

Brain Injury Guide



**Brain Injury
Alliance**

M O N T A N A

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About the Brain Injury Alliance of Montana

After a brain injury, there often are difficult decisions to make. The Brain Injury Alliance of Montana (BIAMT) provides information and support to individuals with brain injury, their family members and various service providers and agencies.

If you have any questions or concerns as you navigate your brain injury or the brain injury of a loved one, we encourage you to reach out to us. Even if we are unable to directly assist you, we will do what we can to connect you with the services and support that you need.

We offer outreach and education to increase public awareness of brain injury, as well as peer support by connecting people with others who have experienced a brain injury. We also provide virtual education to facilities and organizations that work directly with brain injury survivors.

All of our services are FREE.

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Brain Injury Alliance

M O N T A N A

What is a Brain Injury?

Brain injuries can happen to anyone. They do not discriminate among races, age groups, or genders. A brain injury is damage to living brain tissue caused by an external or internal insult. Causes of brain injuries include a blow to the head, excessive force such as shaking or whiplash, bleeding inside the brain, inflammation/swelling, or an infection. This may result in temporary or permanent cognitive, physical, behavioral, and/or emotional changes.

Acquired Brain Injury (ABI)

Any injury to the brain that occurs after birth that is not degenerative.

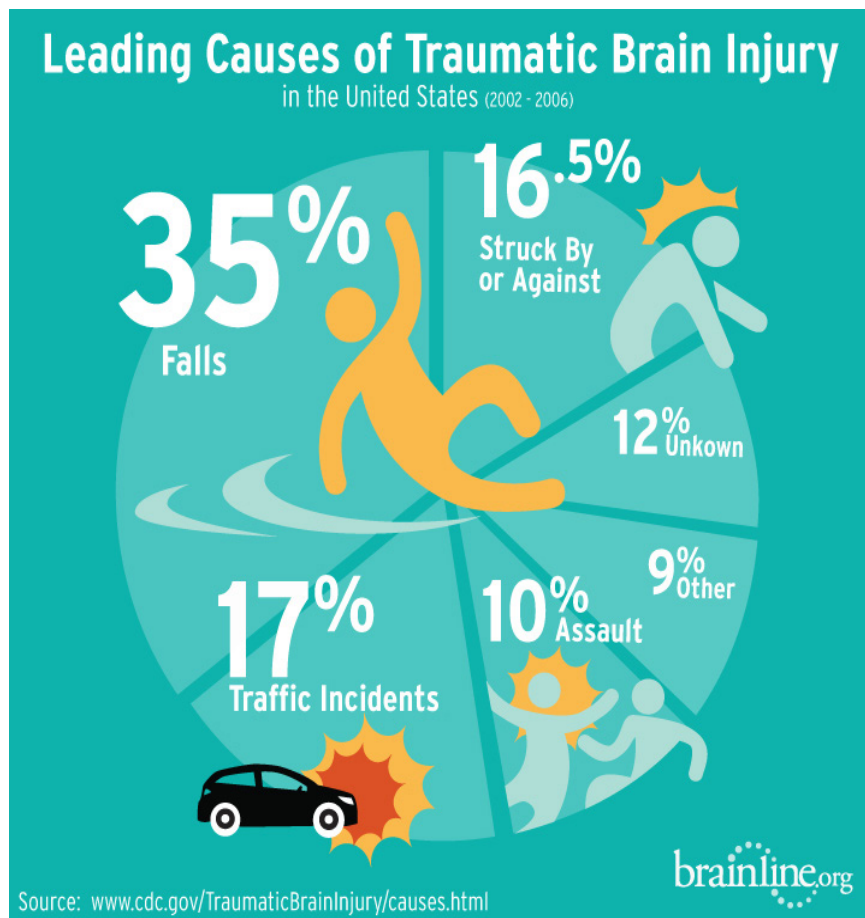
Nontraumatic Brain Injury

Anoxia (lack of oxygen),
infections, strokes, tumors,
substance exposures

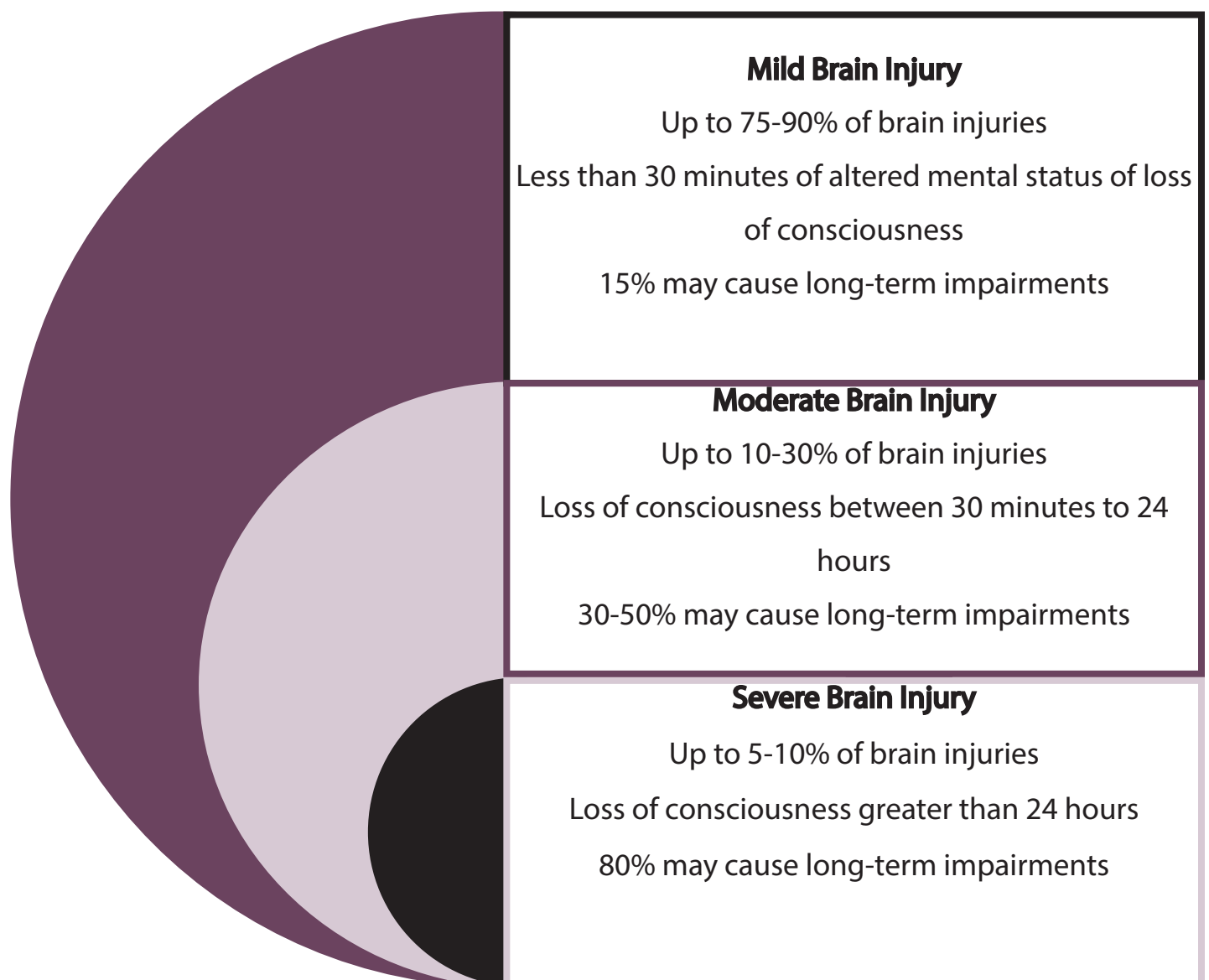
Traumatic Brain Injury

(TBI)

Falls, crashes, abuse, assaults,
sports



There may or may not be a period of unconsciousness immediately following the event. No two brains are the same. The results of brain injury, which can affect various areas of the brain depending on the type and severity of the accident, vary widely from person to person. The chart below breaks down common traits of mild to severe brain injuries.



