Understanding acquired brain injury in the criminal justice system - a guide for probation staff

Headway
the brain injury association

This publication is part of Headway's *Legal issues* series. To browse through our publications on a range of issues relating to brain injury and download these free-of-charge, visit www.headway.org.uk/information-library.

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Introduction

Every 90 seconds someone in the UK is admitted to hospital with a brain injury.

Working within the probation service, you are highly likely to encounter people who have had an acquired brain injury (ABI). This condition, sometimes referred to as a 'hidden disability', can be misunderstood and difficult to spot due to the effects or impact not always being visible. In addition to physical effects, an ABI can affect a person's emotions and behaviour, psychological state and thinking skills.

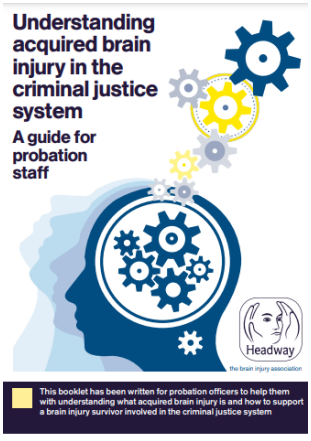
The consequences of ABI can have a detrimental impact on an individual's ability to adjust to prison life, engage with rehabilitation programmes and transition back to the community. Without adequate support, survivors of brain injury are more likely to re-offend.

This publication can help you to…

- Understand what an ABI is and the possible causes
- Recognise how many people in prison are affected by ABI
- Become aware of the impact an ABI could have on someone in prison
- Consider ways that you might be able to support someone in prison who has an ABI

A similar guide for prison staff has been produced by Headway - the brain injury association. For more information on this guide, or any of the information contained within this publication, contact Headway's Justice Project Manager at justiceprject@headway.org.uk.

The Headway helpline is also available to offer information and advice about various aspects of brain injury, available on **0808 800 2244** or **helpline@headway.org.uk**.



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What is acquired brain injury?

The brain is responsible for everything that we do, from basic bodily functions such as regulating our temperature, breathing and eating, to complex processes such as remembering, thinking and emotional processing.

An injury to the brain can affect a range of these skills. Acquired brain injury (ABI) refers to any brain injury sustained since birth – this includes illnesses, injury or other complications such as poisoning.

Types of brain injury

- Traumatic brain injury
- Stroke
- Aneurysm
- Brain haemorrhage
- Meningitis
- Encephalitis
- Hypoxia/anoxia
- Brain tumour
- Carbon monoxide poisoning
- Hydrocephalus

A traumatic brain injury (TBI) is a type of ABI caused by an injury (trauma) to the head. The most common causes of TBI are violent assaults, domestic violence, road traffic collisions, falls and accidents in the workplace.

In some cases, a seemingly minor knock to the head may cause a TBI.

TBIs are classified into mild, moderate and severe. 95% of admissions to hospital in England and Wales come under the classification of mild TBI - this is also referred to as concussion, mild head injury or minor head injury. While termed ‘mild’, this type of injury can still cause a range of effects and in some cases may cause long-term problems, known as post-concussion syndrome.

How can I tell if someone has a brain injury?

You may initially suspect that someone has a brain injury from their behaviour, case history or from self-reports by the person themselves.

Evidence of a person’s brain injury may come from their medical records, for instance if they have a prior diagnosis of illness or history of injury. There may be

reports from GPs, neurologists or neuropsychologists available. If someone was treated in hospital for a brain injury, there may also be hospital discharge records available.

Brain scans such as CT and/or MRI may have been carried out. However, brain injuries are not always detected by scans as sometimes the injuries are too miniscule to pick up. Furthermore, not everyone who has sustained a brain injury will have received a scan or even have attended hospital. This is particularly likely to be the case for those who sustained injuries whilst carrying out illegal activity, for example as a result of gang-related violence or road traffic accidents where vehicle theft/drugs/alcohol may have been involved.

