Condition Insight Report (CIR)

Brain Injury

Version 1.0

Released 10.08.21

Overview

What is the condition usually called / any abbreviations used?

Acquired Brain Injury (ABI), Traumatic Brain Injury (TBI)

Brief overview of the condition

Acquired brain injury can have a number of different causes. Some of the most common types of brain injury include:

Traumatic brain injury (for instance road traffic collisions, falls or assaults)

Minor head injury and concussion (loss of consciousness of less than 15 minutes)

Aneurysm (also known as a cerebral aneurysm)

Brain haemorrhage (also known as a haemorrhagic stroke)

Brain tumour

Carbon monoxide poisoning

Encephalitis

Hypoxic/anoxic brain injury (caused a reduction or loss of oxygen to the brain)

Meningitis

Stroke

What is the generally preferred term for someone with this condition?

A person living with brain injury.

Presenting Symptoms

Can include, but not limited to:

- Anosognosia – lack of insight/self-awareness
- Fatigue
- Loss of simple movement of various body parts (Paralysis), low tone (Flacidity) or high tone leading to contractions, tremors, inability to control or coordinate movements, slowed movements
- Difficulties with eye and hand coordination
- Problems with balance and movement, dizziness and nausea (Vertigo)
- Difficulty with locating objects in environment
- Dyspraxia - Lack of awareness of certain body parts and/or surrounding space
- Inability to plan a sequence of complex movements needed to complete multi-stepped tasks, inability to attend to more than one object at a time.
- Difficulty with problem solving and flexibility in thinking, persistence of a single thought (Perseveration), inability to focus on task (Attending), short term memory loss, interference with long term memory
- Mood changes (Emotionally Labile), changes in social behaviour, changes in personality, increased and decreased interest in sexual behaviour, increased aggression, disinhibition and increasingly impulsive, loss of spontaneity in interacting with others
- Inability to express or understand verbal language (Aphasia)
- Problems with processing written words or visual images
- Difficulty with doing mathematics (Dyscalculia)
- Defects in vision, such as loss of a visual field, neglect, nystagmus
- Production of hallucinations, visual illusions - inaccurately seeing objects
- Word blindness - inability to recognise words
- Inability to recognise the movement of objects (Movement Agnosia)
- Difficulty in recognising faces (Prosopagnosia)
- Swallowing food and water (Dysphagia), slurred speech
- Seizures

Watch **a short video** about Candice's lived experience **HERE**.

Watch **a short video** about **what not to say** to someone with a brain injury **HERE**.

Watch **a short video** about Jamie and his Brain Injury **HERE**.

Fluctuations

Brain injury is a complex, fluctuating condition. Please take into account all the cognitive, hidden and social effects.

Think about exploring things like:

- **Do they have seizures following the brain injury?** If so, fully explore with appropriate guidance.
- **Is any tone constant or changing?**
  Where they have contractions or high tone**,** do they suffer from any varying pain which changes during the day with their fatigue?

For general their pain and fatigue:

- **What level?**
  Can they quantify this, do they use a scale and can they describe it?
  Can they discuss this in this way over what might be a 'typical' day for them?
- **Triggers?**
  Whilst exertion is a main trigger what amount of exertion is enough to cause further limitation?
  How are triggers managed?
- **For many memory restrictions**:
  Do they utilise a routine to manage their memory? If so, is this independently managed or are they prompted by a person/alarm/calendar etc.
- **How consistent is their presentation** e.g. with memory – can they always remember what day is it or who people are, how frequently does this change?
- **Are they orientated** to time, place, person, occasion?

Reliability

What specific areas should be covered to ensure a complete, reflective report?

SAFETY	TIMELY	ACCEPTABLE STANDARD	REPEATEDLY
Do they have any symptoms which could cause a safety consideration?	For any activities where restriction is reported how long does it take them to complete these activities? Has how long it takes them changed over time?	How have they adapted to completing tasks over time – is this different to what might be considered 'normal'?	Are they able to repeat a task as often as required? Is this the same every day?
It is important to explore safety for both physical and/or their cognitive changes. E.g. poor sitting or dynamic balance will affect how they safely complete tasks in the kitchen or when washing as will dense weakness on one side. Impulsivity, distraction or difficulties with sequencing could also reduce safety in the kitchen and on journeys.	Whilst an individual may be able to physically use aids to complete a task you need to determine if this continues to affect how timely a task is. Many will have trialled aids during rehabilitation so it may be useful to explore this. Cognitive changes can also impact how timely a task is. Some will have difficulties with initiation of a task or perseverate and without support may become stuck in repetitive actions unaware they have already completed this section. Full consideration of both physical and cognitive changes post stroke must be explored.	Brain injury can affect individuals of all ages. Many may be determined to keep elements of their independence such as managing their personal care but to do so have adapted to unusual ways of completing it such as holding items in their mouth, or using their low/high toned limb to keep an item in place. You need to explore the full extent of how tasks are completed to determine if they are reliable, timely and safe in PIP terms.	As fatigue is such a huge factor post brain injury whilst they may be able to complete tasks this may not be the same every day. Listen to a lived experience here. They may adapt by changing the timings of when they initiate tasks or need support to complete tasks at certain times. Establishing what covers the majority of days for them is important to supporting your advice.

