoning (carbon monoxide poisoning, inhalants, lead exposure, prolonged alcohol use)
- Lack of oxygen to the brain (hypoxia / anoxia) (near drowning, airway obstruction, strangulation, cardiopulmonary arrest, drug overdose)

Journal 1

Let's write about brain injuries you think you may have sustained in your entire lifetime. Think of times when you may have been knocked out or dazed. There is an example at the top of the chart. Use an additional piece of paper if you have more than 5 events to list.

When did this occur? (rough estimate is fine)		How did it occur?
Example:	2002	Car accident
Event 1:		
Event 2:		
Event 3:		
Event 4:		
Event 5:		

Knowledge Check

1. **True/False**—There are three types of acquired brain injuries – TBIs, nTBIs, and concussions.
2. **True/False**—A concussion is a type of TBI.
3. **True/False**—A person has to lose consciousness to have it be considered a brain injury.
4. **True/False**—Prolonged alcohol abuse can cause brain injury
5. Sort the following events into the correct category by placing a check mark in the correct column:

Traumatic Brain Injuries (TBIs)	Events:	Nontraumatic Brain Injuries (nTBI)
	Gunshot wound	
	Stroke	
	Assault	
	Car accident	
	Overdose	
	Strangulation	
	Sports	
	Child abuse	
	Seizure disorders	

Answers: 1. False (a concussion is a type of TBI); 2. True; 3. False; 4. True; 5. TBI, nTBI, TBI, TBI, nTBI, nTBI, TBI, TBI, nTBI

Brain Anatomy and Function

This information is complex, but important in understanding how brains work and how a brain injury can impact your daily life. We recommend that you do not skip this information and take the time to read, re-read if needed, and process it as you're able. If it is overwhelming or confusing to you, please feel free to skip, if needed. (Or ask for help!)

The brain is a complex body organ that controls thought, balance, memory, emotion, touch, motor skills, vision, breathing, temperature, hunger, and every process that regulates our body. It is made up of delicate tissues, cells, blood vessels, and nerves. Weighing about three pounds in the average adult, the brain is ~60% fat and it survives mainly from oxygen, blood, and nutrient supply.

The brain is divided into four different areas called lobes: (the Frontal, Parietal, Temporal, and Occipital). Each lobe plays a special role in how you think, feel, and move. Each lobe has different "control centers" housed in them. After a brain injury, certain functions might feel harder depending on which lobe was affected. Understanding the lobes can help you learn more about your recovery.

Frontal Lobe – the Boss of the Brain

- a. Helps with decision-making, planning, problem-solving, attention, and self-control.
- b. Also controls voluntary movements, emotions, and word production.
- c. Common challenges after injury: impulsive behavior, trouble focusing, difficulty with planning or starting tasks, mood swings.

Parietal Lobe – the Sense Organizer

- a. Helps with understanding space and direction, touch, pressure, pain, and temperature.
- b. Also supports reading, writing, and math.
- c. Common challenges after injury: trouble knowing where your body is in space, difficulty reading or doing math, problems recognizing objects by touch.

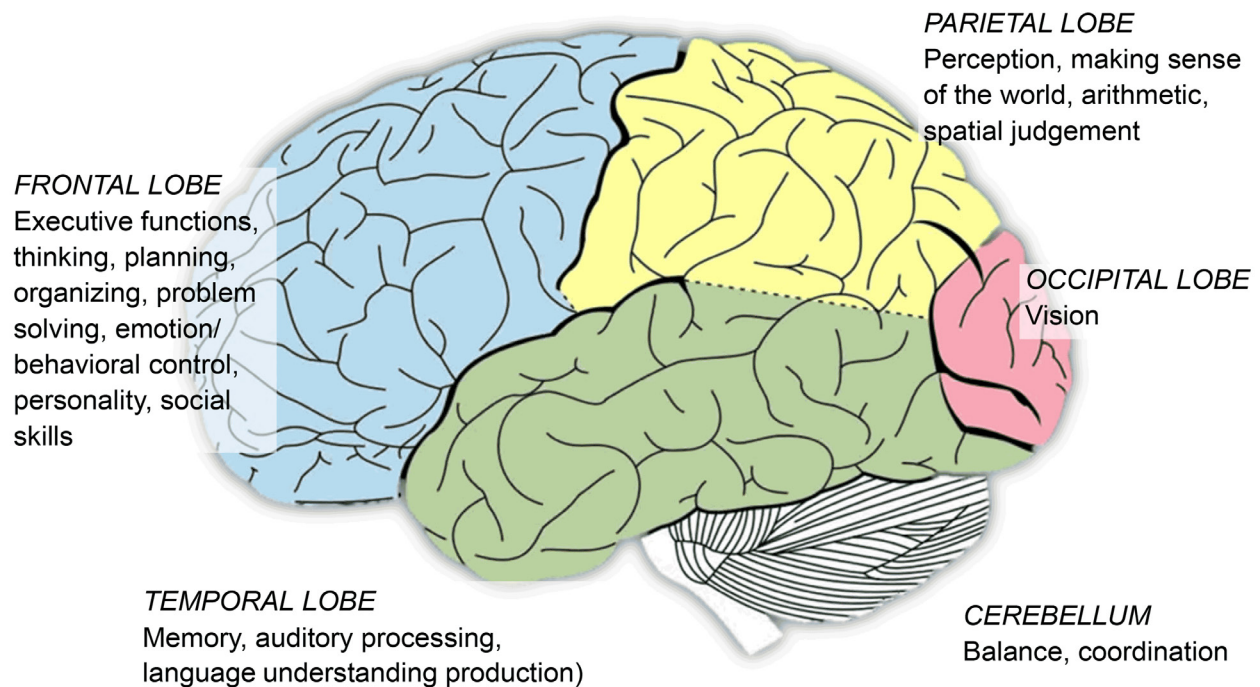
Temporal Lobe – the Memory Keeper

- a. Helps with hearing, understanding language, and storing long-term memories.
- b. Also plays a role in recognizing faces and emotions.
- c. Common challenges after injury: memory loss, trouble following conversations, difficulty understanding what others say.

Occipital Lobe – the Vision Center

- a. Helps with processing what you see – like shapes, colors, and movement.
- b. Common challenges after injury: blurry vision, trouble recognizing objects or faces, difficulty reading or judging distance.

Brain Functions



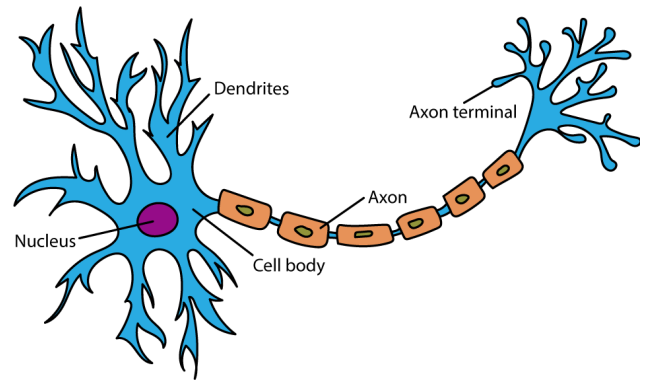
Beyond the lobes of the brain, we also have the cerebellum and the brain stem.

- a. The cerebellum is at the back of the brain, and helps control balance, movement, and coordination. It allows us to stand upright, keep our balance, and move around. Damage to the cerebellum results in uncoordinated movement, loss of muscle tone, and unsteady gait (manner of walking).
- b. The brain stem is at the base of the brain. It regulates the involuntary functions for survival, including breathing, heart rate, blood pressure, and swallowing. Damage in this area could result in rapid heart rate, breathing, and swallowing.

All the lobes work as a team. When one part is injured, other parts may have to work harder. With time, therapy, and support, your brain can build new pathways. Understanding your brain helps you take steps toward healing.

How Your Brain Works

Your brain is made up of cells, and the most important brain cells are called **neurons**. An axon is a part of the neuron that reaches out like an arm. A neuron communicates messages by using its axon to connect with another neuron, just like a person reaches out with their arm to pat a friend on the back. Connections between billions of neurons in your brain create a complicated web of **neural pathways** for your cells to communicate with each other. Your neurons and these connections allow you to do a wide range of tasks, such as throwing a ball, learning a new concept, thinking, and processing emotions.



How Your Brain Injury Impacts Your Brain Function

After a person sustains a brain injury, many of these neural pathways may be torn apart, stretched, slowed down, or disrupted so that the information being relayed between neurons is **delayed or no longer possible**. This results in changes in thinking and behavior, including a variety of possibilities of symptoms on the next page.

Different types of brain injuries cause brain/cell damage in different ways. However, for the purpose of this resource, we will simplify a few of the common ways brain cells can be disrupted.

TBI

A blow, jolt, or penetration to the head may result in tearing, stretching, or cutting of axons; damage to other brain tissue, blood vessels, and/or other structures. Sometimes damage is on such a molecular level, MRI/CT scans don't pick up the damage and will look "normal."



Lack of Oxygen

During events that cause a lack of oxygen (strangulation, drug overdose, near drowning, cardiac arrest, smoke inhalation, electric shock), there is a **lack of oxygen supply to the brain**. The reduction in breathing causes the heartbeat to slow or stop completely. When the heart slows/stops, this leads to less oxygen reaching the brain. Oxygen provides the brain with the energy it needs to function properly. A disruption of oxygen to the brain starves it of its main energy source, and without it, the **brain cells can die**. So once the brain lacks oxygen for 4+ minutes, brain cells begin to die. Damage can be widespread or affect specific parts of the brain, depending on how long the brain went without oxygen. Some areas of the brain are more sensitive to oxygen deprivation than others, including areas that control memory, movement, attention, and emotion.



Brain Injury Symptoms

Our brains are not visible to the naked eye, so sometimes **we have to rely on brain functions to determine the impact of a brain injury**. Doing a symptom inventory after a brain injury can tell you critical information to help you understand your brain injury and help begin your recovery process. Some symptoms may appear right away, while others may not appear for hours, days, or weeks after the injury. Symptoms generally improve over time, but some people will live with lifelong side effects. It is important to seek help as soon as you notice changes in yourself after a brain injury – whether it be a ‘small’ or severe injury.

Physical Symptoms	Cognitive Symptoms
• Bothered by light or noise • Headaches • Dizziness or balance problems • Feeling tired, no energy • Vision problems • Nausea or vomiting (early on) • Less control of bowel and bladder • Appetite changes	• Attention or concentration problems; easily distracted • Problems with short- or long-term memory • Slow thinking, can't finish things • Mentally foggy • Trouble thinking clearly • Trouble organizing and carrying through with plans • Difficulty communicating • Difficulty making decision
Emotional Symptoms	Sleep Symptoms
• Anxiety or nervousness • Irritability; easily angered or annoyed • Feeling more or less emotional • Sadness or depression • Mood swings • Maintaining or forming relationships	• Sleeping less than usual • Sleeping more than usual • Trouble falling asleep • Trouble staying asleep • Fatigue, loss of energy

Misdiagnosis Happens

Overlapping Symptoms with Other Conditions

Many brain injury symptoms mimic those of mental health disorders like depression, anxiety, or post-traumatic stress disorder (PTSD). A person suffering from cognitive fog, mood instability, and sleep issues might be diagnosed with depression or anxiety without a full neurological assessment. **Misdiagnosis is a common and serious problem.** Only addressing the symptoms without the root cause can delay appropriate treatment, worsen symptoms, and hinder recovery.

Lack of Visible Signs

In most brain injuries, there are often no outward signs of trauma. **CT scans and MRIs may come back normal.** Without visible evidence, some clinicians/doctors may underestimate the severity of the condition or miss it altogether.

Time Gaps Between Injury and Symptoms

When symptoms arise well after the incident – a fall, car crash, sports injury, etc. – people with brain injury and even healthcare providers may not connect the dots. This time delay makes it easier to attribute symptoms to stress, aging, or other medical diagnoses.



Journal 2

Thinking back to our first journal on page 9, reflect on the injuries you have sustained in your lifetime. Can you identify any brain injury symptoms that you experienced after those injuries? Did those symptoms lead you into further life complications – homelessness, losing a job, criminal justice system involvement, etc.? Take the time to reflect and document.

Brain Injury	Symptoms	Life events
Example:	Depression, memory loss, poor sleep, easy to anger	Substance abuse, criminal charges
Event 1:		
Event 2:		
Event 3:		
Event 4:		
Event 5:		

Knowledge Check

1. Your brain's cells communicate using _____ in order to complete all body and mental functions.
2. **True/False**—MRI and CT scans are sensitive enough to pick up all types of brain injuries.
3. **True/False**—Brain damage can occur when there is a lack of oxygen to the brain – during events such as overdoses, strangulations/choking, near drownings, and failed suicide attempts.
4. **True/False**—All brain injury symptoms appear immediately after the accident.
5. **True/False**—Some people have undiagnosed brain injuries and brain injury symptoms, and it's common for medical providers to diagnose mental health problems without appropriately diagnosing their brain injury.

Answers: 1. Neural pathways; 2: False; 3: True; 4: False; 5: True

Brain Rerouting

Think of the brain as a busy city with a complex network of roads and highways.

- Neurons are like cars and trucks traveling these roads, carrying messages (signals) from one part of the city to another.
- The roads themselves represent the neural pathways – the physical structures in the brain that carry information.
- Traffic lights and signs are like the brain's control systems, helping manage speed, direction, and timing of signals.