It is important to recognise that not everyone will be able to tell you that they have sustained a brain injury. This may be because they have no recollection of the incident or they may not realise what effect a blow to head has had. A history of falls, accidents, physical altercations, or domestic abuse could be indicative of a brain injury.

A history of attempting suicide may also indicate a brain injury as, depending on the method, it may have caused hypoxia/anoxia (deprivation of oxygen to the brain). Reports from family and friends should also be taken into consideration as sometimes they may be the only one to have witnessed an injury or may be best placed to describe the impact an injury has had on the person.

What should I do if I suspect someone in prison might have a brain injury?

If appropriate, discuss with the person you are supporting about speaking to their GP who may be able to refer them for further assessment or treatment.

If you have any concerns about the person's health, including a known or suspected brain injury, this information should always be included in their pre-sentence report, if one has been requested.

The Headway helpline (0808 800 2244) also welcome calls from those directly affected by brain injury and staff supporting survivors to discuss the effects of brain injury, ways to help and any relevant local services and support available.

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A validated screening tool called the Brain Injury Screening Index (BISI) has been developed by Brainkind which can be used within prison, probation, community and rehabilitation settings to help identify people with a brain injury. It is not a diagnostic tool and has been developed for use by all levels of practitioners.

Statistics

Each year, around 350,000 people are admitted to hospital in the UK with an ABI, with an estimated 1.3 million people living with a disability as a result.

Research indicates that more than half of people in prisons may have had a TBI. The Centre for Mental Health estimates that around 60% of adult offenders (those aged 18+) and 30% of young offenders (those aged under 18) have a history of TBI, often involving multiple injuries which evidence shows to have a cumulative impact[1].

A study conducted by Pitman and colleagues in HMP Leeds found that 70% of men who had a TBI had sustained their first injury prior to their first offence[2]. Rates have been found to be high amongst men and women, with many women sustaining their injuries through domestic violence[3].

Further statistics and links to relevant research are available on the Headway website at www.headway.org.uk/supportingyou/brain-injury-identity-card/brain-injury-and-the-criminaljustice-system/.

1. Parsonage, M. (2016). Traumatic brain injury and offending – An economic analysis. Centre for Mental Health. Retrieved from www.centreformentalhealth.org.uk/publications/traumaticbrain-injury-and-offending

2. Pitman, I., Haddlesey, C., Ramos, S.D.S., Oddy, M., & Fortescue, D. (2014). The association between neuropsychological performance and self-reported traumatic brain injury in a sample of adult male prisoners in the UK. Neuropsychological Rehabilitation, 25(5), 763-79.

3. Making the link – Female offending and brain injury. The Disabilities Trust. Retrieved from www.thedtgroup.org/media/163444/making-the-link-female-offending-and-brain-injury.pdf.

Effects of brain injury

No two brain injuries are the same. The impact of it will depend on factors such as injury severity, location, individual differences and timing/type of treatment. Experience of the effects of brain injury will therefore vary from person to person. The effects can fluctuate over time, even on a day-by-day basis.

Physical effects

Mobility problems, fatigue, headaches, dizziness and balance problems, hormonal imbalances, weakness/ paralysis, communication problems, epilepsy, visual problems, loss of taste and smell, sexual dysfunction.

Cognitive effects

Problems with attention and concentration, decision making, memory, executive function, information processing, motivation, understanding language, reasoning, insight and empathy.

Emotional and behavioural effects

Mental health issues, obsessive-compulsive disorder (OCD), post-traumatic stress disorder (PTSD), depression, anxiety, frustration, emotional lability, problems with managing anger, disinhibition, impulsiveness, personality change, egocentricity, apathy.

The effects of brain injury are wide-ranging and generally grouped into the following categories: physical, cognitive, emotional and behavioural.

Some of these effects are more difficult to spot than others or may impact more heavily on the survivor's journey through the criminal justice system and life in prison.