About Brain Injury

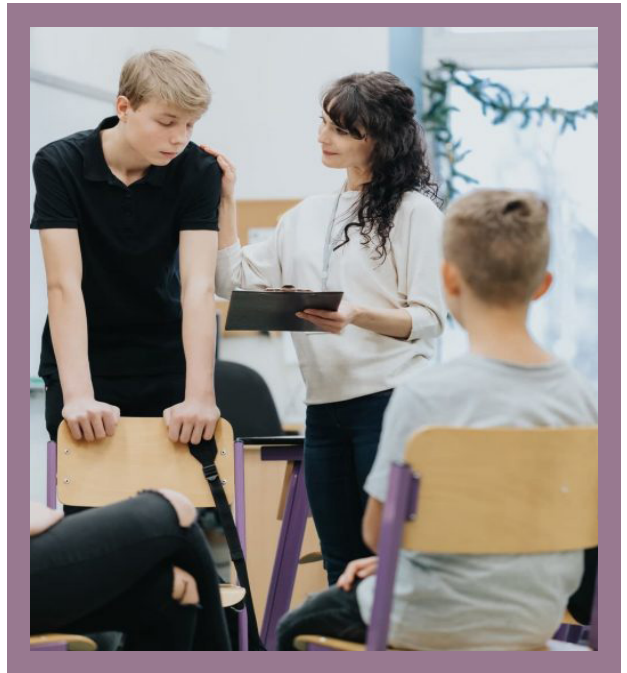
An estimated 5.3 million Americans currently live with disabilities as a result of brain injuries, according to the Centers for Disease Control and Prevention. This translates to almost 45,000 Montanans living with brain injuries. The brain is one of the most complex and least understood organs in the body. Each brain injury is unique. The brain controls everything we do, say, think, and feel. It controls the functions that keep us alive: breathing, circulation, digestion, hormones, and the immune system. It is through the brain that we experience emotion and personal expression. Even the mildest brain injuries can bring about drastic changes in a person. Some injuries are so minor that the person does not require medical attention and the injury remains undetected for a long period of time. Regardless of the degree of injury, it is important to be aware of how a person's brain can change.

Many survivors physically appear to be as they were before the injury. Cognitive deficits (memory, organization, motivation, processing speed, etc.) and personality changes are what typically manifest, but these changes often are not acknowledged as results of the injury. It is difficult for people close to the survivor to recognize deficits because on the outside, the person appears to have recovered. This gives the impression that the survivor should also be acting and speaking as they would have before experiencing the injury. Although a person may recover medically, pre-injury cognition may not completely return.

After sustaining a brain injury, medical and psychological issues are often identified. Seizures are a common neurological effect, but other systems in the body such as the digestive, respiratory, and cardiovascular, can be impacted as well. Mental illness and substance abuse are also common following brain injury. Negative feelings, attitudes, and poor coping skills can result not only from the realization

of the injury severity, but also with the difficulties of accepting post-injury life. Thus, mental illness and substance abuse are also common following a brain injury. A common myth is that when the brain is injured, it can mend completely – like a broken arm. Unfortunately, brain cells do not regenerate like skin or bone cells. Rehabilitating from a brain injury takes time because damaged cells need to relearn how to do things while the brain uses healthy cells to compensate.

While it is important to understand changes that may have a negative impact, the best resources for recovery are an individual's current strengths, abilities, and interests. As many individuals with brain injury have said: "It's not about what you lost. It's about how you use what you have left!"



Common Changes Following a Brain Injury

It is often said that no two individuals experience the consequences of brain injury in the same manner. The effects of a brain injury vary and depend not only on the location and severity of the injury and length of coma, but also on the individual's age at the time of injury, as well as educational and vocational history and social support. Below are some deficits commonly found across physical, cognitive, and behavioral domains that are associated with brain injury. The lists below are not exhaustive. Many survivors experience other symptoms that are not listed.

Behavioral

- » Depression, grief, chemical changes
- » Anxiety, restlessness, agitation
- » Lower tolerance for stress
- » Irritability, frustration, impatience
- » Mood swings
- » Impulsiveness and lack of inhibition
- » Emotional flatness and passivity

Cognitive

- » Short-term or long-term memory loss
- » Slowed processing of information
- » Impaired judgement
- » Trouble concentrating or paying attention
- » Difficulty keeping up with conversation and trouble finding words
- » Spatial disorientation
- » Difficulty organizing or problem solving
- » Inability to do more than one thing at a time

Physical

- » Seizures
- » Fatigue, increased need for sleep and/or insomnia
- » Sensory loss or impairment
- » Blurred or double vision
- » Headaches or migraines
- » Trouble with balance and dizziness
- » Sexual dysfunction and hormonal changes
- » Ringing in the ears

Symptom Checklist

Below is a checklist to keep track of your symptoms after brain injury. Share the information with your family, caregiver(s), and healthcare providers.

Thinking:

- ☐ Do you frequently forget names, numbers, appointments, or things you said you would do? Is it more difficult to follow a conversation amongst several people?
- ☐ Is it more difficult to follow the plot of a movie or remember what a speaker said?
- ☐ Do you often re-read something you just read because you cannot remember? Do you get lost more easily?
- ☐ Do people tell you they don't know what you meant by something you said? Or that you used a different word than you think you used?
- ☐ Is it more difficult to remember what you should be doing next?
- ☐ Is it more difficult to learn a new procedure or task?
- ☐ Is it more difficult to write notes while a speaker goes on to a new topic?
- ☐ Do you sometimes forget to plan for something important?

Emotions:

- ☐ Do you laugh or cry more often or at times that are not appropriate?
- ☐ Do you lose your temper or get impatient more easily?
- ☐ Have you recently had interpersonal problems on a job or serious arguments with others? Does your spouse, close friend, or child get angry with you more often or seem afraid of you?
- ☐ Are you more depressed than before?
- ☐ Do you get restless, irritated, or agitated more often?
- ☐ Do you have trouble sleeping?

Physical Changes:

- ☐ Does noise bother you more than before?
- ☐ Do you lose your balance more often?
- ☐ Do you have blurred or double vision?
- ☐ Do you experience headaches with more frequency?
- ☐ Do you find that you can't smell or taste things as well as before?
- ☐ Is speaking or forming words more difficult? Do people find it difficult to understand your words?
- ☐ Have you had seizures?

Tips for Healing

As you continue through your recovery, there are things you can do for yourself to help with your journey.

Take care of your health:

- Eat well.
- Maintain a regular schedule and rest when you are tired.
- Limit your use of alcohol and certain drugs, as they can slow your recovery and put you at risk of further injury.
- Make sure your doctor knows about all the drugs/medications or nutritional supplements you are taking.
- Seek out occupational, speech, or physical therapy if you feel you need it.
- Avoid strenuous physical activity or risk-taking that could lead to another brain injury.

Get on with your social life:

- As you are able, return to your regular activities, but do not try to do everything at once.
- If you are easily distracted, work on one thing at a time. Try to reduce outside stimuli and work in a quiet environment.
- Keep in contact with friends and family. Talk to them about important decisions.
- Ask your doctor about driving, bicycling, or operating equipment. Your injury may have altered your vision, balance, or reaction time.
- Seek individual counseling or support groups. A counselor can help you navigate your feelings about brain injury and how it has changed you. BIAMT can link you to support groups.
- If memory is a problem, carry a notebook to write things down. Introduce memory aides into your daily routine. Examples of memory aides include the use of calendars, computer programs, and personal data assistants.

Return to school or work:

- If your child sustained a concussion or a brain injury, get an assessment by a neuropsychologist (or the school psychologist) to measure the injury and how it might affect your child. This can be the basis for an individual education plan (IEP).
- For adults, the neuropsychological assessment can help your employer understand your needs and can also help you get benefits. If you wish to share this information with your employer, give your consent to your doctor.
- Learn how your injury may affect you on the job and discuss any needed accommodations with your supervisor.
- For support or assistance with returning to school or work, contact the Brain Injury Alliance of Montana at 406-541-6442 or by email at info@biamt.org.

Medical Care, Hospital Care, and Rehabilitation

The medical and rehabilitation care needed after a brain injury is a process, not a single event. The brain is complex and there is not a guaranteed linear path from injury to recovery. It is impossible to predict with any certainty what impact a brain injury will have on a person—both immediately following the brain injury and in the long term.