What happens in a brain injury? Brain injury is like a traffic accident in a city's road system – it disrupts the flow of information.

1. Concussion or Mild Injury = Temporary Roadblock

- ▶ A minor accident causes a traffic jam. The roads are still there, but traffic slows or reroutes. Eventually, things clear up, and traffic resumes, though some detours may linger.

2. Moderate Injury = Damaged Roads and Bridges

- ▶ Some roads are cracked or partially collapsed. Traffic has to find alternative routes. The city (brain) still functions, but not as smoothly – some areas get overwhelmed or receive less input.

3. Severe Injury = Major Highway Destruction

- ▶ A central highway is destroyed – whole parts of the city are cut off. Emergency crews (medical intervention, rehab) try to build detours, but traffic may never be the same. Some neighborhoods (functions like memory, speech, or movement) might be isolated permanently.

When a person wants to remember someone's name, their normal memory pathway may be damaged. So instead of finding the name efficiently, like going 75 mph down interstate, now their memory pathway may be damaged. So, their brain travels on a detour – which is slow and effortful – to try to find the name.

How does this relate to brain function?

- Signals go from one cell to another forming a connection in the brain.
- When a brain injury kills brain cells, it damages the connection.
- Brain cells can sometimes form new connections and start sending signals again.

Say this to Yourself: "My brain is learning. I'm doing the best I can. I will get stronger with time."

Neuroplasticity

The brain has a remarkable ability called **neuroplasticity** – like a city that reroutes traffic and builds new roads when old ones are damaged. Rehabilitation therapy helps the brain learn to **navigate in new ways**, much like installing GPS in cars to find alternative paths. This dynamic process allows neurons – *the building blocks/cells of the brain* – to *reorganize their connections, form new pathways, and even generate new cells*.

Neuroplasticity is most prominent during childhood, but it continues into adulthood—especially when the brain is **actively engaged** through activities like **learning, exercise, meditation, and therapy**.

Understanding and harnessing neuroplasticity has transformed treatments for conditions such as stroke, chronic pain, anxiety, and depression. It offers a powerful message: with effort and the right tools, our brains can **change, adapt, and grow** at any stage of life.

Write About YOUR Brain Injuries – Put It All Together

Now that you have read more about what brain injuries are, examples of brain injuries, and possible side effects after a brain injury, please take the time to reflect and fill out this page to learn more about your own history:

Injury Cause:

Date (rough estimate):

List any symptoms after injury: Physical — Cognitive — Emotional — Sleep

Injury Cause:

Date (rough estimate):

List any symptoms after injury: Physical — Cognitive — Emotional — Sleep

Injury Cause:

Date (rough estimate):

List any symptoms after injury: Physical — Cognitive — Emotional — Sleep

Injury Cause:

Date (rough estimate):

List any symptoms after injury: Physical — Cognitive — Emotional — Sleep

Journal 3

My Brain Injury Story

Take your time to write your story. You can ask someone to help. There are no wrong answers.

You can write as much or as little as you want.

1. What happened to me:
2. What was the hardest part:
3. What helps me feel better:
4. What I want people to understand about me:
5. One thing I'm proud of:

Recovery and Long-Term Impact

Healing is not a race. It's okay to go slow. Every step counts.

Often, the fastest improvement in brain cell recovery happens in the first six months after injury. As time goes by, the speed of brain cell recovery will slow down, but the person may continue to gain more function for years after the injury. Healing doesn't happen all at once. It takes time – sometimes weeks, sometimes months, or even years. And that's okay. Some days will feel good. Other days might feel really hard. That's normal.



Journal 4

Take a moment to think about your journey so far. Write what you've noticed.

1. Something that feels easier now than before:
2. A time I didn't give up, even when it was hard:
3. One thing I want to remind myself when I feel frustrated:
4. My healing so far feels like (choose one or draw it!):
A turtle—A growing plant—A long walk—A roller-coaster—Something else:

You are doing a brave and beautiful thing by showing up for yourself. This workbook is your space to heal, grow, and keep going.

Prioritize Brain Health

Recovery is not a straight line. It can go up and down like a roller-coaster. For this reason, it is recommended that people with brain injury do what they can to support the health of their brain for the rest of their lives.

Your brain and body are a team. They help each other heal. When you care for your body, you're helping your brain too.



Physical Exercise

Engage in 30-minutes of daily regular cardiovascular exercise to increase blood flow to the brain. Exercises with friends and family are great ways to add social support to your routine.



Healthy Diet

Fuel your brain with a balanced diet rich in fruits, vegetables, whole grains, and lean proteins. Consider the Mediterranean diet, known for its brain-healthy properties. A Mediterranean diet consists of fruits and veggies, legumes and nuts, olives and olive oil, fish high in omega-3 fatty acids (ex: salmon), very little red meat, and avoiding ultra-processed foods.



Sleep

Aim for 7-9 hours of restful sleep each night to allow your brain and body to repair and recover. Establish a relaxing bedtime routine and create a sleep-friendly environment. See a doctor or sleep specialist if you're having trouble sleeping. Seek evaluation for sleep apnea if you snore or gasp for air throughout the night.



Omega-3 Supplementation

Providing omega-3 (fish-oil) helps provide the nutritional foundation for brain health. Search "Omega-3 Protocol Brain Health" or talk to your doctor for more information.



Exercise Your Brain

Just like your body needs physical exercise, your brain needs mental exercise. Engaging the brain every day helps it stay active. The brain loves new activities. Try challenging your mind with activities such as chess, a hobby that involves thinking and problem-solving (building new furniture), crossword puzzles, Sudoku, or card/board games.



Limit Alcohol and Avoid Smoking/Drugs

Drugs and alcohol can have a negative effect on the injured brain and can limit the ability to recover and get better. Drugs and alcohol impair judgement and can make emotional problems harder to manage. Staying sober = brain care.



Manage Stress

Practice stress-reducing activities like mindfulness or meditation. Try “box breathing” or “4-7-8 breathing.” Sun exposure, music, and nature walks are also great tools for mood stabilization.



Stay Socially Active

Maintain social connections and engage in conversations and activities with others.



Protect Your Head

Avoid dangerous activities and always wear a helmet when warranted. Staying sober = brain care.

Road to Recovery

Now that you have a general understanding on how brains work and how brain injuries impact everyday functions, it's time to learn tools for your toolbox on how to manage your symptoms.

You might be working on improving yourself—whether it's learning tools to manage substance use, relationship challenges, or mental health. Many of these tools overlap with brain injury recovery. But it's important to remember that what you're experiencing in daily life may still be shaped by the effects of brain injury. So, as you write the story of your life and learn tools for each chapter, make sure to include a chapter about brain injury, too.

In this section, we will review common considerations for all people struggling with chronic brain injury challenges. While there are trends in brain injury recovery, it's also important to note that everybody's recovery will look slightly different. If you try these strategies and continue to have challenges, please do not hesitate to reach out to the North Dakota Brain Injury Network for further assistance in your brain injury recovery.



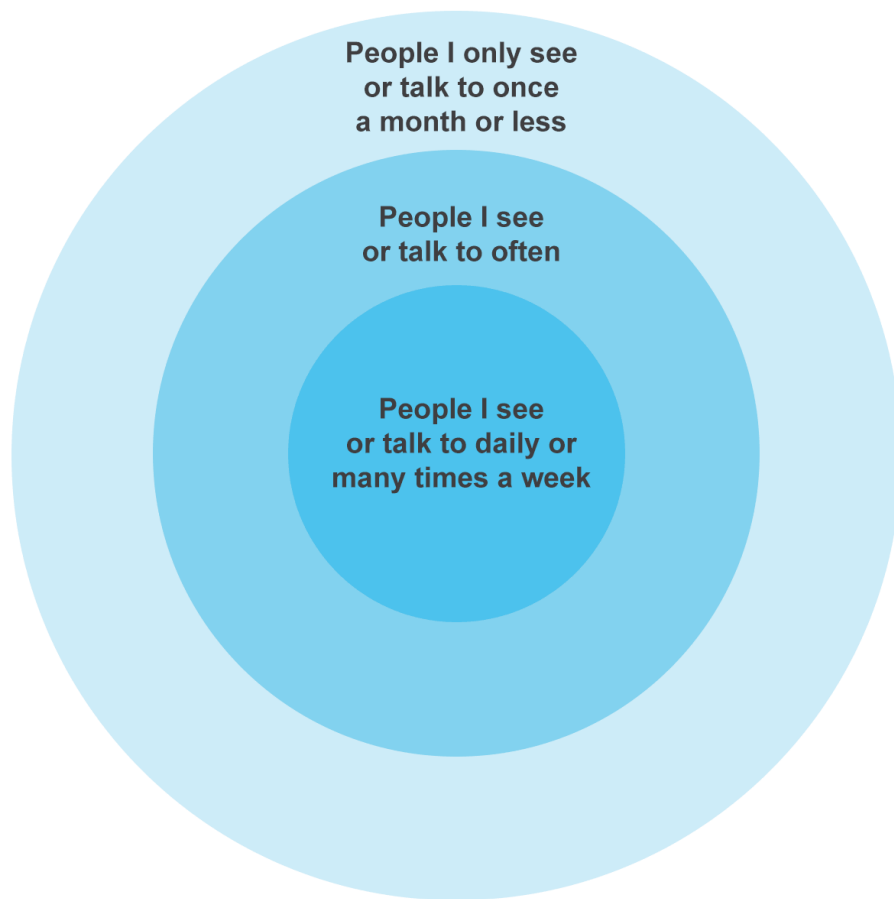
Find Your Support Person

Having a support person after sustaining a brain injury is crucial for several reasons. They play a vital role in helping someone with a brain injury adapt, heal, and regain as much independence and quality of life as possible. Healing is not something you have to do by yourself.

Identify someone in your life whom you trust, a person you will feel comfortable telling about this journey and asking for help/support if needed. This person can be a family member or friend – it's up to you. Let this person know that you are asking them to be your support person, which means that you will be asking for their help in practicing and staying accountable for the skills you'll learn in this group. Ideally, your Support Person should be someone who either lives with you, or whom you see or talk to frequently, so that they are able to help you on a regular basis. This activity in your packet may be a helpful way for you to identify this person, as well as identifying more people you'd like to move into your inner circle.

Activity: Who Is in Your Life Right Now?

By completing this exercise, you will get an idea of how everyone you know fits into your life. When you identify and label everyone, you will be able to see more clearly who might best help you in your recovery.



1. Write the names or initials of people on the circle based on how often you see them.
2. Circle the names of people who are now or could be supportive, safe, and understood.
3. Write an X by the names of people who are not supportive, or who might be harmful.
4. Try to move the unhelpful people away from the center.
5. Plan to move the helpful people closer.

Invisible Injury and Undiagnosed Injury

Brain injuries are often called “**invisible**” because the physical appearance of someone with a brain injury may not reflect the internal struggles, symptoms, and changes they experience, making it difficult to recognize and understand the impact of the injury. The **Brain Injury Illusion** portrays this phenomenon well.

As brain injuries are often ‘invisible,’ they are often **undiagnosed**. Even if someone with head trauma gets a CT scan or MRI, these brain scans are often not sensitive enough to pick up damage from concussions or mild injuries – the most common type of brain injury. It is crucial to do assessment of brain function after a blow to the head because this will help in accurate diagnosis. Undiagnosed brain injuries can lead to significant long-term health issues, including cognitive impairments, emotional problems, substance abuse, homelessness, or criminal behaviors, among many others.

The “brain injury illusion” is a way of describing how much of a brain injury’s impact is hidden beneath the surface—much like a tree with hidden roots, where only a portion is visible while the majority lies unseen below.

What You See (Above the Surface)

Most people with brain injury look completely “normal.”

Sometimes there are obvious symptoms that people around the survivor might notice:

- Difficulty walking or moving
- Visible scars or assistive devices (like a cane or wheelchair)
- Difficulty talking

What You Don’t See (Below the Surface)

This is the larger, hidden impact that others often misunderstand or completely miss:

- Fatigue—extreme tiredness often not relieved by rest
- Cognitive issues—slowed thinking, memory gaps, difficulty with planning or decision-making
- Emotional struggles—anxiety, depression, irritability, mood swings
- Sensory problems—light or noise sensitivity, balance issues, blurred vision
- Social withdrawal—feeling isolated, misunderstood, or overwhelmed in social settings
- Loss of identity or confidence—grieving the person they were before

Why the Brain Injury Illusion Matters

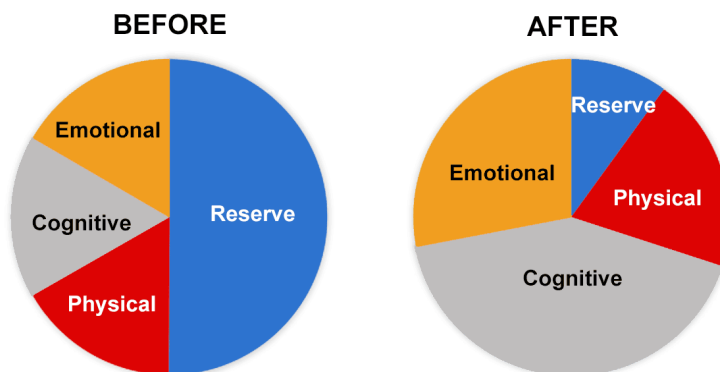
- **Awareness:** Helps caregivers, friends, and professionals understand that just because someone looks okay, doesn’t mean they are okay.
- **Validation:** Brain injury survivors often feel frustrated when their challenges are dismissed – this metaphor helps explain why that happens.
- **Compassion:** It encourages patience, empathy, and support by acknowledging the invisible struggles.