In the following sections, we will address some of the common effects of brain injury and provide you with some basic strategies that might help you and the

individuals you work with. Further information on other consequences of brain injury and information on how to help can be found in our free-to-download publications, available at www.headway.org.uk/information-library.

Scenarios illustrating some of the effects of brain injury are provided at the end of this publication.

Lack of insight and awareness

A brain injury can significantly affect the ability of the brain injury survivor to observe and reflect on their own thoughts and actions. It can cause them to become unaware of the impact of their injury, even causing them to refuse to acknowledge the injury or its effects. This is not a case of denial but a genuine issue with self-awareness.

It is very common for survivors to have insight for some things but not others. For example, they may be aware of their physical injuries but unaware that they have memory problems.

A lack of insight may prevent survivors from realising how people are reacting to their behaviour despite it being obvious to others.

A survivor who lacks insight into their brain injury may appear uncooperative and argumentative when questioned about their injury or behaviour. Some survivors may also become distressed as they may struggle to understand why they are being restricted from doing certain things or asked certain questions.

Some survivors who have severely reduced insight may be deemed vulnerable and lacking in capacity. The Mental Capacity Act (2005) and The Mental Health Act (2007) help to protect people who are at risk by providing frameworks for decisions to be made in the person's best interests.

Perspective from probation staff

"One of our men in the Approved Premises is facing recall to prison because he regularly aggravates other residents with his inappropriate comments. We repeatedly tell him what's expected of him but he just tells us there's nothing wrong and that it's the others that need to change."

Tips for managing lack of insight

- Using visual (written or video) notes, feedback or questions can help if lack of insight is due to problems with self-monitoring, memory or concentration.
- Explain the reasons for intervening and try to relate the survivor's activities to goals.
- Avoid aggressively confronting or challenging the survivor's ideas about their insight. If necessary, use clear and direct but gentle language to remind the survivor about their brain injury and how it may have impacted on their ability to process things.
- If the survivor becomes distressed, tired or agitated, give them time to calm down and return to the discussion later.
- Provide constructive feedback when the survivor has performed well, such as when they have followed instructions or overcome an outburst of anger
- Be sensitive to any risks or dangers the survivor may place themselves or others in as a result of their lack of insight. For instance, if they do not recognise their behaviour is inappropriate or offensive, this could result in provocation or confrontation with others.

Executive dysfunction

This is a broad term for the range of problems with thinking which often occur after injury to the frontal lobes of the brain, a part of the brain that is particularly susceptible to damage following a TBI. It covers many issues such as problems with planning and organising, problem solving, multitasking, following rules and regulations, self-monitoring behaviour, controlling emotions, impulsivity and motivation.

Behaviour may appear to be anti-social, for instance the person may display inappropriate behaviour such as not respecting personal boundaries or swearing at others. The person may also act impulsively, being too quick to act or speak without fully thinking things through. This may also make a person very vulnerable as they may easily be led astray and exploited.

It may be difficult for the person to evaluate the consequences of their behaviour or understand that they have done anything wrong.

Problems with motivation and initiation may be mistaken for laziness or disinterest and may make the person appear to be uncooperative.

It may be difficult for the person to concentrate on or follow a conversation and they may become confused easily, especially if they also have problems with retaining information.

Difficulty in controlling emotions may lead to outbursts of emotion such as anger or crying, especially under stressful conditions.

Perspective from probation staff

"I visited Lucy at her flat recently. She's been told to be careful with the people she hangs out with so she doesn't end up in trouble again. Three men were leaving just as I arrived and there was a big wodge of cash on the kitchen table. Three weeks later she was back in prison."

Tips for managing executive dysfunction

- Provide information in simple, plain English and offer alternative forms such as audio or visual (such as posters, notes) where available.
- Repeat and go over information and instructions slowly and methodically with the survivor.
- If the survivor becomes emotional, tired, or agitated, give them time to calm down and, if possible, return to the discussion later.
- Ask the survivor to confirm that they have understood the information when presented or ask them to repeat it in their own words.
- Gently reinforce and remind the survivor about their behaviour if this becomes inappropriate.
- Allow the survivor to work in an environment free from distractions where possible to help them to concentrate.