Sensitivities

What areas might they find difficult to mention or perhaps understate the impact of?

Brain injury can be known as a Hidden Disability. Cognitive deficits can be masked well, and often presented as ‘behaving inappropriately’.

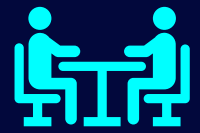
- Those with Anosognosia will feel compelled to retreat to their ‘former self/pre-injury’ and may endeavour to come across extremely well denying many cognitive deficits they face on a daily basis due to the urge to self-preserve.
- Denial and awareness deficits due to brain injury often co-exist. Denial is a coping mechanism to protect an individual’s self-esteem. Denial can be consciously and subconsciously driven; it can reject all or part of the problem. The reason/purpose of denial is to relieve fear, anxiety or threats made to that individual’s self-concept.
- Memory is a complex, multi layered, cognitive process; the majority of brain injury survivors will report having memory difficulties. Because of this deficit many individuals may find it difficult to remember what complications they experience and how this affects them day to day.
- Other areas brain injury survivors may find hard to mention are toileting and suicidal ideation. These two factors are understandably emotionally harrowing to talk to a stranger about in detail, and need to be approached extremely sensitively.
- Brain injury survivors may have difficulty planning and problem solving, especially when presented with novel situations. These difficulties are associated with executive functions (set of processes that all have to do with managing oneself and one’s resources in order to achieve a goal). If someone has limited executive functioning individuals may often avoid exposure to demanding situations.

Customer Care

How is it best to ask about any sensitive topics and what are the common courtesies?

In general

- Ask someone what they would like to be called
- Be clear in your introduction what is going to occur, rough timings, what information is needed as you go into each section and why. Also make it clear where the information is going following the assessment and why
- Ensure that the advocate/family members are involved
- Reassure them if you have read the information submitted
- Ensure to determine what they understand of the process, and whether there are any insight/awareness difficulties
- Think about your questioning to reduce the individual feeling threatened and that they are justifying their acquired disability; instead of asking ‘what difficulties do you have’ ask, ‘what CHANGES have you experienced?’
- Explain that if anything disclosed leads the assessor to believe the claimant is in danger or putting anyone else at risk this will have to be reported
- Present only one question at a time, speak verbal information slowly and clearly, allow at least 10 seconds for an individual to respond
- Phrase your questions as needed to make it as clear as possible



During face to face interactions

- Keep as much eye contact as possible
- Try to create a calm environment – check if the lighting is too bright or not bright enough.
  Be aware of external noises that could distract an individual with poor concentration/attention

Functional Impact

A brief summary of the functional impact those living with this condition may experience

Activity 1: Preparing food

Memory (short term/working), perceptual skills, reduced initiation and motivation, reduced concentration span, reduced information processing skills, slow movements, poor balance, poor coordination, weakness/paralysis-hemiplegia, irregular uncontrolled movements, sensory impairment - reduced/lost or exaggerated touch on the skin, fatigue, epilepsy.

Remember in PIP…

The psychological and physical aspects of this activity need to be covered where both are affecting the individual. You should ensure to cover initiation of the task, preparing fresh ingredients and cooking the items covering cognitive processes to do so.

Activity 2: Taking nutrition

Reduced swallowing ability, irregular uncontrolled movements, spasticity-limited movement, limbs becoming stiff or weak causing pain/discomfort, dysarthria.

Remember in PIP…

You need to have established the individual's ability to be nourished, either by cutting food into pieces, conveying it to the mouth and chewing and swallowing; or through the use of therapeutic sources. Spilling food, motivation to eat and risk of choking should be explored.

Activity 3: Managing therapy and monitoring a health condition

Due to the range of cognitive and physical conditions that can occur post stroke there are many reasons why a stroke survivor may need support to manage their medication or complete their treatment, such as physiotherapy exercises, speech and language exercises or occupational therapy exercises which can be completed to support their physical and psychological effects.

Remember in PIP...

Therapy input in a domestic setting, which covers majority of weeks and where they require supervision, assistance or prompting to complete should be explored and considered.

Ensure to explore how any medication is managed including compensation strategies like alarms to combat restrictions.

Functional Impact

A brief summary of the functional impact those living with this condition may experience

Activity 4: Washing and bathing

Memory (short term/working), perceptual skills, reduced initiation and motivation, reduced concentration span, reduced information processing skills, mobility – slow, poor balance, poor coordination, weakness/paralysis- hemiplegia, ataxia – irregular uncontrolled movements, sensory impairment - reduced/ lost or exaggerated touch on the skin, fatigue, epilepsy, depression, spasticity, vestibular – dizziness, vertigo.