Energy and Fatigue

Energy Pie

The energy pie is an analogy to help explain **brain/cognitive fatigue** after a brain injury. Cognitive fatigue is the **mental exhaustion** that happens when the brain is overworked or doesn't have the resources it needs to function at its best. Before damage to the brain, it has the ability to function at full speed without any barriers, leaving most of its energy capacity on "reserve." Once a brain injury occurs, the brain itself uses a lot of its own energy in attempt to heal and compensate for the damage. So, after damage, it takes **more energy** to do everyday activities causing **more fatigue**, requiring more rest throughout the day.



Imagine your daily energy as a pie, with each slice representing the various tasks you take on throughout the day (i.e., socialization with friends/family; going to work; waking up and arriving to places on time; working out, etc.). Even a 'familiar' task, like going to work after a brain injury, can take *significantly* more energy.

To support recovery, think about how you're slicing your pie:

- **Prioritize:** Focus on essential activities that truly need your energy.
- **Rest:** Build in time for breaks to replenish your energy reserves.
- **Pace:** Spread tasks throughout the day instead of trying to do too much at once.
- **Plan:** Schedule your activities throughout the day and week.

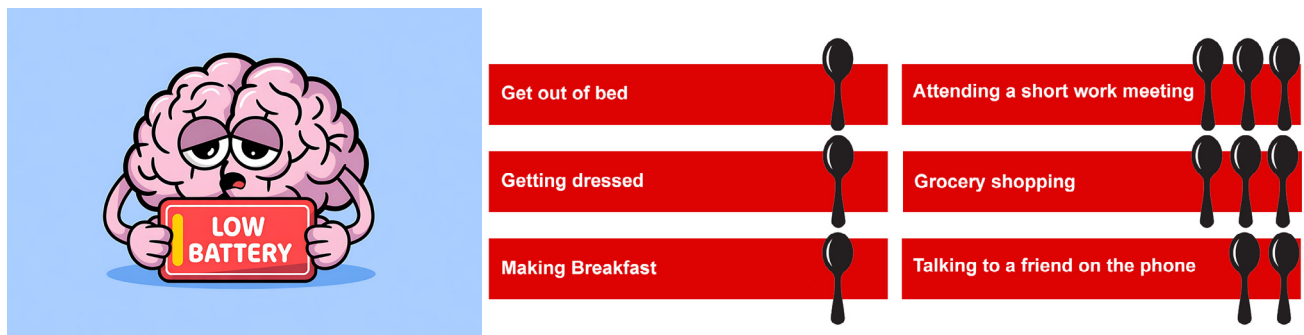
Spoons Theory

Similar to the Energy Pie, the Spoons Theory is an analogy to help explain limited energy and how to use it most efficiently when you have a brain injury. People with brain injury need to use their energy resources wisely. There is only so much mental and physical energy available in one day, particularly for a brain that is working extra hard to process information given the brain injury.

Spoons represent units of energy. A healthy person has a large number of spoons each day (i.e., 100 spoons) and can spend them without much thought. A person with a brain injury has a limited number of spoons (i.e., 10 or 50, depending on severity of injury), which must be carefully budgeted.

After a brain injury, even simple tasks like showering, reading, or holding a conversation can use up multiple spoons. The mental fatigue that comes with a brain injury means:

- Mental tasks (like concentrating, making decisions, or managing emotions) can use up as many spoons as physical tasks.
- Sensory overload (bright lights, loud noises, busy environments) can drain spoons quickly.
- People may need to rest more often or decline social invitations to conserve spoons for essential tasks.



Imagine a person with a brain injury starts the day with 10 spoons:

- Get out of bed: 1 spoon
- Getting dressed: 1 spoon
- Making breakfast: 1 spoon
- Attending a short work meeting: 3 spoons
- Grocery shopping: 3 spoons
- Talking with a friend on the phone: 2 spoons

That adds up to 11 spoons — they're now out of energy and possibly overdrawn, leading to symptoms like headaches, brain fog, and/or getting overwhelmed.

Activity

It can be important for a person to consider activities that use/drain their energy and activities that restore/gain energy – and the amount of energy it will use. Although some activities may be different for people (i.e., Yoga may restore energy for some people, but drain for other people), use the list below to help sort into your energy conservation lists. There is an example done for you.

Use/Drain Energy	Restore/Gain Energy
Focusing on the past	Eating healthy foods
Inconsistent sleep	Consistent sleep
Mess and clutter	Decluttering
Overworking	Community / Being social
Dehydration	Meditation
Social media / Screen time	Journaling
Negativity	Hydration
Junk food	Gratitude and positivity
Alcohol	Sunlight
Stress and Fear	Resting
	taking a nap

Taking a nap

Yoga

Deep breathing

Cooking

Exercise

Reducing lights/sound

Taking medications

Taking care of pet

Paying bills

Shower/bathe

Driving

Grocery shopping

Yardwork

Housework

Medical appointments

My Energy Tracker

Some days you feel like a balloon full of air. Other days, you feel flat. That's normal.



How much energy did I have today?

- Full energy – I feel strong and steady
- Medium – I did okay but needed rest
- Low – I was tired most of the day
- Empty – I felt worn out and needed extra care

Routines

After a brain injury, even simple daily tasks can feel mentally exhausting. Things may feel messy or confusing. That's where routines come in – they require less attention, rely less on memory, and help conserve brain energy for what truly matters. Routines can help your brain feel calm and safe.

Try saying this: "My brain feels better when I have a plan."

Routines cut down on decision-making, lighten the mental load, and can simplify life in a big way. That said, not everyone thrives on repetition. Some individuals do better with routines that include choice, flexibility, or a bit of novelty. Routines work best when they're custom built to support your unique brain and life.

General Strategies:

- Keep mealtimes, bedtimes, and wake times as consistent as possible.
- Become aware of your body's signals and signs of stress.
- Work on developing good coping strategies.
- Develop a support system.
- Schedule time for exercise and fun.
- Set aside quiet time every day for scheduling tasks and priorities.
- Make lists of enjoyable activities and try to incorporate them into routines and longer-range plans.
- Prepare a weekly routine for tasks like shopping, washing laundry, and tidying the house. Knowing that, for example, Monday is grocery shopping day.

Reward Ideas – Celebrate Your Wins!

- You deserve to feel proud of yourself. Even small steps count.
- After you do something that's hard – or even just show up and try – give yourself a reward. Rewards tell your brain: "That was good! Let's do that again!"

Easy Reward Ideas:

- Take a quiet break in your favorite cozy spot
- Watch a feel-good movie
- Light a candle or smell something calming
- Listen to your favorite music
- Hug a pet or stuffed animal
- Take a warm bath or shower
- Write a kind note to yourself
- Call someone you trust
- Play a simple game or puzzle
- Eat or drink something you enjoy
- Look at happy photos

My personal Reward List – Write rewards that help you feel good and cared for. Try to pick things that are comforting and easy to do.

1.

2.

3.

Life After Brain Injury

Brains are like fingerprints. Everyone has them, but they are just ever so slightly different. And just as no two brains are the same, no two brain injuries are the same, either. As a result, each person living with a brain injury is affected in a different way.

North Dakota Brain Injury Network (NDBIN) has adopted a screening protocol and symptom inventory. If you have received this packet, it's most likely you went through a screening, and a symptom inventory. However, if you haven't, you can contact NDBIN to get your personal symptom inventory set up with our staff. Following completion of a symptom inventory, people with a brain injury are provided with tip sheets that match the brain injury symptoms they are experiencing.

Tip Sheets

The following pages cover common topics that suit needs of people with brain injury. NDBIN also has printable versions of these that you can request.

MEMORY



Memory is the brain's ability to retain previously experienced sensations, information, and ideas. Memory impairment makes it difficult to recall, organize, or process information.

LOOK FOR:

- Inconsistent with steps of tasks or daily activities
- Difficulty recalling previously learned information
- Difficulty learning new information/organizing several pieces of information
- May appear inattentive, mentally foggy, forgetful
- Lacking follow through with activities or instructions

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MEMORY

ACCOMMODATIONS

- Keep important items such as keys, wallet, papers, in one designated location
- Set reminders for yourself
- Write things down in more than one location such as on a paper calendar or in your phone
- Keep a journal. At the end of each day, write down what you accomplished and what you would like to accomplish the next day
- Try learning a new skill or language to improve working memory
- Label items in your home (*labeling cupboards, rooms, or labeling perishable foods with the date it was opened/prepared*)
- Schedule recurring appointments for the same day and time each week

Do not push yourself too hard



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Anger

After a brain injury, you may notice more emotions. That's normal. Your brain is doing a lot of work, and that can make your feelings stronger or harder to control.

A brain injury can lead to irritability, agitation, lowered tolerance, and impulsivity, which can increase the likelihood of angry outbursts. Anger is a common emotional response after a brain injury. But not only is it an emotional response to triggers, it can also root from physical damage to the emotional control center to the brain. Damage to the areas responsible for controlling anger and impulses, the frontal lobes of the brain, can make it harder to process emotions constructively. Additionally, the frustration of dealing with cognitive and physical limitations and changes in daily life can add to the emotional burden.

Anger may also be linked to fatigue, pain, medication side effects, or overstimulation – common issues for people recovering from brain injuries. Even small stressors can feel overwhelming when the brain is struggling to filter and manage information.

Experiencing anger after a brain injury is more common than many people realize. It's not a sign of weakness or failure – it's a part of the healing process. Your brain is working hard to adjust, and sometimes that can show up as frustration or emotional outbursts. Be patient with yourself. You're not alone, and there is support out there to help you understand and manage these feelings. Healing takes time – be kind to yourself every step of the way.



What Anger Can Look Like:

- Increased heart rate, sweating, muscle tightness, loud voice, swearing, name-calling, threats, accusations
- There is usually an 'on-off' quality to the anger – an explosive angry outburst one minute, but calm again shortly after
- Difficulties managing/acknowledging anger
- Blaming others for provoking anger
- Making fists, increased movement and fidgeting, breaking things, throwing things, threatening people

Accommodations

- Become aware of personal thoughts, behaviors, and physical states associated with anger
- Utilize basic anger management skills such as deep breathing, counting backwards from 10, or mindfulness techniques to aid in relaxation

► Mindfulness techniques

- » Focus on breathing for 60 seconds. Take a deep breath in through the nose, hold for six seconds, and then breathe out through the mouth for six seconds
 - » If agitated, tune into what the body is doing (for example, tapping foot, clenching fists)
 - » Focus on input from your five senses: touch, sight, smell, hearing, and taste (for example, choose any color and spend one minute finding objects near you in that color)
 - » Describe an object in the room for 60 seconds (identify the texture, shape, and physical features)
 - » Utilize free mindfulness apps to learn more grounding exercises
- Use free smartphone apps such as Calm, Breathe2Relax, or Breathe for relaxation exercises
 - Physical activity such as exercise or yoga can be self-calming
 - Recognize triggers for anger/reflect on how your body felt
 - Use the Back Off, Calm Down, and Try Again technique
 - Hold something soft and squeeze it
 - Put cold water on your hands or face
 - Say out loud: “I am safe. I am okay.”

Try saying: “I can ride the wave of this feeling. It will pass.”

While feeling anger is unavoidable, it is still possible to manage. Understanding that anger is a symptom—not a choice—can help create a more compassionate and effective approach to recovery. With time, treatment, and support, many individuals can regain better emotional control and improve their quality of life.

Dealing with Triggers

Dealing with triggers after a brain injury can be tough, but you're not alone. A trigger is something that sets off a reaction in you. Triggers can be internal (something that comes from a thought or emotion you create) and/or external (something in the outside world that causes you to react to it). When a trigger hits – whether it's noise, light, stress, or emotion – pause and breathe. Ground yourself in the present: notice your surroundings, feel your feet on the floor, or focus on a calming phrase.



It's okay to step away, ask for support, or take time to recover.

Learn your triggers, plan for them, and be kind to yourself when they show up. Healing takes time, and every step forward matters – even the small ones.

Internal Trigger Reactions Include: External Triggers Include:

- Feelings of anger, anxiety, or sadness
- Memories
- Loneliness
- Frustration
- Feeling out of control
- Feeling vulnerable
- Racing heartbeat
- Physical pain
- Negative self-talk
- Seeing something on the news or online that reminds you of a traumatic event
- Watching a movie or television show that reminds you of a traumatic event
- Certain smells
- The anniversary of a significant or traumatic event
- Holidays
- Visiting a specific place
- Seeing a person who reminds you of someone connected to a traumatic event

Evaluate Your Triggers

It is okay to sometimes avoid triggers (as long as this avoidance doesn't negatively interfere with your day-to-day quality of life), but it is wise to continually evaluate your triggers and to practice good coping strategies. The physical and emotional symptoms of trauma can take some time to diminish in intensity. Continued coping strategy practice is essential. If you are struggling with symptoms of trauma, it is a wise idea to seek professional help from a counselor trained in helping clients process traumatic events. While it can be scary to ask for help, getting help in coping with your triggers will ultimately lead to a longer, healthier, happier life for you and yours.