Memory problems

Memory is easily affected by brain injury because there are several structures within the brain that are involved in processing memories, and injury to any of these parts can impair memory performance. Memory problems are amongst the most common effects of brain injury.

Different types of memory can be affected, so it may be that someone can remember events from years ago but fail to remember more recent memories.

You might question: "*Why can she/he remember what happened 10 years ago but not what happened this morning?"* This is because old memories are stored differently in the brain from new memories. The type of memory difficulties a survivor experiences is likely to depend on which area of the brain was injured.

Survivors experiencing difficulty with their short-term memory might forget things they have done, instructions they have been given, or people they have met. They may also have difficulty remembering appointments or tasks they have been asked to complete.

Survivors may also confabulate which may involve recalling false memories that never happened, recalling distorted memories of events within the wrong time or place or filling gaps in their memory with incorrect information. In many cases, the person will believe the information they are recalling to be true and will not be deliberately attempting to deceive others.

For survivors with long-term memory loss even significant or life-changing events such as the event that caused their brain injury, wedding days or the birth of a child can be lost. They may also struggle with remembering familiar people, including partners, family members and friends.

Being unable to remember things can be distressing and frustrating. Sometimes a memory can be completely lost to the person, even when reminders are given.

The impact of memory difficulties can also be frustrating for those working with and supporting a survivor. It is important to be patient and remain calm as becoming irritated is likely to make matters worse and lead to panic or displays of anger.

Perspective from probation staff

"James has failed to turn up to two of our scheduled meetings in the last couple of months. I tell him how important it is that he comes but he just tells me he forgets."

Tips for managing memory problems

- If the survivor cannot remember something, do not ask leading questions as they may comply with the version presented if they cannot remember otherwise.
- Provide written material that the survivor can refer to, or can take away with them afterwards.
- If appropriate, provide the survivor with or allow them to use external aids such as notebooks, diaries, calendars and tape recorders, as these can help with prompting information that cannot be remembered solely from memory.
- Be prepared to repeat information, possibly several times over, even if the information has only been presented a few minutes, hours or days ago.
- Ensure the environment is as free from distractions (such as background noise) as possible.

Anger

Anger is one of many emotions that someone may display after brain injury. It can either be the result of damage to the parts of the brain that control emotion, or because the brain injury survivor is frustrated by the effects of their injury.

Internal frustration can build up into anger, which can lead to aggressive behaviour.

There may be other medical reasons for aggression. In rare cases, outbursts of aggression can happen with little or no trigger. It is important that this is properly investigated. In some instances, , it may be diagnosed as 'episodic dyscontrol syndrome' which can require medical treatment.

Anger can sometimes be a swift reaction followed by remorse for the outburst. It may also be a consequence of built-up anxiety.

Responding to a survivor's anger with force or punishment is not an effective way of managing this aspect of brain injury. Instead, the survivor needs support and information to help them with understanding why they experience anger and how best for them to manage their feelings and outbursts.

Perspective from probation staff

"I was interviewing a man for a pre-sentence report and asked about his relationship with his family. He flew into a rage and told me it was none of my business."

Tips for managing anger

- Be aware of the signs of a survivor's anger building up, for instance through their body language, tone of voice and the things they say. If they appear to be getting angry, give them time to calm down and encourage them to try some deep breathing.
- Try to identify triggers to their anger, such as noise, bright lights, background distraction, emotive subjects etc, and adapt where possible. The survivor might even be able to tell you themselves what is triggering their anger, so consider having a discussion with them about this later.
- Where appropriate and safe to do, explain that you are going to leave the room as you can see they are getting worked up; remove yourself from the area and allow them to calm down before returning.
- Where possible, avoid being confrontational. Instead, remain calm, and remember that their anger may be a result of their brain injury, not personal.

Fatigue

Fatigue after brain injury is more than just tiredness. It is an overwhelming and

debilitating tiredness which often makes people unable to complete normal activities of daily living.