It is also important to recognize that the severity of the injury largely determines the duration and level of medical care, hospital care, and brain injury rehabilitation that is needed. Other factors that influence a person's recovery from brain injury include:

- Emergency response to the injury,
- Age of the person,
- Health of the person prior to the injury,
- Education, experience, and personality of the person prior to the injury,
- Family support,
- Financial resources and insurance coverage, and
- Timing and access to medical and rehabilitation services.

The Process of Medical Care

Many people need medical care and evaluation after discharge from the hospital. For example, people with brain injury often struggle with problems related to memory, cognitive skills, learning, emotional changes, vision, and many other aspects of physical and mental health that may not be apparent until after hospital discharge.

The hospital works to create stability in a person's medical condition. After a person is stabilized, they are often discharged. Medical problems are not always identified until sometime after an injury occurs. As a result, the responsibility of accessing quality, comprehensive medical care is shifted to the patient. Be sure to stay in communication with your primary care doctor. Many people with brain injury experience significant changes as they go through the rehabilitation process.

All children and teens with brain injury should have periodic follow-up medical care with their pediatrician, and neuropsychological examinations should occur approximately every three to five years. Brain injuries in children and teens are unique because a child's brain is still developing. As a result, the impact of a brain injury may not be fully understood until the affected part of the brain develops.

Acute vs. Sub-Acute Rehabilitation

Acute rehabilitation addresses skills related to physical health, personal care, cognitive processing, language and communication, movement and mobility, behavior and environmental awareness and responsiveness. Usually, acute rehabilitation happens first. Sub-acute rehabilitation addresses skills relating to community living, employment, school, behavior, recreation, and independent living. Occasionally, a person with brain injury may need to enter acute rehabilitation after medical or behavioral issues are resolved.

Living with Brain Injury

After you or a loved one has sustained a brain injury, your life and the lives of those around you will be impacted in a variety of ways. Your perception of yourself and those around you may change. The following information describe some of the changes you or a loved one may experience after a brain injury and how to adjust to these changes.

Changes in Identity

Identity is defined as the characteristics that make a person who they are. An individual's identity is typically formed in childhood, and continues to develop through adolescence and into adulthood. Brain injury can impact people during any of these phases of life, altering the perception of themselves and how others may see them. People may view themselves differently after a brain injury. This change can be a result of not being able to do things they once did. Survivors and their loved ones may need additional reassurance and support during the recovery process.

After brain injury, some people feel lonely despite being surrounded by loved ones. This sense of isolation may arise from a variety of factors, such as difficulty with:

- Communicating with others.
- Understanding what others are saying.
- Expressing thoughts and feelings.
- Relating to others.
- Feeling understood.

With many physical injuries – a broken leg, a routine surgery – there is a predictable amount of recovery time, and successful rehabilitation can be attributed to how hard an individual works and their own strengths, abilities, and personal motivation. Recovery after brain injury isn't always predictable. People on similar recovery journeys may heal at vastly different rates – so, it's important to maintain hope during this lengthy process.

Changes in Communication

Communication is complex and involves speaking, listening, writing, reading, and gesturing. After experiencing a brain injury, survivors may have difficulty expressing themselves, paying attention to others in the conversation, understanding what is being said, or learning new information.

Communication is fundamental to maintaining relationships. Listed below are a few suggestions of ways loved ones can help with communication:

- Speak slowly and clearly.
- Have difficult conversations when your loved one is rested.
- Use simple words or short sentences.
- Talk about familiar subjects.
- Introduce new information slowly.
- Use pictures, gestures, facial expressions, and written words to help explain information.
- Reduce distractions and outside noise.
- Check to make sure your loved one has understood what you've said.

Grief and Loss

After brain injury, people may struggle with grief and loss. Survivors and their loved ones often feel like the person they were before their injury is lost. It may be helpful to open up to loved ones, acknowledge changes, and recognize feelings of grief and loss as a result of the changes.

Grief is a common emotion associated with loss. People impacted by brain injury experience grief when they realize that life may never be as it was before; their dreams for the future may no longer be possible. Grief is a process, not an event. There is no set timeline, and each individual reacts and behaves differently while grieving. Some people find it helpful to journal, writing their thoughts and feelings. It can be helpful to connect with support groups or seek professional counselors for guidance.

Aging with Brain Injury

Aging is a natural part of life, but people who have sustained brain injuries may experience the effects of the aging process sooner and/or more severely. Activities of daily living, mobility, energy levels, and physical function may become more difficult. Brain injury should be viewed as a chronic condition, not a single event; conditions and disorders may continue to develop long after the injury.

Support Groups

BIAMT can help link individuals with brain injury and their loved ones to self-directed, voluntary support groups. Support groups can provide a number of benefits:

- Emotional healing comes when people interact with other people.
- Sharing of similar experiences helps individuals feel less alone and more ready to deal with day to-day issues.
- Encouragement from learning about how others have conquered situations similar to theirs. Contribution helps support group members feel valued.
- Education results from the exposure to information and personal experiences in a group. Socialization occurs when connections with people are made, and confidence in social skills develops when appropriate interaction occurs in support groups.
- Self-expression, as emotions are experienced and released, creates a greater understanding of oneself.
- Members can build confidence when they take responsibility for the work of the group and see progress with the plans they made.
- Safety, in the environment of a confidential, supportive, non-judgmental group, allows for honest disclosure and sharing of common difficulties.
- A sense of growth occurs as long-term members welcome new participants and reminisce about where they began and how far they have come in their personal journeys.

Support group locations and times change frequently. Please contact BIAMT for current information at 1(406) 541-6442 or online at www.biamt.org. Groups are self-supporting and independent from BIAMT. If you would like assistance with starting a support group in your area or finding resources and speakers for your group, please contact BIAMT by phone or email.

The Impact of Brain Injury on Families

Increasing understanding and knowledge of brain injury can help families and caregivers adjust and navigate the recovery process. BIAMT can help with explaining brain injury to loved ones. We have a variety of resources available in our lending library to assist with the understanding of brain injury.

When a loved one sustains a brain injury, it can be difficult to navigate the recovery process and anticipate what changes are likely to occur post-injury. The impact of brain injury on familial relationships can be profound. While every brain injury is different, knowing and understanding some of the commonalities can ease stress and anxiety.

It can be challenging for the entire family when a loved one has a brain injury; new roles arise due to unexpected traumatic changes. Even after the individual's medical condition has stabilized, their medical appointments and rehabilitation will continue to require additional time, resources, and attention. Sometimes, parents or other caretakers will need to take leave from work or change dynamics in their spousal/co-parenting relationship because the demands within the family have greatly increased.

Changes in Roles and Relationships

During the recovery process, individuals with a brain injury may need additional support and reassurance from their loved ones and support network. The roles you and your loved ones play may be different following an injury. Changes that occur as a result of a brain injury may impact an individual's ability to be the same type of friend or partner that they were before their injury. After a brain injury, the survivor may need to give up home or work responsibilities in order to focus on recovery. They also may be more dependent on others and will have to adjust to losing independence with some tasks. A survivor's spouse, children, or parents may take over roles the survivor previously held. This can be a difficult time for the individual, family, and friends because the future may be unknown. Caregivers and family members are encouraged to seek mental health support as they adjust to the new roles within their relationships. Although difficult, it is critical to prioritize self-care as a caregiver.



Caregiving

Caregivers are responsible for making sure a person's needs are met. This includes tasks such as bathing and personal care, preparing meals, providing transportation, managing money, preparing medications, and scheduling appointments. Because each brain injury is unique and recovery varies for each person, the amount of support or assistance needed from a caregiver also varies. Some people need assistance for a short amount of time after a brain injury, while others require support from a caregiver throughout their life.

Because brain injuries occur unexpectedly, people often become caregivers for a loved one without warning or time to prepare. Abrupt changes such as this can be difficult for both individuals involved in the relationship. The role of caregiving can be overwhelming, exhausting, and stressful. Caregivers report feeling confused, alone, helpless, angry, and sad, but caregiving can also be rewarding and satisfying.