When you find yourself faced with a trigger, do your best to ask yourself the following questions:

- What type of situation are you in? Are you safe?
- What is happening around you?
- What kind of emotions are you feeling?

- What thoughts are you having?
- What does your body feel like?

The following is a list of methods and practices for coping with the experience of triggers. More information on each of these methods can be found with a simple internet search and can be practiced on your own in privacy.

- Create structured routines to reduce unexpected stressors
- Mindfulness
- Safe place imagery / Guided visualization
- Grounding techniques
- Journaling
- Social support
- Deep breathing
- Coping affirmations
- Relaxation / Self-soothing exercises
- Connect to your body
- Connect to others
- Regulate (exercise, focus on breathing, grounding)
- Educate others about your needs and boundaries

Consistency, patience, and self-compassion are key. With time and support, survivors can improve their resilience and quality of life.

Coping Skills Toolbox

A Coping Skills Toolbox is a powerful, practical tool to help brain injury survivors manage emotions, reduce feeling overwhelmed, and feel more in control—especially on tough days. A coping skill is something you can do to help yourself feel better, calmer, or safer. These tools are here for you any time you feel sad, angry, stressed, lost, or tired.

Sample Coping Tools

Pick a few that feel good for you.

Mind Tools (Think or Focus):	Body Tools (Move or Rest):	Connection Tools (Reach Out):	Creative Tools (Do or Make):
☐ Count backward from ten	☐ Take a walk	☐ Text or call a trusted friend	☐ Color, draw, or paint
☐ Imagine a safe, calm place	☐ Stretch slowly	☐ Cuddle a pet or stuffed animal	☐ Write in a journal
☐ Say a positive phrase like “I’m doing my best”	☐ Drink cold water	☐ Sit near someone you trust	☐ Play with clay or fidget toys
☐ Look at a happy photo or memory	☐ Take a nap or rest	☐ Ask for a hug	☐ Sing or hum a favorite song
☐ Listen to calming music	☐ Take five deep breaths	☐ Let someone know “I need help right now”	☐ Watch something funny

Recognizing What’s Getting in the Way of Healing

In addition, it’s important to note maladaptive coping strategies people often use after a brain injury. These are behaviors or thought patterns that may provide short-term relief but ultimately **interfere with healing, relationships, or long-term functioning**.

Maladaptive/Poor Coping Strategies

Substance Use:	Avoidance Behaviors:	Distraction Overload:	Negative Thinking Patterns:
Using alcohol or drugs to numb emotional or physical pain	Ignoring or denying symptoms ("I'm fine" when they're not)	Constant use of TV, social media, or video games to avoid thinking or feeling	Catastrophizing ("My life is ruined")
Overusing prescription medication	Refusing to seek help or therapy	Keeping busy at all times to avoid downtime or reflection	All-or-nothing thinking ("If I can't do it perfectly, I won't try at all")
Binge drinking to escape cognitive or emotional struggles	Isolating from friends, family, or support systems	Sleeping all day to avoid life	Self-blame or shame ("This is all my fault")

My Personal Toolbox

Write or draw the tools that work best for you. You can even make a real box with some of these items inside.

Body Tools:

1. _____

2. _____

Mind Tools:

3. _____

4. _____

Creative Tools:

5. _____

6. _____

Connection Tools:

7. _____

8. _____

"I am allowed to need help. I am learning how to care for myself – in healthy and positive ways."

Fatigue

A common question that comes out of the mouths of people who have a brain injury is **“Why am I so exhausted?”** Fatigue is a continual state of **mental tiredness**. Fatigue can occur after physical activity, but most commonly after mental activity. It is one of the most common and challenging symptoms following brain injury. Unlike typical tiredness, post-brain injury fatigue can be **overwhelming** and **persistent**, significantly impacting daily life.

Fatigue after a brain injury is real, and you’re not facing it alone. Your brain is working hard to heal, and that takes **time and energy**. It’s okay to rest, to take breaks, and to pace yourself.

What Fatigue Can Look Like

- Withdrawn, short answers
- Slowed responses/thinking
- Loss of appetite
- Slower movement and speech (dull tone)
- Irritability, anxiety, crying episodes
- Increased forgetfulness
- Lack of motivation and interest



Accommodations

- Organize routines around the times of day you feel your best
- When you first start feeling tired, STOP and REST!
- Reduce exposure to bright lights and loud noises
- Schedule rest periods throughout your day
- Keep your home and work environments uncluttered
- Use assistive technology/mechanical aids
- Reduce stress
- Avoid or limit alcohol use
- Ensure you are getting plenty of sleep
- Talk to your provider about the role medication can play and/or if your fatigue affects your daily functioning

Fatigue after brain injury is real and valid. Understanding it is the first step toward managing it effectively. With support and proper strategies, individuals can regain a sense of control and improve their quality of life.

Sensory Sensitivity

When the World Feels Too Loud

Your brain may be more sensitive now. That's not your fault.

After a brain injury, things like sound, light, touch, or even smells might feel too strong.

This is called **sensory sensitivity** or **sensory overload**.

You might feel:	What Makes Me Feel Overloaded?	What Helps Me Feel Better?
• Overwhelmed in noisy places • Bothered by bright lights • Sick from strong smells • Irritated by certain clothes or textures • Stressed by too much going on at once These feelings can cause: • Headaches • Trouble thinking • Tiredness • Big emotions	Check any that bother you: ☐ Bright lights ☐ Loud music or people talking ☐ Crowded places ☐ Strong smells (perfume, food) ☐ Scratchy clothes ☐ Too much happening at once ☐ Touch or hugs ☐ Something else:	Try these ideas when your senses feel overwhelmed: • Wear sunglasses or a hat inside • Use noise-canceling headphones or earplugs • Ask people to speak more softly • Turn off extra lights or electronics • Take a break in a quiet, dim room • Use soft clothes or blankets • Smell something calming like lavender or mint

"When things feel too loud or too bright, I can take care of myself."



Mindfulness

Recovering from a brain injury – whether caused by trauma, stroke, or infection – often comes with **physical, cognitive, and emotional challenges**.

While medical treatment and rehabilitation are essential, **mindfulness** is emerging as a powerful complementary tool to support healing and improve quality of life. Focusing one's

awareness on the present moment, while calmly acknowledging and accepting one's feelings, thoughts, and bodily sensations. Mindfulness is the practice of paying attention to the present moment with openness and without judgement. For individuals recovering from brain injury, this simple yet profound practice can help **manage anxiety, decrease stress, improve sleep, improve focus, and reduce emotional reactivity**—common struggles during recovery.

Research suggests that mindfulness may **support neuroplasticity**, the brain's ability to rewire and adapt. Through regular practice, survivors can build greater self-awareness, learning to recognize their limits and respond to frustration or fatigue with compassion rather than criticism. Preliminary research suggests that mindfulness practice may effectively improve **substance use outcomes** in adults with addictions.

Healing after a brain injury can feel overwhelming—but you are not alone. Mindfulness offers a **gentle way** to reconnect with yourself, moment by moment. Even just a few minutes a day of focusing on your breath, noticing your thoughts without judgment, or grounding yourself in your senses can help reduce stress, improve focus, and bring a sense of peace.

Progress may be slow, and that's okay. Mindfulness isn't about doing it perfectly – it's about showing up for yourself, just as you are. Mindfulness is most effective when you incorporate it into your daily routines.



1: Inhale for 4 seconds

2: Hold for 4 seconds

3: Exhale for 4 seconds

4: Hold for 4 seconds. Repeat the whole cycle 4 times

You are strong. You are healing. Keep going.

Accommodations

- Focus on breathing for 60 seconds. Take a deep breath in through the nose, hold for six seconds, and then breathe out through the mouth for six seconds
- **4-7-8 Breathing:** Close your mouth and inhale quietly through your nose for four seconds. Hold your breath for a count of seven seconds. Exhale completely through your mouth, making a woosh sound to a count of eight. That was one complete cycle. Now, inhale again and repeat it three more times. If you have breathing challenges (i.e., COPD), consider the counts of 2-3-4 instead.
- **Box Breathing:** Imagine drawing a square in the air in front of you and breath for a count of four. See the image:
- If agitated, tune into what the body is doing (for example, tapping foot, clenching fists)
- Focus on input from your five senses: touch, sight, smell, hearing, and taste (for example, choose any color and spend one minute finding objects near you in that color)
- Describe an object in the room for 60 seconds (identify the texture, shape, and physical features)
- Utilize free mindfulness apps to learn more grounding exercises

You cannot breathe in the past, you cannot breathe in the future, but you can focus on breath today. Incorporating mindfulness into a brain injury recovery plan can enhance emotional regulation, support cognitive function, and improve overall well-being – one breath, one moment at a time.

Focusing on your breath or sensations in your body helps bring you into the present moment and disengage from issues in the past and future that are outside of your control. Instead of reacting, we can train our minds to turn attention to our experience. It is a practice. Noticing that the mind has wandered and calling it back is the essence of meditation. It is NOT about eliminating thoughts but instead changing our relationship with them.

“If you believe it will work out, you’ll see opportunities. If you believe it won’t, you will see obstacles.” – Wayne Dyer

Ocean Breathing – Breathe deeply in through your nose and then slowly out through the mouth to create the relaxing sound of waves. Demonstrate this a few times, exaggerating the whoosh sound of the exhale.

Body Scan – Pay close attention to the physical sensations throughout your body. Start with your feet, and move up through your feet, legs, groin, abdomen, chest, back, shoulders, arms, hands, neck, and face. Spend anywhere from 15-30 seconds on each part.

Mindfulness Meditation – Sit in a comfortable place, and begin paying attention to your breathing. Notice the physical sensation of air filling your lungs, and then slowly leaving. When your mind wanders – which it will – simply notice your thoughts, and turn your attention back to breathing.

Mindfulness Walk – Practice mindfulness while walking. First, notice how your body moves and feels with each step. Then, expand your awareness to your surroundings. What do you see, hear, smell, and feel? This technique can also be used during other daily activities.

Urge Surfing – Get comfortable, close your eyes, and focus on your breath. Notice the urge (e.g., to smoke, eat, lash out) and where you feel it in your body (e.g., tension, tightness, heat). Explore the physical sensations without judgement, as if they are a wave building. Ride the wave. Watch the urge grow, crest, and then naturally decrease in intensity, just like a wave. Stay curious and present. Remind yourself the urge is temporary and will pass if you don't “feed” it with action.

Categories – Choose 3 categories (movies, cereals, cars, cities, countries, sports teams, fruits, vegetables, TV shows, books, colors, animals, famous people, etc.) and name as many items as you can in each one. Spend at least a minute on each category.

Body Awareness – The body awareness techniques will bring you into the here-and-now by directing your focus to sensations in your body. Pay special attention to the physical sensations created by these exercises:

1. Take five long, deep breaths through your nose, and exhale through puckered lips.
2. Place both feet flat on the floor. Wiggle your toes. Curl and uncurl your toes several times. Spend a moment noticing the sensations in your feet.
3. Stomp your feet on the ground several times. Pay attention to the sensations in your feet and legs as you make contact with the ground.
4. Clench your hands into fists, then release the tension. Repeat this 10 times.
5. Press your palms together. Press them harder and hold this pose for 15 seconds. Pay attention to the feeling of tension in your hands and arms.
6. Rub your palms together briskly. Notice the sound and the feeling of warmth.
7. Reach your hands over your head like you're trying to reach the sky. Stretch like this for five seconds. Bring your arms down and let them relax at your sides.
8. Take five more deep breaths and notice the feeling of calm in your body.

Mental Exercises – Use mental exercises to take your mind off uncomfortable thoughts and feelings. They are discreet and easy to use at nearly any time or place. Experiment to see which work best for you:

- Name all the objects you see.
- Describe the steps in performing an activity you know how to do well. For example, how to shoot a basketball, prepare your favorite meal, or tie a knot.
- Count backwards from 100 by seven.
- Pick up an object and describe it in detail. Describe its color, texture, size, weight, scent, and any other qualities you notice.
- Spell your full name, and the names of three other people, backwards.
- Name all your family members, their ages, and one of their favorite activities.
- Read something backwards, letter-by-letter. Practice for at least a few minutes.
- Think of an object and “draw” it in your mind, or in the air with your finger. Try drawing your home, a vehicle, or an animal.

Journal 5

1. What signs tell me I'm starting to get too tired? How do I usually respond when I notice these signs?
2. Are there times when I push through my fatigue instead of resting? What happens afterwards?
3. How do I feel about needing rest or taking breaks now? Do I feel guilt, frustration, or acceptance? Why do I think that is?
4. How does fatigue affect my mood, motivation, or relationships? What can I do to communicate my needs to others when I'm low on energy?
5. Has my sensitivity to certain things (i.e., sounds, lights, smells, or textures) changed since my brain injury? If so, how?
6. How do I feel when someone doesn't understand my sensory needs? How do I usually respond in those moments?
7. How do I take care of myself on days when my senses feel "on edge?" What reminders or boundaries can I put in place to protect my energy?
8. What does "being present" mean to me now? How easy or hard is it for me to stay in the moment?
9. What thoughts tend to repeat in my mind? How do I respond to them – with curiosity, frustration, judgement, or something else?
10. How can I gently bring myself back when I notice I'm feeling distracted, irritable, or emotionally flooded?