People may say they feel exhausted, lacking in energy, weak, unable to motivate themselves, or sleepy. For others, it may worsen difficulties associated with their injury, for example, forgetfulness, irritability, slurred speech or dizziness.

Simple activities or situations that are cognitively demanding (i.e. thinking hard and concentrating, being in a busy environment, dealing with paperwork) can be triggers for fatigue.

Like many effects of brain injury, fatigue can fluctuate. While someone may appear to be fine on one day, they may experience debilitating fatigue the next. Fatigue may be a particular issue following a period of intense activity or concentration.

Perspective from probation staff

"I saw Lindsey for a 4 o'clock meeting last week. She'd been out most of the afternoon and looked drained. She could barely string a sentence together and we had to reschedule."

Tips for managing fatigue

- If possible, allow the survivor to rest at the first signs of them starting to feel fatigued (yawning, struggling to concentrate, making mistakes, being slow to respond to information, heavy eyes). Trying to push through this tiredness will only make them feel worse and unable to engage.
- Where practical, arrange activities at times of the day that the survivor feels they have more energy.
- If the survivor has had a busy hour/day that has required physical or mental exertion, be aware that they may feel fatigued afterwards and even the next day.
- Allow for frequent breaks during long sessions, and provide a quiet, calm space for the survivor to rest in during their break.

- Encourage the survivor to pace any activities they undertake to avoid 'burning out'.

Communication problems

Problems with communication can be physical but not always. Physical problems can be with speech production and articulation so that the survivor is unable to pronounce words clearly or may only be able to speak in short, simple sentences. They may also repeat words or phrases.

There may be problems with selecting appropriate words, so that the survivor may struggle to say what they mean to or say things that are jumbled or lack meaning.

There may be issues with speech comprehension, so that the survivor does not fully understand what is being said. This may be for specific or unfamiliar words, complex sentences, or in rare cases, for all written or spoken words.

Being unable to articulate what the survivor wants to say can be very frustrating and distressing.

The cognitive consequences of brain injury can also impact on survivor's ability to communicate effectively. Problems paying attention, processing information and difficulties with short-term memory, for example, may mean that a survivor will struggle to keep up with a conversation or remember key details. If they become overloaded with information, they may become confused or fatigued which may exacerbate other effects of brain injury.

Perspective from probation staff

""It's hard to get more than yes or no, or one-word responses from Mohamed. Other staff have been questioning his motivation to engage in programmes. He appears to be very isolated in the community too."

Tips for managing communication problems

- Encourage the survivor to speak slowly and ask for things to be repeated if

they do not understand.

- Use clear, simple sentences if the survivor struggles to understand complex sentences.
- Ask whether a different form of communication would be preferable to the survivor, such as written instructions instead of, or in addition to verbal ones.
- If necessary and available, use communication aid tools such as picture charts or alphabet boards.
- Where possible, try to minimise background noise or distractions so that you can both focus on communicating with one another.
- Try not to speak over the survivor when they are talking.
- Avoid asking more than one question at a time.

Anxiety and depression

It is very common for brain injury survivors to experience depression or anxiety following their injury. This can either be a result of damage sustained to areas of the brain responsible for emotional regulation, such as the limbic system or frontal lobes, or due to the life-changing and challenging consequences of brain injury.

Brain injury survivors may be at increased risk of self-harm and suicide.

Experiencing depression or anxiety can make it difficult for the survivor to be motivated enough to seek professional help.

Perspective from probation staff

"Coming out of prison after a long sentence is always a big change and takes a bit of adjustment but for David. The move to a lack of routine day-to-day has meant he's needed a lot more support to help him adjust and adapt. He told me he barely sleeps or heads out of the flat."