Caregiver Support

As a caregiver, it is extremely important to take care of yourself. Your well-being is important and can be easily overlooked when caring for someone else. In order to maintain health as a caregiver, it is helpful to maintain a healthy diet and lifestyle and visit a doctor regularly. It can also be helpful to engage in hobbies and activities that are important to you and your physical and emotional well-being. If caregiving becomes a long-term commitment, there may be state or federal funding available for respite care for temporary relief. Respite care is professional help to care for your loved one for a short period of time so you can take time for yourself. This service may be provided in a variety of settings such as your home, adult day centers, or respite centers; however, there is sometimes a wait list for respite care.

Brain Injuries in Children and Teenagers

When a child sustains a brain injury, it can be difficult to know what to expect and how the injury will affect the child. A significant change in relationships or academic performance can be expected, and it may take longer for the child to learn new skills or reach developmental milestones. Children may exhibit new and worsening behaviors and may appear to regress following injury. It is important that people remain patient when working with children with brain injuries. It is critical to discuss with the child's primary care provider what to expect and what options there are to assist the family and child through the process. It is also important to understand that relationships may change when a child sustains a brain injury, making it that much more critical to understand the injury and watch for changing behaviors.

When a teenager sustains a brain injury, it is critical to have ongoing assistance so that the teen feels supported. Teenagers experience a multitude of changes physically, socially, and emotionally, and sustaining a brain injury can derail or disrupt the development process in any or all of these areas. Depending on the severity of the injury, a teenager may need accommodations or additional services to assist them in school and to help ease the transition post-injury. Teenagers may exhibit emotional and behavioral changes after injury, with the most common impairments being attention, concentration, memory, and information processing. Executive functioning can also be impacted by a brain injury. Executive functions include planning, reasoning, organization, and problem solving. When a teenager sustains a brain injury, they may exhibit frustration or irritability when performing executive tasks, such as using a planner or organizing materials at school, and may benefit from extra support when completing these tasks. It is important to be aware of the teenager's level of executive function to avoid frustrations.

Supporting Children

Children can be deeply affected when a close relative, especially a parent or sibling, sustains a brain injury. The needs of young people are often forgotten as families struggle to rebuild their lives after a brain injury. At a time of trauma and uncertainty, children may feel upset, confused and excluded from the information loop. When a brain injury happens, adults may instinctively want to protect children by not talking about what has happened. However, research suggests that children cope much better if they are told the truth and kept informed at a level that makes sense to them. This is especially important in the early days when a loved one is first admitted into the hospital, as the child will wonder what has happened and will probably experience a disruption in their normal routine. They will also likely continue to need support when the individual comes back home, although how much will depend on the effects of the injury and the adjustment to the new way of life following the brain injury. BIAMT has a variety of resources to help explain things in an age appropriate way. Our staff can also assist you with determining the right way to frame this information. Please contact us for more information on this.



Role changes within the family can also have an impact on children. Even very young children may be required to assume additional household duties to try to support the uninjured parent who is caring for a spouse or an injured child. Older children may be given extra responsibility, perhaps being asked to look after younger children in the family. They may be asked to 'keep an eye' on the injured person and this can gradually reverse roles, where children become almost parent-like towards an injured parent or take on a parenting role of a sibling. Children may experience conflict over the reversal of roles between parent and child. Others will find it helpful for them to play a supportive role. Make sure any tasks that a child takes on to help around the house or with caregiving activities are suitable for their age. Assure that they are given the chance to regularly talk about how they are feeling with someone they trust, and are encouraged to seek support if they are struggling with their new role.

Siblings often share a unique bond and relationship that differs from the bond experienced between themselves and their parent(s). It can be common for a sibling to experience feelings of unfairness, whether they are angry the injury occurred or even angry that their sibling appears to be getting special treatment. They also may experience confusion as a result of the changes that occur after injury. Siblings, especially young children, may not be able to understand why their sibling is receiving more attention, and they can feel left out, neglected, or uncared for. Siblings can also feel overprotective of the injured sibling, which can cause secondary anxiety and depression. Another possibility is experiencing post-traumatic stress or survivor's guilt after the injury, especially if they were involved and did not experience a brain injury themselves.

Encourage children to talk about their own feelings, provide them with information on brain injuries, and allow them time for themselves or their own activities they enjoy. Having their own time and space to maintain a sense of self is critical to the mental and physical wellbeing of siblings of brain injury survivors.

Brain Injuries and Spouse/Partner Relationships

A brain injury can significantly impact a relationship between partners/spouses. Couples may find themselves faced with dramatic changes in their relationship and lifestyle. The most common changes that occur after injury are changes in responsibilities, role changes, and issues or difficulty communicating.

Brain injury survivors often have new or changed personality traits, challenges, fears, and emotional or physical limitations. Survivors are often surprised at how these changes also alter the way they feel and behave in their relationships. These changes have led many spouses to say they feel as if they are married to a stranger. Intimate partners may have concerns or fears regarding behavior and emotional changes that resulted from the injury; they may even experience uncertainty, which can increase stress, anxiety, and depression. After an injury, the individual must focus their energy on rehabilitation and learning new skills in order to adapt to changes that have occurred. As a result of this shift in focus, responsibilities in the home often change. Partners may be expected to perform duties not typically completed by them, such as various household tasks, shopping, driving, management of finances, and planning and coordinating for the entire family unit. Roles can also change and take various forms. Early on after the injury, it may appear to the couple that the change(s) in roles and dynamics are temporary. However, some may find that the role reversal is permanent, making the adjustment period much more difficult. One of the best ways to cope with change and reduce the negative impacts of an injury is to support each other with the role changes and be mindful and patient with each other throughout the adjustment period.

Changes in Intimacy

Sex can enhance the quality of life for people. When people feel good about themselves, it can be easier to engage in a healthy sex life. However, after a brain injury, some people may experience changes in sexuality and sexual functioning. During times of transition and strife, people may begin doubting themselves and may not feel confident about how they look or move. This can impact a person's desire to engage in sex.

Since a brain injury can impair reasoning, judgment, and inhibition, some people may notice inappropriate sexual behaviors after a brain injury. Sex after a brain injury may also be more physically difficult. A person who has experienced a brain injury should be cleared by a doctor before participating in sexual activities.

If sex has become painful or difficult due to physical changes, it is important to speak to your primary doctor or rehabilitation team. If you or a loved one has questions or concerns regarding this topic, please contact a healthcare professional with whom you feel comfortable talking. Some people find it difficult to talk openly about sexual issues. Begin by gaining the support of one trusted professional on your team who can start this conversation. It is important to problem-solve any medical, emotional, or behavioral changes that have made participating in sex difficult.



Cognitive Strategies

After a brain injury, it is common for people to have problems with cognition, which includes the ability to choose, understand, remember, and use information. Cognition includes:

- Attention and concentration.
- Processing and understanding information.
- Memory.
- Communication.
- Planning, organizing, and assembling.
- Reasoning, problem-solving, decision-making, and judgment.
- Controlling impulses and desires and being patient.

Discuss Your Concerns with Your Provider

You should discuss any questions or concerns you have with a physiatrist (rehabilitation specialist) or your rehabilitation team. It is important to mention new problems as they develop. New problems could be the result of medication or require further evaluation.

Attention and Concentration

A person with a brain injury may be unable to focus, pay attention, or attend to more than one thing at a time. This may result in:

- Restlessness and being easily distracted.
- Difficulty finishing a project or working on more than one task at a time.
- Problems carrying on long conversations or sitting still for long periods of time.

Because attention skills are considered a “building block” of higher level skills (such as memory and reasoning), people with attention or concentration problems often show signs of other cognitive problems as well.

Management Strategies:

- Decrease the distractions. For example, work in a quiet room.
- Focus on one task at a time.
- Begin practicing attention skills on simple, yet practical activities (such as reading a paragraph or adding numbers) in a quiet room. Gradually increase the difficulty of the tasks (read a short story or balance a checkbook) or work in a noisier environment.
- Take breaks when you get tired.

Problems with Processing and Understanding Information

After a brain injury, a person’s ability to process and understand information often slows down, resulting in the following problems:

- Taking longer to grasp what others are saying.
- Having trouble following television shows, movies, etc.
- Taking longer to read and understand written information including books, newspapers, or magazines.
- Being slower to react. Individuals with a brain injury should not drive until their visual skills and reaction time have been tested by a specialist.
- Being slower to carry out physical tasks, including routine activities such as getting dressed or cooking.