Self-Awareness

Self-awareness after a brain injury can be one of the most challenging – and powerful – parts of healing. You may notice changes in how you think, feel, or respond to the world. That's okay. Learning to recognize these changes isn't a setback – it's a strength.

Give yourself grace. Every step you take toward understanding yourself better is a step toward growth and resilience. You are not alone, and your journey matters.



What is Self-Awareness?

Self-awareness is the ability to:

- Understand your own thoughts, emotions, behaviors, and abilities
- Recognize changes in yourself after injury
- Accurately judge what you can and can't do

Look for These Difficulties

- Difficulty recognizing a problem while it is happening
- Difficulty understanding why rehabilitation therapies are needed
- Difficulty putting goals and strategies into action
- Difficulty generalizing knowledge from one situation to another
- Difficulty monitoring your progress
- Difficulty following recommendations of providers

Why Self-Awareness Matters

Lack of self-awareness can:

- Hinder rehabilitation progress
- Lead to poor decision-making or risky behavior
- Affect relationships and emotional well-being
- Make returning to work, school, or independent living harder

How Brain Injury Affects Self-Awareness

A brain injury can lead to:

- Anosognosia: a lack of awareness that you have impairments
- Overestimation or underestimation of your abilities
- Difficulty noticing errors or the impact of your behavior on others
- Resistance to feedback from family, therapists, or doctors

These issues aren't about being in denial – they're neurological.

Improving self-awareness helps you:

- Set realistic goals
- Accept support
- Build better coping strategies

Imagine: Self-Awareness After Brain Injury

Think of self-awareness like holding a mirror. Before your brain injury, the mirror was clear – you could see yourself, your actions, and how others reacted to you. You had a good sense of how you were showing up in the world.

After a brain injury, it's like the mirror got fogged up or cracked. You might not see things the same way. You might miss how your words affect others or not notice your own emotions building up. Sometimes, people may give you feedback – and it feels like they're describing someone else.

This doesn't mean you're broken. It just means the mirror needs cleaning or repair. Over time, with support and reflection, the fog can lift. You can learn to see yourself more clearly again and rebuild that connection between your inner world and the outside world.

Accommodations

You can't “will” yourself to be more self-aware, but there are proven strategies:

- Learn how to use safe “supported risk-taking” techniques from providers (speech therapist, occupational therapist, neuropsychologist)
- Work with providers to develop effective problem-solving techniques
- Ask for realistic, gentle feedback from members of your support system
- Use a memory notebook, video reviews, or device, like a cellphone, to track progress and setbacks
- Consider participating in individual therapy (occupational therapy, speech-language pathology, neuropsychology, and counseling) to help you process the changes in your life

Adjustments and change take time!

Sleep

The American Academy of Neurology reports that as many as 40-65% of people with mild traumatic brain injury complain of insomnia. Lack of sleep has a negative effect on cognition, mood, energy levels, and appetite. **Sleep plays a crucial role in recovery after a brain injury.** Whether the injury is mild

(such as a concussion) or more severe, the brain needs time and optimal conditions to heal – and sleep provides both.



Many brain injury survivors experience sleep problems, and up to half may develop sleep apnea. Some may sleep much more than usual, while others struggle with insomnia, fragmented sleep, or excessive daytime sleepiness. These disruptions can slow down cognitive recovery, increase irritability, and worsen symptoms such as headaches, memory problems, and fatigue.

Sleep is an important part of healing after a brain injury. Your brain is working hard to recover, and rest gives it the time it needs to repair and grow stronger. It's normal for sleep patterns to change – you might feel more tired than usual or have trouble falling or staying asleep. You are not alone, and every step you take is progress.

Understand the Causes

- If there is damage to sleep-regulating brain areas (brainstem, hypothalamus, pineal gland), your body may lose its natural sleep-wake cycle (circadian rhythm)
- Hormone production (e.g., melatonin) can be disrupted
- Increased mood and stress levels (leading to insomnia, anxiety, or depression)
- Pain, light/noise sensitivity, and fatigue – all of which impair sleep
- Many medications prescribed after brain injury may interfere with normal sleep

Look for These Difficulties

- Difficulty falling asleep at night/waking in the night and unable to fall back to sleep
- Not feeling rested when waking in the morning
- Easily wakened
- Pain or discomfort making it difficult to fall asleep

Accommodations

- Keep a consistent sleep/wake schedule
- Use a wind-down routine using calming activities before bed (e.g., reading, meditation, gentle stretching)
- Regulate your light exposure – get natural light exposure early in the day to reset circadian rhythms; use warm, low lighting in the evening to cue the body for sleep; avoid screens due to blue light rays one hour before bed (blue light from devices can delay melatonin release)

- Avoid caffeine and nicotine, especially in the afternoon/evening
- Limit alcohol – it may worsen sleep quality
- Avoid eating heavy meals or food before bed
- Exercise regularly, but avoid exercising in late evening
- Make sure your room is very dark and quiet
- Use your bedroom only for sleep (Do not watch TV or use electronic devices in bed)
- Avoid long afternoon naps
- Use simple breathing exercises
- Using lavender or other essential oils as aromatherapy to assist with sleep
- Journal thoughts or worries before bed to “offload” them
- Use a sleep diary to identify patterns, triggers, and improvements. Note issues like nighttime awakenings, trouble falling asleep, daytime sleepiness, and nightmares (especially after trauma)
- If stress and anxiety are keeping you awake at night, individual therapy may help
- Consult your doctor about sleep concerns

Sleep Review

- ▶ Are you falling asleep within 30 minutes?
- ▶ Are you staying asleep through the night?
- ▶ Are you waking up feeling refreshed?
- ▶ If not, note any triggers or changes and discuss with your doctor.

Ultimately, good sleep is not just about rest – it’s a powerful tool in the healing process. For individuals recovering from brain injury, prioritizing healthy sleep habits can significantly enhance their rehabilitation and quality of life.



Attention

Attention is your brain's way of helping you focus on something. It helps you listen, learn, follow directions, and do things step by step. When you have a brain injury, paying attention can become harder. And if you have co-existing ADD/ADHD, it can make it even harder! Your brain might feel tired, busy, or overloaded. You might:

- Get distracted easily
- Forget what you were doing
- Feel like your brain can't keep up
- Have a hard time finishing tasks
- Lose your train of thought
- Struggle to follow long conversations or directions

Different Types of Attention

There are different types of attention. Brain injuries can make all these more difficult.

1. **Sustained:** The ability to focus on one thing over a period of time (like doing homework)
 - ▶ Difficulty may look like:
 - » Difficulty staying on task when working independently
 - » Difficulty listening across the duration of a conversation/lesson/TV show (i.e., "short attention span")
2. **Selective:** The ability to focus on one thing despite distractions (like listening to conversations in busy lunchroom) (see below re: internal vs external distractions)
 - ▶ Difficulty may look like:
 - » Getting distracted during a conversation by background noise, boredom, or hunger

3. **Alternating:** The ability to shift concentration from one thing to another (like stopping a game to answer a question)
 - ▶ Difficulty may look like:
 - » Leaving tasks incomplete after interruption or wondering/forgetting where you were at after interruption
4. **Divided:** The ability to focus on multiple things at the same time (like listening and writing notes at the same time)
 - ▶ Difficulty may look like:
 - » Difficulty engaging in two tasks at once

Internal vs External Distractions

Distractions can be grouped into two types: internal and external distractions. Internal distractions are disruptions in concentration that come from within the body. External distractions are disruptions in concentration that come from the environment outside of the body. Both can negatively affect performance in therapy, functioning at home, and/or work.

Internal Distractions:

- Anxiety/Depression
- Boredom
- Hunger/Thirst
- Worrisome or off-topic thoughts
- Fatigue
- Self-doubt
- Investment/Motivation
- Pain
- Urgency to use bathroom

External Distractions:

- Auditory distractions (people talking, radio, TV, etc.)
- Noise or visual distractions
- Busy environment
- Lighting (bright lights, LED lights, etc)
- Temperature

Imagine:

Your attention is like a flashlight in a dark room. Before the brain injury, the flashlight had a strong, steady beam; you could easily point it where you wanted, focus on one thing, or quickly shift it to something new.

After a brain injury, that flashlight might flicker, dim, or have trouble staying pointed in one place. It might even swing around without warning or get stuck on something unimportant. This makes it harder to focus, switch tasks, or filter out distractions.

It's not that the room (your world) has changed, it's that the tool you use to navigate it is working differently. But with patience, strategies, and support, you can learn how to strengthen and steady your beam again.

Accommodations

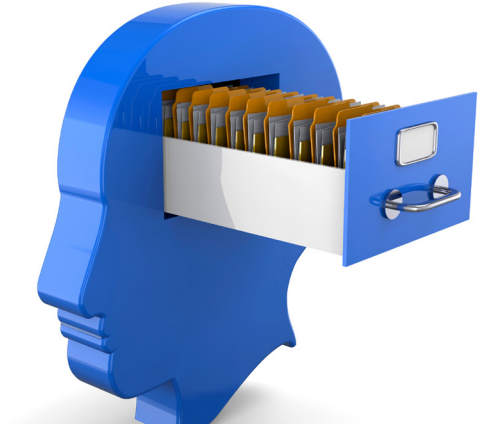
- Reduce auditory and visual distractions – work in a quiet, distraction-free workplace when you can; dim screen brightness
- Ask for directions to be repeated. Try saying this: “Can you say that again slowly, please?”
- Use a notepad or calendar to keep track of tasks. Try saying this: “Can we write it down, so I don’t forget?”
- Wear earphones to drown out noise. Wear sunglasses/hat to help reduce harsh lighting
- Break larger tasks into smaller steps
- Use highlighters or color coding when following along with handouts
- Take frequent “brain breaks.” Try saying this: “I’m having trouble focusing. Can we take a break?”
- Use a recorder to help remember important details
- Try using doodling or fidget devices to stay focused
- Schedule appointments during most alert time frames

Remember this: You’re not broken. You’re recovering. Attention is like a muscle – it may feel weak now, but it can get stronger with time, rest, and practice. Be patient with yourself. Progress counts, no matter how small.

Memory

Memory is how our brain **takes in, stores,** and **brings back** information from previously experienced sensations, information, and ideas. Memory impairment makes it difficult to recall, organize, or process information. After a brain injury, remembering things might be hard. **You might notice challenges like:**

- Forgetting what someone just said
- Forgetting what you were doing
- Forgetting where you put something
- Forgetting words, names, or dates
- Forgetting why you walked into a room
- Forgetting something you just learned
- Forgetting steps of tasks or directions (like making a call, doing paperwork, or cleaning your space)
- Appearing inattentive, mentally foggy, forgetful
- Lacking follow-through with activities or instructions



This is normal. Your brain is trying to rebuild its memory “paths.” **Why memory might be harder now:**

- Your brain has to work harder to take in, hold on to, and use information.
- You might forget what someone just told you, lose track of time, or repeat questions.
- It may be hard to remember steps in a task (like how to cook something or where you left your keys).
- Feeling tired, stressed, or overwhelmed can make memory even harder.
- Your brain may be slower to remember something – you know it’s there, just harder/ slower to find it.
- Some people lose memories from before the injury (retrograde amnesia) or can’t remember what happened right after it (anterograde amnesia).

How Memory Works

There are three stages of memory:

1. **Encoding** – This is how we first take in information. For example, hearing someone’s name.
2. **Storage** – This is where your brain keeps the memory over time.
3. **Retrieval** – This is how your brain pulls out the information when you need it.

There are also different kinds of memory:

- **Short-term memory:** Holds small bits of information for a few seconds or minutes
- **Working memory:** Helps us do tasks like solving a problem or following steps
- **Long-term memory:** Stores facts, life events, skills (like riding a bike) for a long time

Think of your brain like a **library**. A big one, right inside your head.

- Taking in information (encoding) is like a librarian getting a new book. When someone tells you something – like a name or what time you have to be somewhere – it's like the librarian receiving a new book. They look at it, label it, and figure out where to put it.
- Storing information is like putting the book on a shelf. If the librarian does a good job, the book (memory) goes in the right spot. That's like your brain saving a memory in the right place. Some books are just added (short-term memory), while others are kept forever (long-term memory).
- Remembering (retrieving) is like asking the librarian to go find that book later. If the lights are on and everything's in order, the librarian can find it fast. But if the lights are flickering (you're stressed, tired, or overwhelmed), or the book was never filed right in the first place, it's harder to find.

After a brain injury... A brain injury can mess up the whole system:

- The librarian might be slow or distracted, so the new book never gets put on the shelf.
- Sometimes the librarian forgets to put the book on the shelf (you didn't store the memory well).
- Other times, the book is on the shelf, but it's in the wrong place (the memory is stored but hard to find).
- Or the library has power problems – the lights flicker and make it harder to find or sort through information (you feel foggy, tired, stressed, anxious, or forgetful).