Tips for managing depression and anxiety

- Be aware that depression can cause some survivors to appear disinterested or unmotivated. If a survivor is behaving in this way, remember that it is not a sign of non-compliance but suggests a need to provide additional support to them.
- If available, arrange for the survivor to get professional support such as through a healthcare provider.
- Encourage the survivor to talk about how they are feeling.
- Be vigilant for any signs of suicidal thoughts or tendencies and if necessary, be prepared to provide intervention/seek additional support.
- Provide the survivor with opportunities to engage in meaningful recreational activities.

Other sources of information and support

Headway's Justice Programme

Headway established its Justice Project in response to the overrepresentation of survivors of brain injury within the criminal justice system.

The frequently hidden nature of brain injury means it can be difficult for professionals to identify survivors and provide appropriate support, resulting in higher rates of criminal behaviour and reoffending.

The charity's *Brain Injury Identity Card*, which is endorsed by the National Police Chiefs' Council, Police Scotland and the Police Service of Northern Ireland is designed to ease identification of brain injury and ensure that the survivor receives an appropriate response and support.

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The clinically verified ID card is personalised with the survivor's photograph and four effects of their brain injury. The card also gives access to a 24/7 legal helpline to seek criminal legal assistance from solicitors trained in understanding brain injury.

The Brain Injury Identity Card is available to anyone aged over 18 with a clinically verifiable brain injury.

Headway has also agreed to provide Brain Injury Identity Cards to eligible prisoners and prison leavers. The charity encourages prison staff to assist eligible individuals, where possible, to apply online or complete a paper application form in advance of their release.

For more information about the Brain Injury Identity Card scheme and how to apply, please visit: www.headway.org.uk/idcard.

Headway is working in partnership with agencies throughout the UK's various criminal justice systems, working collaboratively and delivering training to staff at all levels.

Organisations involved include:

- National Police Chiefs' Council
- Police Federation of England and Wales
- Police Scotland
- Police Service of Northern Ireland
- NHS England
- Crown Prosecution Service
- Public Prosecution Service
- National Appropriate Adult Network
- Her Majesty's Prison & Probation Service
- Department for Work and Pensions

The Department for Work and Pensions formally recognise the Brain Injury Identity Card. If a work coach is presented with an ID card, this information will be captured on the customer record to ensure the support they receive is tailored appropriately and good cause decisions are applied.

Brain injury champions

Headway is encouraging the development of brain injury champions within Her Majesty's Prison and Probation Service. The purpose of this role is to provide a point of contact for anyone to seek information, support and signposting about brain injury, its effects and where to get help.

If you are interested in learning more about this role and undertaking training to become a brain injury champion, please get in touch with Headway's Justice Project Manager on justiceproject@headway.org.uk.

Headway helpline

For any brain injury related questions, you can contact the nurse-led freephone Headway helpline on 0808 800 2244 or helpline@headway.org.uk. It is a free, confidential service available to anyone with a question about brain injury, from survivors and carers, to professionals and students.

Headway publications

Headway has an award-winning range of freely downloadable publications covering many issues related to brain injury. To access these, visit www.headway.org.uk/ information-library. Printed booklets can also be requested free-of-charge via the Headway helpline for people directly affected by brain injury.

Headway local groups and branches

Headway has a network of over 120 local groups and branches located across

the UK providing support to survivors, their families and carers in their local communities. To find the closest group or branch in your area, visit www.headway.org.uk/supporting-you/in-your-area,

Other local support

There are a number of Community Brain Injury Teams across the UK that offer specialist interdisciplinary assessment and neurorehabilitation for people who have sustained an acquired brain injury and are living in the community. You can check if there is one in your area by searching online or by contacting the Headway helpline.

Scenarios

This section offers some example scenarios to help illustrate the effects of brain injury and demonstrate how a brain injury survivor may present within the criminal justice system. When reading these scenarios, consider which effects of brain injury are being described and how you could support a survivor experiencing these types of difficulties.

Scenario 1

James sustained a TBI in a road traffic accident 4 years ago. Two years after his accident, James was sentenced to prison for sexual assault.