Management Strategies for Information Processing:

- Place your full attention on what you are trying to understand. Decrease distractions.
- Allow more time to think about the information before moving on.
- Re-read information as needed. Take notes and summarize in your own words.
- If needed, ask people to repeat themselves, to say something in a different way, or to speak slower. Repeat what you just heard to make sure you understood it correctly.

Cognitive Outcome/Recovery and Rehabilitation

Since there are many factors that impact how someone improves cognitively, it is difficult to predict how well someone will recover. With practice, cognitive problems usually improve to some degree.

- Cognitive rehabilitation is therapy to improve cognitive skills and has two main approaches, remediation and compensation:
- Remediation focuses on improving skills that have been lost or impaired.
- Compensation helps you learn to use different methods to achieve a goal.
- Communication problems can cause people with brain injuries to have difficulty understanding and expressing information in some of the following ways:
- Difficulty thinking of the right word.
- Trouble starting or following conversations or understanding what others say. Rambling or getting off topic easily.
- Difficulty with more complex language skills, such as expressing thoughts in an organized manner.
- Trouble communicating thoughts and feelings using facial expressions, tone of voice, and body language (nonverbal communication).
- Having problems reading others' emotions and not responding appropriately to another person's feelings or to the social situation.
- Misunderstanding jokes or sarcasm.

Management Strategies for Information Processing:

Work with a speech-language pathologist to identify areas that need work. Communication problems can continue to improve for a long time after the injury.

How family members can help:

- Use kind words and a gentle tone of voice. Be careful not to "talk down" to the person.
- By checking in to determine understanding if there seems to be any confusion.
- Check in to determine if your loved one understands what is occurring, and identify things that need clarification.
- Do not speak too fast or say too much at once.
- Develop a signal (like raising a finger) that will let the injured person know when they have gotten off topic. Practice this ahead of time. If signals don't work, try saying "We were talking about(x)".
- Limit conversations to one person at a time.

Problems Learning and Remembering New Information

- People with brain injuries may have trouble learning and remembering new information and events.
- They may have difficulty remembering events that happened several weeks or months before the injury (although this often comes back over time). Persons with brain injuries are usually able to remember events that happened long ago.
- They may have problems remembering entire events or conversations. Therefore, the mind tries to “fill in the gaps” of missing information and recalls things that did not actually happen. Sometimes bits and pieces from several situations are remembered as one event. These false memories are not lies.

Management Strategies:

- Put together a structured routine of daily tasks and activities.
- Be organized and have a set location for keeping things.
- Learn to use memory aids such as memory notebooks, calendars, daily schedules, daily task lists, computer reminder programs, and cue cards.
- Devote time and attention to review, and practice new information often.
- Be well rested, and try to reduce anxiety as much as possible.
- Speak with your doctor about how medications may affect your memory.

Planning and Organization Problems

- People with brain injuries may have difficulty planning their day and scheduling appointments.
- They may have trouble with tasks that require multiple steps done in a particular order, such as laundry or cooking.

Management Strategies:

- Make a list of things that need to be done and when. List them in order of what should be done first.
- Break down activities into smaller steps.
- When figuring out what steps you need to do first to complete an activity, think of the end goal and work backward.



Problems with Reasoning, Problem Solving, and Judgment

- Individuals with brain injuries may have difficulty recognizing when there is a problem, which is the first step in problem-solving.
- They may have trouble analyzing information or changing the way they are thinking (being flexible).
- When solving problems, they may have difficulty deciding the best solution or get stuck on one solution and not consider other, better options.
- They may make quick decisions without thinking about the consequences or not use the best judgment.

Management Strategies:

- A speech-language pathologist or psychologist experienced in cognitive rehabilitation can teach an organized approach for daily problem-solving.
- Work through a step-by-step problem-solving strategy in writing: define the problem; brainstorm possible solutions; list the pros and cons of each solution; pick a solution to try; evaluate the success of the solution; and try another solution if the first one doesn't work.

Inappropriate, Embarrassing, or Impulsive Behavior

Individuals with brain injuries may lack self-control and self-awareness, and as a result, they may behave inappropriately or impulsively (without thinking it through) in social situations.

- They may deny they have cognitive problems, even if these are obvious to others.
- They may say hurtful or insensitive things, act out of place, or behave in inconsiderate ways.
- They may lack awareness of social boundaries and others' feelings, such as being too personal with people they don't know well or not realizing when they have made someone uncomfortable.

What causes it?

- Impulsive and socially inappropriate behavior results from decreased reasoning abilities and lack of control. The injured person may not reason that, "If I say or do this, something bad is going to happen."
- Self-awareness requires complex thinking skills that are often weakened after a brain injury.

Things family members can do:

- Think ahead about situations that might bring about poor judgment.
- Give realistic, supportive feedback as you observe inappropriate behavior.
- Provide clear expectations for desirable behavior before events.
- Plan and rehearse social interactions so they will be predictable and consistent.
- Establish verbal and nonverbal cues to signal the person to "stop and think." For example, you could hold up your hand to signal "stop," shake your head "no," or say a special word you have both agreed on. Practice this ahead of time.
- If undesired behavior occurs, stop whatever activity you are doing. For example, if you are at the mall, return home immediately.

Financial Support

After a brain injury, many people face financial struggles and challenges that may be overwhelming. This section provides a background of financial planning and discusses various government financial resources and options for a person with a brain injury.

Financial Planning

A brain injury can greatly affect the financial situation of the person with the brain injury and their family members/dependents. There may be a change in earning potential and the projected income from salary/wages. Change in expenses, such as housing, transportation, and personal care, may also impact finances. Income from government benefits, legal settlements, and other sources may become necessary.

Although it can seem like a lower priority when the brain injury has occurred, it is imperative to take time to develop a comprehensive plan for meeting current and future financial needs. This information needs to be revisited frequently because it is an important step in making sure you are able to continue to live in the community while having your needs met. A social worker in the hospital or county employee in the financial services setting can help you make plans for this and discuss some future financial plans for you, as well as assist in finding additional financial resources you may require.

In addition, check with your employer to determine if you have short-term and long-term disability benefits, regardless of whether the injury happened at work.

Special Needs Trusts (SNT)

To maintain eligibility for benefits and leave assets to an individual with a brain injury, it may be necessary to set up a Special Needs Trust (SNT). SNTs are designed specifically to supplement, not replace, benefits to ensure expenses are covered. Some of these expenses include, but are not limited to: out-of-pocket medical expenses, insurance, hobby materials, entertainment, personal care, or essential dietary needs.

Money from the SNT cannot be distributed to the person with the disability; it must be distributed directly to a third party. Trust assets are not held in the name of the person with the disability. Family members can become the beneficiary of the trust assets. The laws governing a trust are complex, it is important to seek the advice of a qualified attorney.

ABLE Accounts

An Achieving a Better Life Experience Act (ABLE) savings account is for individuals with disabilities and their families. It is similar to a 529 college savings plan. Earnings grow tax free when saved for a variety of qualified expenses. An individual with significant disabilities that meets established criteria is eligible for one ABLE account. The account may be opened at any age but the disability must have an age of onset before the age of 26 and the disability must still exist at the time the ABLE account is opened.

Government Financial Resources

There are public benefits available to people with disabilities. Some of these resources place limits on income and certain types of assets, but in order to find out more about how to qualify, it is always wise to reach out to your county human services department and ask questions to see if these resources are available to you. All government financial programs also have an appeals process for individuals who have been denied benefits. If you believe that you should be eligible, you have the right to appeal the decision.

Social Security Disability Insurance

Apply for SSDI benefits as soon as possible because there is a six-month waiting period. If a person has qualified for SSDI, benefits begin on the sixth full month after the application is accepted. It is important to understand how complex the application process for SSDI can be. A disability attorney can help you apply for SSDI or appeal an initial denial. The Social Security office reports denial rates for first-time applicants for disability are as high as 65%. The appeal process is part of the application process and is your right. Disability attorneys generally complete a complimentary consult on your case and only collect payment after you have been awarded disability benefits. To apply, call your local Social Security Administration (SSA) office. The federal contact information is located on page 25 of this resource guide.

Supplemental Security Income

Supplemental Security Income (SSI) is a strictly need-based federal financial assistance program for persons with disabilities who have limited resources. The program is intended to guarantee a minimum monthly income to a person with disabilities who has limited access to financial resources.