Remember in PIP…

Explore what management strategies are used to manage the effects of symptoms and consider whether aids would help or whether the action would still be unreliable due to one or more aspect of STAR. Remember to consider both physical and psychological affects here and provide advice for the most affecting aspect.

Activity 5: Managing toileting needs and incontinence

Memory (short term/working), perceptual skills, reduced initiation and motivation, mobility - slow, poor balance, poor coordination, weakness/paralysis – hemiplegia, ataxia – irregular uncontrolled movements, sensory impairment – reduced/lost or exaggerated touch on the skin, fatigue, epilepsy, spasticity, vestibular – dizziness, vertigo.

Remember in PIP…

If the claimant is incontinent, how frequent is it and is this of one or both? Can this be managed with pads independently or do they need assistance to maintain hygiene? How do they transfer on/off? Do aids support them or not?

Activity 6: Dressing and undressing

Reduced initiation and motivation, mobility – slow, poor balance, poor coordination, weakness/paralysis – hemiplegia, ataxia – irregular uncontrolled movements, sensory impairment – reduced/lost or exaggerated touch on the skin, depression, spasticity, vestibular – dizziness, vertigo.

Remember in PIP…

Explore what management strategies are used to manage the effects of symptoms and consider whether aids would help or whether the action would still be unreliable due to one or more aspect of STAR. Remember sitting down is not considered an aid. When they are sat does this help or would they still need support and why is this? Ensure to probe for specific detail about how they complete the task.

Functional Impact

A brief summary of the functional impact those living with this condition may experience

Activity 7: Communicating verbally

Memory (short term/working), perceptual skills, reduced concentration span, reduced information processing skills, impulsivity, depression, anxiety, disinhibition, sensory impairment, lack of insight and awareness, loss of social cues, emotional lability, aphasia, dysarthria.

Remember in PIP...

That there are specific boundaries for what is considered basic and complex. Ensure to explore for specifics where a restriction is reported to determine if simple and/or complex criteria is met.

Activity 8: Reading and understanding signs and symbols

Memory (short term/working), perceptual skills, reduced initiation and concentration span, reduced information processing skills, sensory impairment.

Remember in PIP…

There are specific boundaries for what is considered basic and complex. Ensure to explore for specifics where a restriction is reported to determine if simple and/or complex criteria is met.

Activity 9: Engaging with others face to face

Memory (short term/working), perceptual skills, reduced initiation and motivation, reduced concentration span, reduced information processing skills, fatigue, impulsivity, depression, anxiety, disinhibition, sensory impairment, lack of insight and awareness, loss of social cues, emotional lability, dysarthria, aphasia.

Remember in PIP…

Cover where specific restrictions are reported how they manage this. Detail of any support provided and whether this support can be provided by anyone or only specific individuals.

Functional Impact

A brief summary of the functional impact those living with this condition may experience

Activity 10: Budgeting

Impulsivity, reduced initiation and motivation, reduced concentration span, reduced information processing skills, disinhibition.

Remember in PIP…

That there are specific boundaries for what is considered basic and complex. Ensure to explore for specifics where a restriction is reported to determine if simple and/or complex criteria is met.

Activity 11: Planning and following a journey

Memory (short term/working), perceptual skills, reduced initiation and concentration span, reduced information processing skills, epilepsy, impulsivity, anxiety, disorientation, sensory impairment, lack of insight and awareness, loss of social cues, emotional lability.

Remember in PIP…

Where there are associated conditions you must explore the 4 stages to a journey 1. Frequency and type of outings 2. before a journey 3. during a journey and 4. post a journey.
Any social anxiety? If so to what extent, how and when does this manifest, how it is managed, is it present on all journeys or just unfamiliar ones? Is there any impulsive behaviour or cognitive changes which could affect their ability to plan and follow a route? How would they plan a route to get to an appointment at a specific time? How would they manage any changes that occurred?

Activity 12: Moving around

Reduced initiation and motivation, reduced information processing skills, mobility – slow, poor balance, poor coordination, weakness/paralysis – hemiplegia, irregular uncontrolled movements, spasticity, vestibular – dizziness, vertigo.

Remember in PIP...

Individuals may struggle to provide specific information. Start with where they walk day to day. Try to use examples to help or things in their area they might be able to refer to. You must explore whether any journey discussed is repeatable, where possible how long it takes them, how they feel whilst doing it, and any incidents of note such as falls in the past 12 months?

Additional reading or other resources

EXTERNAL

https://www.headway.org.uk/

INTERNAL

- Desktop Aid – CSE, Seizures, Activity 11, Fatigue
- Headway awareness session

Version control