James' behaviour is often inappropriate and he frequently makes inappropriate remarks to both staff and other prisoners about their appearance or divulges very personal and intimate information about himself. Staff working with him have attempted to work on his behaviour but James maintains that there is nothing wrong and is reluctant to engage. He denies experiencing any difficulties following his road traffic accident despite this being obvious to others.

On multiple occasions, James' behaviour has caused difficulties with other prisoners including physical altercations, when they have been provoked or

angered by his comments.

Scenario 2

Carl is described by staff as having a 'short fuse'. He becomes irritated and angry by what seem to be relatively minor issues, such as having to queue or being in noisy environments like the canteen.

Carl has ended up in segregation a few times previously after experiencing outbursts of aggression. The last time this happened, Carl said it was because another prisoner had bumped into him and refused to apologise.

Carl has reported that he has sustained multiple blows to the head in the past at times losing consciousness. He says he never sought medical attention despite sometimes feeling nauseous and dizzy for days after.

Scenario 3

Alex sustained a TBI as a victim of a violent assault walking home from the pub.

Six months after being discharged from rehabilitation, Alex was charged with robbery and sentenced to time in a youth offending institute.

Alex tends to forget conversations he's had earlier in the day, instructions he's been given or tasks he's been set. Staff have found it helps if they write these down for him.

On one occasion, Alex was a witness to a serious altercation in the prison. When asked questions about the incident, Alex recalled details about who was involved and what happened which were completely contradicted by reports from other witnesses.

Scenario 4

Martin has slurred speech as a result of a TBI sustained after falling from scaffolding. He has met the police on a few occasions since, the most recent offence of which landed him in prison.

Other prisoners often joke that he's managed to find a way to sneak alcohol into his cell as his speech is slurred and slow.

Other effects of Martin's brain injury such as attention and concentration difficulties and slowed information processing also impede on his ability to communicate effectively.

He sometimes finds it hard to pay attention in conversations and meetings or take in all the information he's given, especially when others talk fast or ask too many questions. Previously, this has resulted in Martin ending conversations abruptly, 'switching off' or becoming frustrated.

Scenario 5

Danielle is a victim of domestic abuse and reports being struck on the head on multiple occasions by her ex-partner.

Danielle has found herself in and out of prison over the last 10 years.

Danielle struggles to participate in group conversations, becomes quickly distracted and cannot concentrate for more than a few minutes on a particular activity. When she is asked by staff to focus, she becomes very irritable and sometimes shouts.

Staff working with Danielle comment that she simply doesn't want to follow their instructions and comes across belligerent. Frequently, other prisoners in the group get impatient with Danielle if she holds an activity up and makes sarcastic or offensive comments.

Scenario 6

Paula had a stroke aged 35 and has since described her energy levels like an old worn-out smartphone, that requires charging far more frequently, struggles to hold its battery or switches off without warning. Paula often feels the need to lie down in the middle of the day to rest and if she does not get a chance to do so, she reports feeling groggy and unable to concentrate on anything. Activities like

spending an hour with her key worker or doing some reading and writing are draining. This is made worse if she is having to work or talk to staff in a particularly noisy or busy environment. Paula often finds other effects of her brain injury worsen when she is fatigued, including forgetfulness, irritability, and poorer control over her emotions.

Scenario 7

Kate reports that she has had difficulty concentrating and experiences poor short-term memory since the hypoxic brain injury she sustained as a result of a cardiac arrest.

She regularly comments that she would have never gotten in trouble with the police, let alone ended up in prison, before her brain injury.

When encouraged by peers and healthcare staff to talk about how she feels, Kate becomes upset and says she no longer wants to live if this is what her life is going to be like now.

The significant changes experienced following her injury have led her to becoming depressed. She struggles to motivate herself to get out of bed in the morning and shows a lack of interest in any of the educational programmes or activities she takes part in. Kate has attempted to self-harm previously.

If you would like to leave feedback for this publication, please consider completing our short survey at www.surveymonkey.co.uk/r/hwpublications or contact us at publications@headway.org.uk.

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