People with disabilities can be eligible for SSI even if they have never worked. Age is not a factor. If a person is eligible for SSI, they are automatically eligible for Medicaid. People receiving SSI must meet certain income and resource/asset limitations to be eligible. Insurance policy payments, court settlements, worker's compensation, and other financial resources may limit your eligibility for SSI.

Medicare

Medicare is a federal health insurance plan that provides for people with disabilities who are determined to be eligible for SSDI due to disability. People will qualify for Medicare two years after being awarded SSDI benefits. Medicare is not based on income. Medicare has four components: hospital insurance (Part A), medical insurance (Part B), Medicare Advantage Plan (Part C), and Prescription Coverage (Part D). Local SSA officers process applications and provide information about the program.

Medical Assistance (Medicaid)

Some people will be eligible for Medical Assistance (MA), known in other states and by the federal government as Medicaid. MA can pay for eyeglasses, dental care, mental health services, family planning, hospice care, lab and x-ray, health centers, medical equipment, home healthcare, inpatient and outpatient hospital rehabilitation services, nursing home services, some prescribed medications, and transportation to and from medical appointments.

Workers' Compensation

The Workers' Compensation Program is an insurance program provided by many employers at no cost to the employee. If an employee is hurt on the job or develops a disease due to the conditions on the job, Workers' Compensation may pay all reasonable and necessary medical care related to the injury or illness.

If a brain injury happens on the job, a person or their family should immediately inform the employer that an injury has occurred. Many employers require that an employee report their injury within 24 hours of the injury occurring.

Department of Veterans Affairs Benefits

The Department of Veterans Affairs (VA) is a federal program that provides benefits to eligible veterans and their dependents. An honorable or general discharge will qualify a veteran for benefits. Veterans in prison or on parole may be entitled to certain VA benefits. The VA has a system that prioritizes who can receive services and at what time. Since there are a limited number of beds available in VA facilities, there are often waiting lists for services. For more information, please contact your local VA for services available to you or your family member.

State of Montana Veteran Affairs Division & State Veterans Benefits

(406) 324-3742

Email: MVAD@mt.gov

PO Box 4789, Ft. Harrison, MT 59636

Veterans Suicide Prevention and Crisis Line (fully confidential):

Call: (800)-273-8255 and then select 1

TTY: (800)-799-4889

Text: 838255

Helpful Social Security Contact Information

Social Security Administration

(800)-772-1213

TTY: (800)-325-0778

www.ssa.gov

Montana Public Assistance Help Line:

(888)-706-1535

Fax: (877)-418-4533

PO Box 202925, Helena, MT 59620

Montana Department of Health and Human Services

(800) -318-2596

www.dphhs.mt.gov

Montana Medicaid and Healthy Montana Kids (HMK) Information:

Eligibility/application questions: (888)-706-1535

Member Help Line: (800)- 362-8312

Montana Department of Labor and Industry / Workers' Compensation

(406)-444-6543

<https://erd.dli.mt.gov/>

Online Montana SNAP, TANF, and Health Coverage Assistance Application

www.apply.mt.gov

Advocacy and Legal Rights

What Is Advocacy?

Put simply, “advocacy” means fighting for a cause. In this case, the cause is your health, your happiness, and your future. Since you understand your situation better than anyone else, you are your best advocate.

Self-Advocacy

People with brain injuries and their loved ones have the right to advocate for themselves. BIAMT, vocational rehabilitation counselors, resource facilitators, case managers, discharge planners, educational specialists, and other professionals can help you understand your options. You are the authority on what is best for your situation. Always remember that you are your own best advocate. Do not be afraid to ask questions or campaign assertively to access available services.

Situational understanding is important for successful self-advocacy, so ask questions until you fully understand your situation.

Your Legal Protections

Depending on your circumstances, you may have certain legal rights.

These include the right to:

- Receive notice about decisions that affect your care and treatment.
- Direct and actively participate in planning for your care and treatment.
- Appeal decisions that affect your care and treatment.
- Have your privacy protected.
- Have access to your medical records.
- Be free from abuse.
- Live, work, learn, etc. in the most integrated setting.
- Be free from discrimination in employment, housing, transportation, education, etc.,
- Have obstacles removed that limit your access to locations or services.
- Obtain reasonable accommodations to help you work or learn successfully.

These rights may arise out of a number of rules and laws from a variety of entities, such as:

- » The Americans with Disabilities Act (ADA) protects basic civil rights and prohibits discrimination against people with disabilities. The ADA guarantees people with disabilities the same opportunities as other Americans in areas such as employment, state and local government programs and services, transportation, telephone services, and public accommodations.
- » The Fair Housing Act (FHA) prohibits discrimination in the sale or rental of housing against people who are handicapped.
- » Individuals with Disabilities in Education Act (IDEA) provides special education to children with specific learning disabilities.
- » The Rehabilitation Act prohibits organizations that receive federal funding from discriminating against individuals with disabilities in programs and activities because of their disability. The Rehabilitation Act requires employers and educational institutions to provide reasonable accommodations.
- » The Olmstead Commission supports people with disabilities with living, learning, working, and enjoying life in the most integrated setting.
- » Local government, such as city or county ordinances regarding housing, transportation, etc.
- » Private organizations, such as privacy policies and Patients’ Bill of Rights.

Guardianships and Conservatorships

Guardianships and conservatorships are one of the most restrictive measures and generally only happen if you become so incapacitated that you cannot make financial or personal decisions and you do not have the capacity to delegate these duties to another person. A court may grant a full or limited guardianship or conservatorship, but in any event, the guardian or conservator should act only in your best interest and should not overly restrict your rights.

Montana Advocacy Options

For more information about advocacy and legal rights, contact Disability Rights Montana. The mission of Disability Rights Montana is to protect and advocate for the rights of Montanans with disabilities. Please note that Disability Rights Montana does not provide legal services for workers' comp, divorce, family law, bankruptcy, tax issues, pension issues, customer protection issues, or will/estate planning.

Disability Rights Montana offers the following services:

<https://www.disabilityrightsmt.org/>

Helpline: 1-800-245-4743

- Information and referrals
- Self-advocacy resources and guidance
- Advocacy Assistance (non-legal)
- Publications about self-advocacy, disability rights, and guidance on abuse prevention
- Education, outreach, and training
- System advocacy (working for systemic changes regarding disability-related issues)
- Legal representation (on a case-by-case basis)



Montana Law Help (MLH)

<https://www.montanalawhelp.org/>

If you are looking for a place to start when it comes to available legal resources in Montana, the Montana Law Help website is an excellent resource. The MLH site provides free civil legal information, forms, advice and free or low-cost representation in court by Montana Legal Services Association.



**MONTANA
LAW HELP**

Montana Legal Services Association

<https://www.mtlsa.org/apply-for-services/>

Helpline: 1-800-666-6899

The mission of the Montana Legal Services Association (MLSA) is to protect and enhance the civil legal rights of, and promote systemic change for, Montanans living in poverty. Visit their website or call the hotline to learn more about resources and legal representation options.



Housing

After a brain injury, many individuals experience difficulty with judgment, behavioral symptoms, memory, attention span, or confusion that may lead to unsafe living situations. Individuals and families may need to create an environment that encourages safe practices regarding cooking, the use of electrical equipment, answering the door and telephone, and any other activity that could pose a safety risk. The following housing options are organized from least restrictive to highest level of care.

Possible Living Options After a Brain Injury

1. Returning Home and Home Modifications

Home and Community-Based Services

Montana provides home and community-based services (HCBS) through several programs that each serve different needs. The goal of these services is to allow an individual to live in the community with the services available instead of living in a nursing home or an institution. Each program offers a specific set of services, and each program has varying functional and financial eligibility criteria. Contact BIAMT for more information on HCBS services and assistance in accessing services.

Respite

The purpose of respite care is to provide short-term care for individuals with disabilities and a brain injury while giving a temporary break to their regular caregivers. Some funding sources may cover respite services, but unfortunately, respite opportunities are limited in Montana. Speak to local social services about accessing this service for you or your loved one.