Accommodations

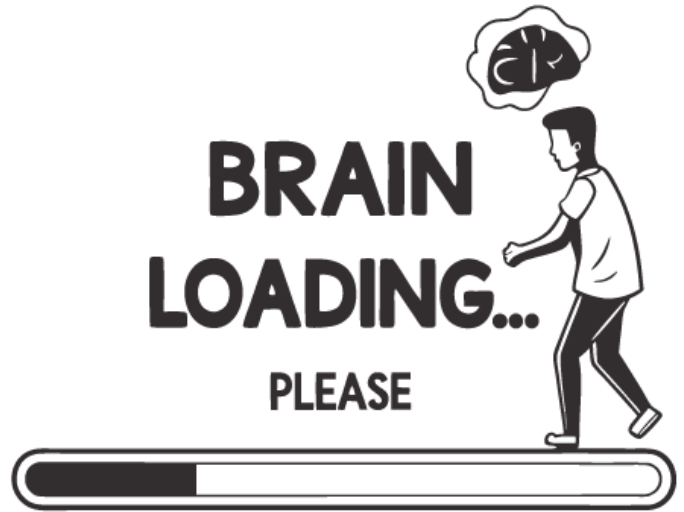
- **Memory station** – Keep important items such as keys, wallet, papers, in one designated location
- **Use reminders** – Alarms, sticky notes, and checklists can be your best friends
- **Repeat things out loud** – Saying it a few times helps your brain hold on to it
- **Create routines** – Doing the same thing in the same way each day makes it easier to remember
- **Keep a journal** – At the end of each day, write down what you accomplished and what you would like to accomplish the next day
- **Use checklists** – Make a short list of what you need to do. Cross it off as you go
- **Ask for reminders** – It's okay to ask a staff member or peer for help remembering something important.
- **Label items in your home** – Label cupboards, rooms, or label perishable foods with the date it was opened/prepared
- **Consistency** – Schedule recurring appointments for the same day and time each week

Delayed Processing

Delayed processing is a common and normal experience after a brain injury. Delayed processing is the brain's decreased/slowed ability to process information you hear, see, or think about. Your brain may take longer to understand, respond, or react to things than it did before your injury.

For example:

- Someone asks you a question, and it takes a few extra seconds (or more) to figure out your answer.
- You're trying to read something, but it feels slow or confusing.
- You hear directions, but you need them repeated or broken down.



This Is Not About Intelligence

This does **not mean you're stupid or lazy**. Your brain is working harder now to do things that used to be automatic. It's like trying to drive with your emergency lights on – you're still moving, just more carefully.

Why It Happens

Your brain has to **rebuild and reroute** after injury. The paths information used to travel may be damaged, so your brain is using new paths – and that takes time.

What It Can Feel Like

- Frustrating, like you're "slow" or can't keep up
- Embarrassing in fast conversations
- Overwhelming in busy environments (too much info at once)
- Often feeling tired or mentally foggy

Look for These Difficulties

- Hard time keeping up with the pace of conversations
- Difficulty following directions or missing steps
- Prone to distractions or "zoning out"
- Viewed as unmotivated/slow moving
- Misunderstood as uncooperative, or resistant due to slow responsiveness

Imagine:

Think of your brain like a **mailroom**. Before your brain injury, the mailroom was running **fast and smooth** – letters came in, got sorted, and were delivered.

But after a brain injury, it's like the mailroom got damaged. Now:

- There's fewer staff
- Some routes are blocked
- And things are just slower to sort and deliver

The letters (information) still get there, but it takes more time. You might:

- Hear something, but need a minute to really understand it
- Struggle to respond right away in a conversation
- Need things repeated or written down to make sense of them

This doesn't mean you're dumb. It just means your brain's mailroom is retraining and rebuilding. It's working hard behind the scenes to sort things out – just slower for now.

Accommodations

- Ask people to slow down or repeat things
- Ask for meetings to be held in places free of distractions
- To help you follow directions with a lot of steps, write the steps down and do one at a time
- Write down tasks step by step
- Ask for clarification if there is something you do not understand
- Physical activity supports brain function; make sure to add exercise to your day
- Give yourself extra time to think and respond
- Take breaks when your brain feels tired
- Use tools like checklists, timers, or visual cues

Try saying: "My brain needs a little extra time to process things. Thanks for being patient."

Emotional Dysregulation

Emotional dysregulation means moods and emotional reactions are unstable and difficult to manage. It is often referred to the ‘brain injury roller-coaster.’ You might feel:

- Emotions come on too fast
- Reactions that are too strong for the situation
- Ups and downs that are hard to control
- Trouble calming down once upset



Why Does It Happen After Brain Injury?

Your brain helps control your emotions – like a traffic light that tells your feelings when to go, slow down, or stop.

When you have a brain injury, that “traffic light” may stop working properly.

Parts of the brain involved in emotional regulation (like the **frontal lobe** and **limbic system**) might be affected. That makes it harder to:

- Pause before reacting
- Think things through
- Stay calm under stress

What It Might Look Like

- Crying or getting angry more easily than before
- Saying things you didn’t mean
- Feeling overwhelmed in busy places or loud settings
- Moods shifting rapidly, also called “mood swings”
- Feeling out of control or embarrassed afterward
- Difficulty knowing when to stop doing something
- Doing things quickly or without regard to safety
- Intention and behavior may be disconnected such as laughing at a sad story

Imagine:

Think of your emotions like the **heating system**.

- When the thermostat is working, the room stays at a steady temperature. If it gets too hot, the system cools things down. If it’s too cold, it warms up. It keeps things balanced.
- But after a brain injury, it’s like that thermostat is broken.
 - ▶ Sometimes, the heat blasts out of nowhere – you’re suddenly angry, sad, or anxious without warning.
 - ▶ Other times, the heat stays on too long – you can’t cool down even when the situation calms down.

- ▶ And sometimes, it doesn't kick in at all – you feel numb or disconnected, like nothing gets through.
- It's not because you want to feel this way. The system that used to help you regulate your emotions is now out of whack. You didn't break the thermostat. The injury did. But you can still learn to work with it. It might take effort, support, and new tools – but you're not stuck in the heat forever.

Accommodations

- Use mindfulness techniques
- Learn what triggers your emotional changes (noise, fatigue, certain people, etc.) – journal or track these
- Use calming tools – Have a “cool-down plan” like deep breathing, stepping outside, or listening to music
- Pay attention to what is happening in your body when you feel agitated. For example, are you tapping your foot, clenching your fists?
- Ask for a short break
- Write down important information before you go into emotional situations
- Maintain a routine/schedule. Doing things at the same time everyday can help regulate emotional highs and lows.
- Keep a journal – Writing can help you spot patterns and express feelings safely
- Make a list of people that make you feel safe and heard. Reach out to them when needing support
- Exercise – Physical movement produces hormones that help control stress and improve mood
- Sleep – Sleep deprivation, which can affect appetite and energy level – can also contribute to sadness, irritability, and general lowness of mood
- Nutrition – Getting enough nutrients and avoiding the consumption of large amounts of sugar, alcohol, and caffeine may help reduce the frequency of mood swings
- Therapy – Seek professional help from a counselor or psychologist if warranted
- Caregivers – The most important thing you can do is remain calm yourself, do not react to the person's emotions. You can gently guide the person to a quiet area to help them regain control.

Remember: Emotional dysregulation doesn't mean you're “too sensitive” or “bad at coping.”

It means your brain is working differently now – and with support, you can learn to manage it.

Journal 6

Take some time to reflect on memory – delayed processing – emotional regulation. There are no 'right' answers.

1. What kinds of things do you find hard to remember since your injury?
2. How does it make you feel when you forget something?
3. What advice would you give someone else going through memory problems after a brain injury?
4. What does it feel like when your brain takes longer to understand or respond?
5. What situations make you feel rushed or pressured to respond quickly?
6. Can you think of a time when taking your time helped you make a better choice?
7. What signs of emotional dysregulation have you noticed in your life? When was the last time that you experienced this?
8. Has this emotional dysregulation occurred prior to your brain injury? Did the emotional dysregulation happen more frequently or more intensely after your brain injury?
9. Have family members, friends, staff, etc., told you that you exhibit signs of poor emotional control (i.e., "emotional dysregulation")?

Executive Functioning Skills

Executive functioning allows a person to create plans, organize, solve problems, make decisions, complete tasks, and reflect. Executive functions are like the brain's boss or coach since they assist in the interaction between other cognitive processes, such as memory, attention, and perception. After a brain injury, executive functioning can be affected, which can make everyday tasks feel harder or more frustrating.



Executive functioning skills are like the conductor of an orchestra.

Imagine your brain is filled with many different musicians – each representing a different ability: memory, attention, emotions, movement, language, and more. These musicians are talented, but without someone guiding them, the music turns into chaos. The conductor (your executive functioning) stands in front, keeping everyone in sync. They:

- **Start and stop** the music (like task initiation and completion)
- **Adjust the tempo** (like managing time and pacing)
- **Cue different sections** (like shifting between tasks or ideas)
- **Keep everyone on the same page** (like organizing and planning)
- **Stay calm under pressure** (like emotional regulation)

When the conductor is strong and focused, the result is a beautiful symphony of thinking, acting, and responding. But if the conductor is distracted or overwhelmed, even the best musicians can lose track – and things can feel disorganized or frustrated.

Aspects of Executive Functioning

- **Attention:** The ability to maintain focus on tasks and prevent distraction
- **Processing speed:** The speed in which a person can understand and react to information received
- **Regulation:** The ability to respond to the ongoing demands in a manner that is socially tolerable
- **Awareness:** Knowledge and recognition of strengths and weaknesses
- **Initiation:** The ability to start an action
- **Response inhibition:** The ability to stop an action that is now appropriate or is unnecessary
- **Self-monitoring:** The ability for one to monitor their own actions and behaviors in order to make changes when needed
- **Mental flexibility:** The ability to transition or “shift” from thinking about one concept to another
- **Organization:** The ability to sort language and ideas into cohesive categories in order to clarify thoughts and ideas
- **Sequencing:** The awareness that events are required to happen in a certain order
- **Working memory:** The ability to recall, manipulate, and use relevant information while in the middle of an activity
- **Planning:** The mental flexibility to chain events together before they happen

Brain Injury Affects Executive Functioning

When a person has a brain injury, especially to the frontal lobe or prefrontal cortex, they may have difficulties with executive functioning, which is called executive dysfunction.

Executive dysfunction can result in difficulties with:

- Trouble staying focused or easily distracted
- Difficulty getting started on tasks
- Forgetting what you were doing or what comes next
- Feeling overwhelmed when things change
- Getting stuck on one idea or task (called “perseveration”)
- Struggling with emotional outbursts or poor frustration tolerance
- Making quick decisions without thinking through the consequences

Look for These Difficulties

- Keeping appointments
- Remembering medications
- Paying bills on time
- Remembering grocery list
- Organizing mail
- Appears to lack motivation
- Difficulty prioritizing tasks
- Missing deadlines
- Trouble adjusting to new tasks

Accommodations

- Reduce distractions
- Write a to-do list: Estimate how much time it will take to complete each task and prioritize items in order
- One task at a time
- Work in small chunks of time
- Set reminders with alerts
- Work in an organized space; minimize clutter (cluttered space = cluttered brain)
- Break projects into steps
- Slow down
- Keep items in the same place

It is important to remember these are just a few executive functioning skills a person may have difficulty with. If you have further questions, you can reach out to NDBIN for additional resources and screening opportunities.

Impulsivity/Inhibition

After a brain injury, it's common to notice changes in how you control your actions, emotions, or words. Impulsivity happens when your brain has a harder time slowing things down before you react. "Impulsive" means rash, quick, or hasty. An impulsive decision is one made very quickly, with little time given to consider the possible outcomes of that decision. It is important to remember that the impulsivity is at fault, not the person.

What Impulsivity Can Look Like

Impulsivity means doing or saying something without thinking it through first.

- Saying or doing things without thinking or without regard for safety (thrill-seeking or sensation-seeking behaviors)
- Trouble knowing when to stop an activity
- Difficulty following directions
- Spending money you didn't plan to
- Sexual promiscuity
- Irritability/temper outbursts
- Controlling or disrupting conversations
- Driving decisions made during road rage incidents
- Violent behaviors that occur during heated arguments
- Walking away or quitting something in the moment



Your brain injury doesn't make you a bad person. But it might explain some of the behavior you've had in your past. And now that you know, you have a chance to take back control. That's powerful. **Brain injury is an explanation, not an excuse.**

What Inhibition Can Look Like

Inhibition is the ability to pause, think, and choose before acting. It's like a stop sign in your brain that helps you:

- Think before you speak
- Wait your turn
- Control urges
- Stay on track with goals

After a brain injury, your **internal "stop sign"** might be damaged. That means you might **act fast** without meaning to or say things you later regret.

Why Does This Happen?

Your **frontal lobe** – the part of the brain right behind your forehead – is in charge of inhibition and self-control. If this area is injured, your brain might **have trouble putting on the brakes**. This isn't your fault.

Imagine:

Think of your **brain** like a prison yard.

There are rules, routines, and certain people like Correctional Officers (COs) whose job is to **keep order**. In your brain, that job belongs to the frontal lobe – it acts like the CO of your thoughts and actions.

Now imagine what happens if that CO is out sick, distracted, or just not doing their job very well. Suddenly:

- Inmates (your thoughts or emotions) start doing whatever they want.
- Fights break out (you snap or yell without meaning to).
- People walk out of line (you make choices without thinking them through).
- Someone rushes into the wrong cellblock (you interrupt or act without pausing).