Centers for Independent Living Services

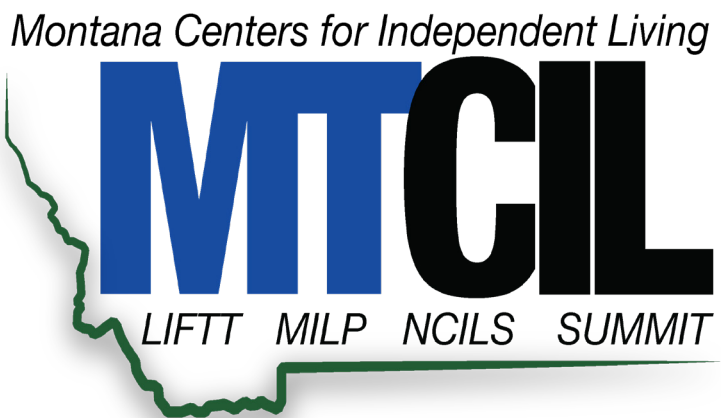
These centers assist with independent living, advocacy, social, and attitudinal barriers. Outreach services and support group/social and recreational services are also available. Montana has four Centers for Independent Living (CILs) that provide independent living services to individuals of all ages with disabilities.

All CILs provide the following core services:

- Independent living skills training,
- Peer support,
- Individual and systems advocacy, and
- Information and referral.

CILs also provide additional services as determined by consumer-identified needs in their service area. The services may include:

- Personal assistance services,
- Housing assistance,
- Transportation assistance,
- Social and recreational activities,
- Community awareness and education, and
- Technical assistance to businesses and local governments.



2. Basic Care Facility

Basic care facilities provide long-term basic nursing care and assistance for people who need help with everyday activities, such as dressing or bathing. This is residential care for people who can't live in the community. Montana has two basic care facilities specifically for a brain injury, the Rehabilitation Hospital of Montana in Billings and Liberty Place in Whitehall.



3. Skilled Nursing Facility

A skilled nursing facility (SNF) provides rehabilitation care and skilled nursing services for patients who:

- Are not well enough to be discharged home and cannot tolerate the more intensive amount of therapy provided by an inpatient rehabilitation facility.
- Can benefit from having a registered nurse on-site for a minimum of eight hours per day (on a physician's plan).
- Need nursing and/or rehabilitation.
- Don't need daily supervision by a physician, although the care provided must still be based on a physician's plan.

A SNF can be a stand-alone facility, but when it is in a nursing home or hospital, it must be a separately licensed unit, wing, or building.

Medicare will generally cover up to 100 days in an SNF. You will pay nothing for the first 20 days. There will be a co-pay for days 21-100. Some Medicare supplemental ("Medigap") insurance policies will cover part or all of your co-pay, so check your insurance coverage. Private insurance coverage for care at an SNF varies.

Low-income Housing Options

After experiencing a brain injury, survivors and their family members often experience financial stress related to unexpected medical expenses and loss of income for both the injured and their caregiver(s). Below are a few ideas of where to start when looking for affordable housing. You can also call BIAMT at 406-541-6442 to discuss potential housing options.

- Emergency Housing Vouchers
- Website: <https://housing.mt.gov/Rental-Housing/Housing-Choice-Voucher-Program>
- Veterans Affairs Supportive Housing (HUD-VASH)
- Website: <https://www.va.gov/HOMELESS/HUD-VASH.asp>
- Low Income Housing Database USA
- Website: <https://www.lowincomehousing.us/MT/>

Returning to Work

Returning to Work and Continuing or Starting Post-Secondary Education

After your brain injury, you may have to decide if and when you can return to work or continue or begin post-secondary education. This section addresses options for continuing employment or education and describes employment training and education programs available in Montana for people with disabilities, including brain injury. No matter where you are at in the return-to-work process, BIAMT will help you explore your options and provide support. We can assist by answering questions, locating support programs, and identify possible workplace accommodations.

Returning to Work

Depending on the nature and severity of your brain injury, you may or may not be able to return to the same job you had before your brain injury. Before returning to work, you should take extra care in assessing your job skills and abilities, as well as any changes you may have experienced. It is also helpful to get professional feedback from your doctor, rehabilitation therapists, or a vocational rehabilitation counselor.

Working with Your Current Employer

If the nature of your brain injury allows you to return to work at your current job, you will want to discuss the timing of your return to work with your doctor and rehabilitation team. Sometimes, people with brain injuries return to work full time sooner than they should, which can negatively impact rehabilitation and successful return to work. Follow your doctor's instructions and take the time you need to heal before returning to work.

It is very possible that your current employer does not have the knowledge about brain injury that is needed to assist you in returning to work. Provide information in writing to your supervisor and a human resources representative so that they can better understand how your brain injury has affected you and how they can help you return to work successfully. BIAMT can answer questions, provide training resources for employers, or provide survivors with educational materials to share with their HR team and employer.

When returning to work, under the Americans with Disabilities Act (ADA), you must still be able to perform the essential functions of your job with or without reasonable accommodations. Reasonable accommodations to help you perform your job might include:

- Making work areas accessible.
- Allowing flexible work schedules.
- Reassigning some tasks to others.
- Using a job coach.

Some people rely on accommodations to do their job; others use organizational tools on their own. To request workplace accommodations, you will need to disclose your disability as a result of your brain injury. Disclosing your disability is a very personal decision, but choosing to disclose gives you legal protection under the law. You will want to connect with professionals who are well versed in the ADA and job accommodations, such as vocational rehabilitation counselors, or an employment support agency such as Montana Vocational Rehabilitation Services, etc., to consider all your options. Call BIAMT to learn more about employment services in your area.

Looking for New Employment

When looking for a new job, seeking and finding work that best meets your interests, needs and ambitions while using your skills can be challenging. A brain injury can change a person's abilities, greatly influencing work life. You want to be reasonable and realistic in your self-assessment and expectations. Some people with brain injuries have trouble with organization, distractibility, decision making, impulsivity, fatigue, stamina, learning difficulties, and relationships with co-workers. For some individuals with changes due to brain injury, applying for Vocational Rehabilitation Services (referred to as Voc Rehab or VR) may be helpful. You may also seek services through Community Options to help with seeking employment or finding new employment goals.

Vocational Rehabilitation (VR)

VR can help analyze your skills and interests by providing vocational counseling and guidance. VR works with people who have disabilities to establish an employment goal, find and keep meaningful employment, and – when appropriate – identify assistive technology that can help maximize job performance.

When you call VR, you will go through an application and intake process.

- Explain to the person who answers the phone that you have sustained a brain injury and would like to apply for services.
- Always keep track of the name of the person you spoke with and the date and time you called, each time you contact VR.
- Ask how the application process works.
- Find out when the next orientation is for VR services for people with disabilities. • During the application process, you will receive information on what to do if you are not satisfied with VR services. It is called the "Client Assistance Program."

Eligibility - You are eligible for VR services if:

- You have a physical or mental impairment;
- You have a substantial impediment to employment; and
- You require vocational rehabilitation services to become employed.

Services available through VR include:

- **Vocational Rehabilitation Services** counselors can work with you and your employer to help everyone understand brain injury and how the workplace may be adjusted to make accommodations to assist you being successful on your career path.
- **Placement Services** are available to eligible individuals who would like assistance establishing vocational goals, preparing for work, practicing interview skills, finding a job, or making appropriate accommodations at your workplace. Placement specialists are trained to understand the current economy and employment needs.
- **Supported employment job coaches** provide on-the-job training and support for a limited time, once you secure employment.
- **Assistive technology devices** and services can help people with disabilities be independent and successful in the workplace. A person can use assistive technology to help themselves with communication, moving around, sitting/standing at a desk, working with computers, taking notes, and many other job responsibilities.

After you have been placed successfully at a job, VR will close your case. If you have trouble after case closure, call VR to discuss your options.

If you need assistance navigating any part of the VR process, please contact the Brain Injury Alliance of Montana.

Montana Employment Assistance Services:

Listed below are several statewide options for employment assistance. Please note that there may also be assistance in your area. Contact BIAMT to learn more about programs available to you locally.