That's impulsivity – when your internal CO isn't on duty like they used to be.

On the other hand, when your brain is working right, that CO says:

- "Hold up. Is this the right time?"
- "Let's think before we move."
- "Is this safe? Is this smart?"

That's inhibition – your brain's way of checking in before reacting.

After a brain injury, it's like your mental CO is still on the job but moving slower or missing some things. That doesn't mean you're out of control. It just means you might need **extra support, structure, and practice** to help that officer get back on track.

Accommodations

- Stop Think Act! When you notice yourself acting on the first thing that pops into your mind, STOP and count to three while you think about the possible outcomes of what you are about to do
- Use visual reminders: Notes like "STOP and THINK" around your space can help.
- Talk it out: Ask someone you trust to help you think through choices before you act.
- Make a plan: Know your triggers (like stress or boredom) and plan ways to respond
- Practice patience: Progress may be slow, but it's still progress
- Utilize breathing techniques such as breathing in through your nose, hold your breath for six seconds, and then breathe out through your mouth
- If you find yourself disrupting conversations, try silently repeating the question(s) to yourself before offering an answer and/or bring a notepad with you to write down your thoughts as they pop into your head
- Take frequent physical brain breaks
- Write down step-by-step instructions or create a checklist to help yourself complete tasks or instructions

The better you learn to control your impulses, the more likely you are to avoid unwanted personal and legal consequences in the future!

Mental Inflexibility

Mental inflexibility is the inability to respond to changes, such as thinking about multiple ideas at once or switching between thoughts. It is a common challenge, and executive functioning deficit, for people with brain injury that can significantly impact daily life.



What is Mental Inflexibility?

Think of your brain like a muscle. When it's flexible, it can bend and adapt easily. Mental inflexibility is like that muscle getting stiff. It means:

- **Getting stuck:** You might find it hard to change your mind, your plan, or how you do things, even when it's clear the old way isn't working. It's like your brain gets "stuck" on one idea or action.
- **Difficulty with new things:** New rules, new routines, or unexpected changes can be really tough. You might feel frustrated or overwhelmed when things aren't what you expected.
- **Trouble seeing other views:** It can be hard to understand why someone else thinks differently, or to see a situation from another person's side. You may be seen as argumentative, uncooperative, or stubborn.
- **Repeating yourself (perseveration):** You might keep thinking the same thought, saying the same thing, or doing the same action over and over, even when it's not helpful anymore. This isn't on purpose – it's your brain getting stuck.
- **Hard to solve problems:** When a problem comes up, it might be hard to think of different ways to fix it. You might only see one solution, even if it's not the best one.

Why Does It Happen?

- A brain injury can damage parts of your brain (especially the prefrontal lobe) that help you switch gears, plan, and adapt. It's not your fault, and it's not something you choose. It's a real effect of the injury.

Common Challenges Faced by Survivors with Mental Inflexibility:

- **Poor self-awareness:** People with brain injury may not be aware of their own mental inflexibility, which can lead to frustration and anger when it's pointed out. They may need to "fail often" to gain insight.
- **Emotional regulation difficulties:** Frustration, irritability, and aggression can arise when they struggle to adapt.
- **Difficulty with change:** Even small changes to routines can be upsetting.

- **Social difficulties:** Understanding others' perspectives and adjusting to social cues can be challenging.
- **Planning and organization issues:** Breaking down tasks into steps and adjusting plans can be difficult.

Accommodations

- **Stop, Breathe, Think:** When you feel yourself getting stuck/frustrated: STOP. Take a few deep breaths. Then THINK: "Is there another way to look at this? What is the goal here? What else could I do?"
- When planning, **leave extra time** before due dates and set reminders on items like a phone, calendar, or note pads
- **Write out the steps** to tasks and cross steps off as you complete them
- **Write down pros and cons**, considering short- and long-term consequences for actions
- **Try new things**, like making a new friend, tasting a new food, changing your routine, or learning a new dance
- **Establish consistent routines:** This can provide a sense of predictability and reduce the need for constant adaptation
- **Break down tasks:** Large or complex tasks can be overwhelming. Breaking them into smaller, manageable steps can make them more achievable
- **Use checklists and visual aids:** These can help organize tasks and prompt self-care activities
- **Minimize distractions:** Create a quiet and uncluttered environment for tasks that require focus
- **Prioritize sleep:** Adequate rest is crucial for cognitive function
- **Engage in physical activity:** Regular exercise can stimulate brain activity
- **Mindfulness and relaxation techniques:** These can help reduce stress and improve focus
- **Connect with a strong support system:** Friends, family, or support groups can offer emotional support and understanding
- **Open communication:** Encourage the survivor to express their feelings without judgment
- **Caregiver support:** It's important for caregivers to also take care of their own well-being and seek support
- **Professional help:** Seek help from trained professionals, including neuropsychologists, occupational therapists, and speech-language pathologists, for assessment and intervention

Journal 7

1. What usually gets in the way of me following through on a plan?
2. What signs tell me that I need to slow down and think before I act?
3. What's one way I could better use my time this week?
4. "What does 'thinking before acting' mean to me?"
5. "How does impulsivity affect my relationships?"
6. Three-part question
 - a. Think about a time when you felt stuck on an idea, a feeling, or a way of doing something, even when it wasn't working. What was the situation?
 - b. How did it feel when you were stuck? (e.g., frustrated, angry, confused, overwhelmed?)
 - c. What was the outcome of the situation? How did it affect you or others around you?
7. Recall an argument or disagreement you had with someone. After reading about mental inflexibility, do you think your difficulty seeing their point of view played a part? Explain why or why not. What's one thing you could try next time you're in a disagreement to help you consider the other person's side?
8. Who do you have in your support circle you could talk to if you're struggling with mental inflexibility? What would you say to them?

Organization

Mental organization is a key executive functioning skill that helps you manage your time, energy, or resources in a helpful way to finish goals or tasks.

Mental organization is your brain's ability to:

- **Sort and store information** logically
- **Plan and prioritize tasks**
- **Keep track of what needs to be done**
- **Break down large tasks** into smaller steps
- **Shift focus** between different ideas or tasks



How Brain Injury Affects It

- You may forget steps in a task (e.g., make coffee but forget to turn the machine on).
- You may feel mentally “cluttered” or easily overwhelmed.
- You might jump from one idea or task to another without finishing.
- Planning and time management may become frustrating or confusing.
- You may often be late for appointments/miss important deadlines like paying bills or completing paperwork.
- You may not take medications correctly.
- You may lose track of time or feel unsure what day it is.

Why This Matters

Mental organization helps you feel in control, reduces stress, and supports independence. Improving it can help with returning to work, rebuilding relationships, and handling day-to-day responsibilities.

Mental Organization Is Like a Toolbox

Imagine your brain is a **toolbox**. When your toolbox is organized:

- You know where each tool is.
- When a job comes up, you can grab what you need quickly.
- You don't waste time searching or using the wrong tool.

But after a brain injury, your toolbox might look like:

- Tools thrown in randomly
- Some tools missing or buried under others
- You forget what some tools are even for

So when it's time to do a job – like cooking dinner, solving a problem, or writing an email – it takes longer, feels frustrating, or the job doesn't get done the right way.



The Goal

Reorganize your mental toolbox one drawer at a time.

- **Labels** (like routines, checklists, or calendars) help you remember where things go.
- **Practice** helps you get familiar with your tools again.
- **Support** from others (like therapists or coaches) can help you sort and rebuild.

Accommodations

- Use a notebook, planner, or digital calendar and reminder apps for scheduling; review weekly and monthly schedules frequently
- Create routines: Keep daily habits in the same order to reduce mental load
- Use a system of organization for tasks such as important events, bill due dates, and other deadlines
- Declutter your environment: A clear space helps support a clear mind
- Use visual supports: Charts, checklists, or labeled bins can help guide memory and focus
- Set up a routine by asking that your regular appointments be scheduled on the same day and at the same time (i.e., physical therapy every Tuesday at 2:00 pm)
- To help switch between tasks, set a timer or use a watch to alert yourself when to get ready for your next task
- Break tasks down into smaller, simpler steps and cross off each step as it is completed (i.e., instead of “clean kitchen,” break it down into “clear counters, wash dishes, wipe surfaces”)
- Keep all items you need to take with you such as wallet, purse, keys, phone in one spot in your home

Speech/Language

After a brain injury, communication can be significantly affected, even if speech and language were strengths before. You should understand that changes in communication are **common, often invisible, and manageable with awareness and practice**. Speech/language problems can result in difficulty expressing or understanding language, both verbal or written, and may cause difficulty with social communication.

What's Going On?

A brain injury can affect different parts of how we communicate — even if our voice sounds the same.

Here are some changes you might notice:

- **Finding the right word is harder.** You might know what you want to say but can't get the words out ("the word is on the tip of my tongue").
- **You lose your place in conversations.** You may forget what someone just said or what you were saying.
- **It's hard to keep up.** Conversations can feel too fast or too much, especially in noisy places.
- **Tone and emotion feel off.** You might sound flat when you don't mean to — or struggle to read how others are feeling. These challenges can lead to misunderstandings.
- **You repeat yourself or forget what you've said.** This can feel frustrating or embarrassing, but it's not your fault.
- **You get tired quickly.** Communication can feel exhausting, especially when you're already mentally worn out. Additionally, when you're tired or overwhelmed, communication often becomes more difficult. Plan conversations during "**best times of the day**" can help.
- **You may have slurred production of words or slowed rate of speech.** This is known as "dysarthria."
- **You may experience rapid, nonstop talking.** You may dominate interactions with others. This is known as "verbosity of speech."

Communication After Brain Injury Can Be Like a Damaged Radio

Imagine your brain is like a radio station. Before the injury, it sent and received messages clearly — the signal was strong, and everything came through in high-quality sound.



But after a brain injury, it's like the radio got bumped or damaged. Now:

- Sometimes the **signal cuts** out and you lose your train of thought.
- Other times the **volume is too low**, so you hear people talking but can't process what they're saying fast enough.
- You might know what you want to say, but the **words come out scrambled**, like static.
- People may still hear your words, but they **don't hear your emotion or tone**, so they misunderstand you.
- Or the station gets **interference** from noise, fatigue, or stress — and suddenly even a simple conversation feels overwhelming.

The radio isn't broken — it just needs **time, tuning, and support** to get clearer again.

Accommodations

- Don't be afraid to advocate for what you need: ask people to speak slower, repeat what they said, or to rephrase their question in a different way
- If you're stuck on a word, try to describe the item/object/person (where you find it, how it works, who usually does or has the item, what it looks like) and/or think of the first letter or sound of the word
- Let others know that you may need more time or fewer distractions
- Use gestures or to help others understand
- Write down important points or tasks or use a voice recorder such as on a cell phone
- Try using paper notes or electronic devices to communicate your ideas if it is hard to say things out loud
- Try reading aloud to yourself in a place with no distractions and use a bookmark or finger to focus on one line at a time to avoid losing your place
- Do physical movement before a high communication context (i.e., walk around the block before a job interview).
- Speech-language therapists can help with communication as well as many other needs
- Communication is a skill that can improve with practice, therapy, patience, and support. Speech-language therapy or cognitive rehab may help

You are not broken. Your brain is working hard to heal and adapt. Every time you try, you're building new pathways. Communication may be different now, but you can still connect, express yourself, and be understood — one step at a time.

Journal 8

1. If your mind were a toolbox, what tools do you think are in there right now? (think of habits, skills, thoughts, routines, or supports).
2. What's one thing you could do each day to help "clean out" or organize your mental toolbox?
3. Can you describe a time recently when you felt like you were thinking clearly or had things under control? What made that moment easier – and how can you repeat it?
4. Have you ever felt frustrated or embarrassed during a conversation? What happened, and how did you handle it?
5. When communication breaks down, how do you usually respond – shut down, get angry, try again, etc." What would you like to do instead?
6. What situations make communication hardest for you? (examples: noise, fast talkers, groups, pressure)

Return to Work

Whether you are returning to work for the first time since your brain injury or have worked for years and continue to look for ways to make it easier, returning to work after a brain injury can be a gradual and challenging process that requires careful planning and support. Recovery varies for each individual, and it's important to balance medical advice with personal readiness. A successful return often involves modified duties, flexible hours, and clear communication between the individual, healthcare providers, and employer.

Workplace accommodations and vocational rehabilitation services can also play a key role in easing the transition. Patience, persistence, and a supportive environment are essential to rebuilding confidence and capability in the workplace.

Many people with brain injury are able to return to work full-time with some basic accommodations. You may also be eligible for a workplace 504 plan (for assistance writing a formal 504 for return to work, contact NDBIN). This is a list of common work accommodations recommended for survivors of brain injury:

Difficulty Paying Attention

- Adjust light fixtures (exchange LED for warm)
- Dim screen lights (computer/phone screens)
- Private workspace
- Desk organization tools
- Fidget devices
- Timers/reminders, alarms
- Calendars/planners
- Noise canceling headphones
- Restructure job schedule/hours
- Uninterrupted time blocked off on schedule
- Take short breaks between tasks
- Turn off or remove phones and tablets from the room
- Create a clean and clear workspace free of clutter
- Set aside 5-10 minutes each day to organize your space
- Additional time to complete tasks
- Use strategies such as color-coding systems and task flow charts

Difficulty Staying Organized; Reduced Executive Function

- Set up a structured daily routine; write down this routine
- Timers/reminders, alarms, calendars, and planners
- Attention strategies (see left)
- Create to-do lists and cross items off when they are complete
- Checklists
- Color-coded systems (using colored tabs, folders, sticky notes, paper clips to organize)

- Extra time
- Flexible schedule
- Job coaches
- Job restructuring
- On-site mentoring
- Recorded directives, messages, materials, and meeting notes
- Written instructions
- Desk organizers
- Divide large assignments into smaller tasks and steps

Fatigue

- Reduced hours
- More breaks/flexible scheduling
- Telework
- Job restructuring
- Ergonomic equipment
- Assistant
- Task rotation
- Task separation

Workload Reduction

- Gradually increase workload as tolerated (Return to work ___ hours per day, ___ days per week, for ___ weeks)
- Work hours to be modified (more/less) as deemed necessary
- Develop a procedure to routinely evaluate the effectiveness of accommodations
- Time off for medical appointments

Memory

- Timers/reminders, alarms, calendars, and planners
- Labels/bulletin board
- Notepad/white board
- Additional training time/training refreshers
- Checklists
- Color-coded system
- Extra time
- Support person
- Task flow chart
- Written instructions

Reduced Mobility

- Grab bars
- Canes/Walkers/Scooters
- Wheelchairs
- Modified workspace

Photosensitivity

- Adjust light fixtures (reduce flashing lights, exchange LED for soft/warm white)
- Change of office space or location
- Anti-glare filters for fluorescent lights

Noise Sensitivity

- Offer white noise in work area
- Noise canceling headphones or earplugs
- Monitor noise stimulation

Emotional Control / Stress Tolerance

- Counseling/work with HR
- Mental health counseling with counselor and/or cognitive-behavioral training with speech-language pathologist
- Disability training for the rest of the team
- Positive feedback from supervisor or colleagues
- Flexible scheduling
- Positive feedback
- No responsibility for supervision/management of others
- Monitor levels of fatigue and overload
- Monitor emotional tolerance/response to workload
- Telework
- Behavioral modification techniques
- Apps for mental health/control of anger and emotions

Brain Injury and Grieving

Sometimes people feel sad because they miss who they were before their brain injury. This is called **grief**. It's not just about losing someone – it can be about losing parts of yourself, too. *You are still you. You still have value* – even on the hard days.

Healing from a brain injury is not just about the body – it's also about the heart and mind. It's okay to grieve the changes, the losses, and the life that looks different now. **Grief is not a weakness** – it's a sign of your strength, your love for who you were, and your courage to move forward. Grieving brain injury is different than grieving as it relates to death and dying. A primary factor in grieving after brain injury is related to a change in our **“self-concept.”**

Self-concept is how we perceive ourselves based on our beliefs, feelings, and values. After brain injury individuals evaluate their self-concept:

Comparing who you are now to who you were before the injury can bring up thoughts of:

- Doubting self-efficacy: Our own beliefs about our abilities
- Disruption of beliefs, assumptions, values, and expectations
- Frustration increases with cognitive problems and loss of skills

Be gentle with yourself. You're not alone in this journey. **Healing takes time and so does grieving**. One step, one breath, one day at a time.

You are still you — and you matter. Try saying, “I miss who I was. And I'm learning who I am now.” You can be sad and hopeful at the same time.

How have you reacted to life changes or losses? Check off the items below that describe you:

- ☐ Feeling down, blue, or hopeless
- ☐ Having crying spells
- ☐ Feeling irritable
- ☐ Feeling guilty or worthless
- ☐ Wondering whether or not life is worth living
- ☐ Having difficulty falling or staying asleep
- ☐ Sleeping too much
- ☐ Experiencing low energy, getting tired easily
- ☐ Eating a lot more or a lot less
- ☐ Keeping to yourself
- ☐ Not enjoying things like before
- ☐ Feeling restless, having difficulty sitting still

- ☐ Can't stop worrying about problems or the future
- ☐ Having difficulty making decisions, concentrating, or remembering things

Look over the items you've checked. The more items you check, the greater your distress and the more likely you need help. Talk with trusted family, friends, and professionals about the items you've checked.

Coping Strategies for Grief

Most people want to feel better and learn to cope with life changes, but don't know how. Here are a few strategies that have worked for other people. Check off which ones you think will work for you:

- ☐ Realize that your feelings are a common, normal response to a difficult situation.
- ☐ Be kind to yourself. Give yourself and others time to adjust.
- ☐ Think about the future you want and the best ways to get there.
- ☐ Appreciate the value of patience and persistence in reaching your goals.
- ☐ Take one step at a time, set goals for each day.
- ☐ Avoid thinking about and making comparisons to how things were.
- ☐ Recognize there is a natural human tendency to worry and focus on the negative.
- ☐ Learn to focus on your successes, strengths, and resources.
- ☐ Recognize the good things in your life and changes for the better.
- ☐ Focus on what you can do instead of what you can't.
- ☐ Be hopeful. Say positive things to yourself and others ("We will make it through this").
- ☐ Make a list of things you are thankful for and qualities you like about yourself. Refer to the list often.
- ☐ Talk to and spend time with people who care about you.
- ☐ Remember that others face similar challenges. Join a support group and talk to others for support.
- ☐ Remain active, try to do things you enjoy.

Remember, you must take care of yourself to effectively deal with the losses and changes you are facing. But sometimes coping with losses and changes may be too difficult for one person to handle on his or her own. Research and experience have told us that depression is a common reaction to brain injury. If you have concerns or questions about how you are feeling, talk with a mental health professional or church about ways to get help.

Don't Give Up

We see you. We know the road you walk is often filled with challenges, both visible and unseen. Recovery from a brain injury is not just a medical journey – it's emotional, social, and deeply personal. Along this path, one of the most powerful tools you have is your voice.

Little Joys Still Matter

Joy doesn't always come in big ways. Sometimes it's:

- The sun on your face
- A warm drink
- A kind smile
- A soft blanket
- A funny animal video
- A song that makes you cry (in a good way)

My Joy List

Things that bring me joy, comfort, or meaning – even if just a little:

"I deserve moments of joy – even in the middle of healing."

Motivation on Hard Days

Some days you won't feel like doing anything. That's okay. You can start small.

- Get out of bed
- Sit up and stretch
- Drink water
- Open a window
- Write one word in your journal
- Each step you take is a quiet victory.

"Even when I don't feel strong, I can still take one step."

Remember: Having a brain injury means your brain needs time, rest, and the right support to heal. Using alcohol, nicotine, or other substances can slow down your brain's recovery and make things worse. Substances might have been a way to cope, numb out, or survive in the past – but they can also keep you stuck, make symptoms worse, and set you up for more pain. **Sobriety is brain care. Every day you stay sober, your brain gets a chance to rewire, repair, and think more clearly.** Sobriety isn't just about saying no to something – it's about saying yes to clarity, to stability, to a future that's truly yours. You've already survived something life changing. That shows courage. That shows grit.

You deserve the chance to feel fully present in your life, to rebuild your confidence, and to protect the progress you're making.

There will be hard moments, but you're not alone. With support, tools, and patience, healing is possible. One day at a time, you can protect your mind, your progress, and your future. Stay the course – your future self will thank you.

My Why

Let's reconnect with your "why" – the reason you keep going.

Journal 9

- Someone I want to keep going for:
- A dream or goal I still have:
- A part of me I'm proud of:
- I keep going because:

Draw a symbol of your strength – a heart, tree, star, or anything that reminds you of your purpose:

Moving Forward and Common Referrals

Advocating for the services and support you need isn't always easy, but it is essential. You deserve access to quality care, therapies, accommodations, and resources that support your full potential. Your experience and insight give you a unique perspective — and that perspective matters.

Speak up for yourself and others. Whether it's requesting workplace accommodations, pushing for appropriate medical or cognitive therapies, or helping educate policymakers, your voice can create change. Connect with support groups, advocacy organizations, and community allies. You are not alone, and there is strength in unity.

Every time you share your story, every time you demand better access to services, you're not just advocating for yourself — you're paving the way for others, too. Stay strong, stay hopeful, and keep speaking up. Your journey matters, and your courage is helping build a more inclusive world.

Brain Injury Recovery Guide: Next Steps and Community-Based Resources

North Dakota Brain Injury Network

Resource Facilitation

- Resource facilitation is a free service through NDBIN that assists individuals with brain injuries, families, caregivers, and professionals find answers to questions about brain injury in North Dakota.
- Regardless of when the injury occurred, we work alongside you to develop a community support system. Some examples of how we can help you include:
 - ▶ Screening individuals for history of brain injury and assist with completing an inventory of most common symptoms after a brain injury.
 - ▶ Counseling and being a support person for survivors and families.
 - ▶ Providing information regarding state and local resources, including housing, insurance, and food assistance.
 - ▶ Locating other professionals who can assist with recovery.
 - ▶ Networking with community providers and service systems to educate others about the unique needs of those with brain injury.
 - ▶ Supporting parents/students with return to school/sports with educators and connecting to a brain injury specialist, if needed.

Living Life Fully

- Living Life Fully is a ten-week psychoeducational training course that provides people with brain injury with tools and techniques to help them understand, cope with, and proactively manage life after brain injury. It is given usually in a group setting and while each session can function as a stand-alone class, it's strongly recommended that participants attend every session.

- The classes include: Brain Injury Education and Symptom Recognition, Fatigue and Energy Management, Attention/Memory/Cognition, Emotional Dysregulation, Anger/Impulsivity/Stop and Think, Managing Triggers and Sensitivities, Coping Strategies, Communication and Relationships, Identity and Self-Awareness, and Long-Term Recovery and Moving Forward.

Support Groups

- Brain injury support groups are a great way to connect with other individuals experiencing similar circumstances. Each group has developed its own unique style based on the needs and interests of its participants.
- There are brain injury support groups around the state of North Dakota, see NDBIN's website for more information – <https://www.ndbin.org/resource-directory/support>.

Peer Support Endorsement

- If you are a peer support specialist, North Dakota offers a peer support certification. NDBIN offers online training designed to meet your training needs for this endorsement. **To earn your certificate, you need to take any three of NDBIN's five online training courses:**
 - ▶ Introduction to Brain Injury
 - ▶ Cognitive and Behavioral Consequences of Traumatic Brain Injury in Adults
 - ▶ Primary Care and TBI
 - ▶ Pediatric TBI
 - ▶ Substance Use and TBI
- You can find these courses at: <https://www.ndbin.org/training/brain-injury#peer-support-endorsement>. Email NDBIN at info@ndbin.org for your promo code to take these courses for FREE!

Reminder: If you have screened positive for a brain injury while incarcerated, experienced intimate partner violence, struggled with substance misuse/abuse, faced homelessness, or served in the military, you are not alone. A brain injury can impact memory, emotion regulation, decision-making, and impulse control. But healing is possible, and support is available. Here are some common co-existing referrals with brain injury.

• Apply for Support Services

- ▶ Justice-Involved Individuals: You may qualify for Free Through Recovery (FTR), a program that offers:
 - » Care coordination, peer support, recovery resources
 - » Ask your parole or probation officer, jail reentry staff, or community provider for a referral
- ▶ Non-Justice Involved Individuals: Consider applying for Community Connect to access:
 - » Care coordination, peer support
 - » Speak with your case manager, treatment provider, or human service zone for more information

- **For Individuals with Mental Illness** – Connect with one of **North Dakota’s**
- **Behavioral Health Clinics.** North Dakota Health and Human Services operate eight regional centers that provide behavioral health services to help individuals achieve and sustain recovery to improve their quality of life. See <https://www.hhs.nd.gov/HSC for more information>.

Services for Individuals with Brain Injury and Co-Occurring Substance Use

- Connect with a Recovery Meeting (like Celebrate Recovery, AA/NA, or church-based groups).
- Access Outpatient Treatment for Substance Abuse (if warranted)
 - ▶ Programs like Heartview Foundation offer:
 - » Outpatient and residential treatment, Mental health and substance use care, Peer support and aftercare planning
 - » Reach out to your Case Manager to help you find a treatment center.
- Explore Sober Living Homes (if warranted)
 - ▶ A safe and supportive sober living environment can provide stability and accountability during recovery. Ask a case manager or peer support specialist to help you find:
 - » Men’s and women’s sober homes
 - » Faith-based recovery housing
 - » Transitional living support

You are not alone. You are not too far gone. Reach out. Ask for help. Take the next step. You deserve healing, support, and hope.

Other Common Referrals for Brain Injury

- **Speech Therapy** – cognitive-linguistic, communication, swallowing, voice, and social skills
- **Occupational Therapy** – activities of daily living (dressing, cooking), physical impairments, participation within the community, driving skills, return to work
- **Physical Therapy** – mobility, strength, endurance, balance, and safety
- **Psychologist or Counselor** – emotional regulation, depression, anxiety, or PTSD
- **Psychiatrist** – if medication is needed for mental health challenges
- **Vocational Rehabilitation** – improve employment opportunities and help businesses in solving disability-related issues
- **ND Assistive** – assistive technology experts
- **Abused Resource Centers** – for people involved in domestic violence partnerships

Citations

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