American Indian Disability Technical Assistance Center (AIDTAC)

(406) 243-2448

<http://aidtac.ruralinstitute.umt.edu>

Montana Vocational Rehabilitation Services

Voice/TTY: (406) 444-2590

Central office: (877) 296-1197

<https://dphhs.mt.gov/detd/vocrehab>

Montana Empowerment Center

(877) 870-1190

<https://www.mtempowerment-center.org>

Transition Projects (University of Montana Rural Institute)

<http://ruralinstitute.umt.edu/>



Volunteering

One excellent way to restore stamina and endurance, explore job skills, interests, and work habits is through volunteering. Volunteer work can provide valuable experience and be extremely rewarding. Volunteering can build your resume and help you feel more connected to people while you make a significant contribution to the world around you. Many faith-based institutions, schools, and human service organizations also rely on a large pool of valuable volunteers. It is recommended you look into one of the hundreds of non-profit organizations in Montana that suits your interests and abilities.

If you are struggling to find volunteer opportunities, reach out the BIAMT. We would be happy to connect you with volunteer opportunities in your area. There are also volunteer opportunities available through BIAMT, ranging from helping us with our hiking fundraisers to serving as a peer mentor for other brain injury survivors.

Educational Support and Legal Issues

Returning to College or Participating in Adult and Community Education Services

If you are returning to college or plan to attend for the first time, call the main telephone number of the institution and ask for the office or person in charge of working with students with disabilities, often called the Disability Services Office. These offices have support staff that coordinate services and accommodations for people with disabilities.

Under the ADA, post-secondary institutions are required by law to provide reasonable accommodations or modifications necessary for students with disabilities to have equal access to educational opportunities and services as those of non-disabled students. Examples of available accommodations may include extended time for testing, note taking, testing in a quiet location, priority registration, or accessible housing. You will need to provide recent medical documentation of your disability in order to request reasonable accommodations. Students should expect to self-advocate for their needs with individual instructors.

When children and teens are hospitalized after a brain injury, a care conference may be held before they are discharged back into their parents'/guardians' care. These meetings include many members of the child's medical care team, the child's parents/guardians, and potentially a school representative. It is recommended that you reach out to your child's school and invite them to attend this meeting. The objective of this meeting is to plan a smooth transition and to ensure that communication paths are established with the school and medical team.

Determining appropriate accommodations often depends upon the severity of injury, how the injury impacts the student's functioning, and the length of time the student is symptomatic. School interventions can vary from general accommodations in the classroom to more extensive modifications that may require customized education services such as a 504 Plan or the development of an Individualized Education Plan (IEP).

Educational needs and accommodations can change quickly in the first weeks and months following a brain injury, especially a mild injury. This may require checking frequently with the student to assure the general classroom accommodations are sufficient or if they need adjustment.



Available School Supports and Services

General Accommodations - Symptoms resulting from most mild brain injuries/concussions are temporary and resolve within a few days or weeks. General accommodations are short term and may include a shortened school day schedule, minimal/no homework, rest breaks, quiet environment, extended transitions between classes, and preferential seating.

Section 504 Plan - For students with more long-term issues, a 504 Plan might be implemented. Parents can request that their child be evaluated for 504 accommodations. Once eligibility has been determined, the school district has a legal responsibility to prepare and implement a 504 Plan, in accordance with applicable regulations, including the identification of accommodations to the environment, curriculum, materials, and instructions in the least restrictive environment. 504 Plans are also available for post secondary learning and work environments, contact BIAMT for assistance with when and how to ask for a 504 Plan.

Special Education Services - If the student's educational needs resulting from a brain injury are chronic and/or severe, parents or education staff can request a special education evaluation. Determination of eligibility for special education services must be established before those services can be provided. An IEP will be written and annually reviewed by the educational team, of which parents are a vital part.

Your child will also need extra emotional and psychological support as they return to school. Their relationships with their friends, peers, and teachers will likely have shifted since before their injury. As you work with the school district to develop a special education plan to accommodate your child's brain injury, make sure that you open the door for them to ask questions, express their emotions, and feel informed and involved in the process.



Return to Play



Brain Injury Alliance

M O N T A N A

Dylan Steigers was a charming, persuasive, and popular young man. He had the reputation of being a fierce and intimidating opponent and competitor. He would do anything for his teammates and coaches. A former Missoula Sentinel Spartan, Dylan went on to play college football in Oregon.



On May 8, 2010 during a spring football scrimmage, Dylan suffered a traumatic brain injury. Dylan was flown to Boise, ID where he was treated. He was removed from life support the next day and passed away. The neurologist who cared for him explained that the injury appeared to be a blow and a twist causing a rupture in the main artery in his brain.

The Dylan Steigers' Protection of Youth Athletes Act was brought to the 63rd Session of the Montana Legislature by Senator Blewett. During the 18 months prior to the session, numerous stakeholders worked diligently on drafting language suitable for protecting Montana youth athletes from experiencing repeat concussions and possible long term symptoms. These stakeholders included the Governor's Advisory Council on TBI, the Brain Injury Alliance of Montana, Montana High School Association, JC Weida (LAT, ATC), Tom Beers (attorney in Missoula), and Dr. Benjamin K. Phipps (Ortho Montana, Billings). It was important that the law address education on concussion, removal from play, and return to play.

Return to Play Resources:

Dylan Steigers' Protection of Youth Athletes Act:

Senate Bill: <https://leg.mt.gov/bills/2013/billpdf/SB0112.pdf>

HEADS UP Parents: Youth Concussion Resources
<https://www.cdc.gov/headsup/parents/index.html>

HEADS UP Coaches: Youth Concussion Resources
<https://www.cdc.gov/headsup/youthsports/coach.html>

MHSA Board Rules and Regulations (Concussions)

MHSA Site: <https://www.cmmc.health/media/MHSAconcussionrulesandregulations.pdf>

CDC Youth Concussion Resources Page:
<https://www.cdc.gov/headsup/index.html>

After a brain injury, some people drive with restrictions or need vehicle modifications, while others find they need (or want) public transportation. This section describes some of the options that persons with disabilities can use to get around.

Driving

People use many skills when driving, including attention, visual processing, reaction time, judgment, spatial orientation, and motor skills. A brain injury may greatly impact many of these abilities. People with brain injuries should use caution when deciding whether to continue driving after a brain injury and listen to recommendations given by medical professionals.

Some service providers offer detailed driver assessment programs in which program staff work on and off the road to determine a person's ability to drive. Other programs offer individuals the opportunity to relearn driving skills. Your primary care physician can also advise you in regard to your ability to relearn how to drive safely.

Public Transportation

The Montana Department of Transportation (MTDOT) offers a fixed route for public transportation; transportation providers vary by county and/or city. Call the Montana Department of Transportation at 406-444-6200 to request information. You can also contact your local transit authority.

Medical Rides

Medical rides are offered to assist with transportation from rural areas to medical facilities. Medical rides are regularly scheduled and, depending on the location, may be formally structured or provided as needed. Many counties in Montana offer transportation services three to five days a week, depending on the location. To find out more about medical rides in your area, call MDOT's toll-free number, 1 (800) 292-7114.

Assistive Technology

Assistive technology (AT) is the term used to describe devices, technology and aides that allow a person to be more independent. These can range from low tech, for example-post-it notes, to high tech, for example-iPads. When choosing the device, the task to be completed, your strengths and preferences, and setting where the task will be done need to be considered. Consider starting small with one type of support as to not get overwhelmed with too many options. In some cases you may be able to select AT independently, or follow up with your provider for suggestions.

MT Assistive:

MonTECH

McGill Hall, The University of Montana Rural Institute, #29, Missoula, MT 59812

(406) 243-5751

montech@mso.umt.edu

Neuropsychological Services

Neuropsychology is a sub-specialty of psychology that specializes in the assessment and treatment of patients with cognitive related conditions such as a brain injury. What distinguishes a clinical neuropsychologist from other clinical psychologists is knowledge of the brain, including an understanding of areas such as neuroanatomy and neurological disease.

Neuropsychological Evaluation

A neuropsychological evaluation may be beneficial following a brain injury to assist in treatment and rehabilitation.

An evaluation can provide information related to cognitive limitations, strengths, weaknesses, and valuable information related to return to work options.

What is a Neuropsychological Evaluation?

A neuropsychological evaluation often includes at least three components:

1. Review of medical and other records.
2. An interview with the individual and often, another person who knows them well (a family member, close friend, or caregiver).
3. Administration of tests that measure abilities and mood.

Using these three sources of information, the neuropsychologist will provide a comprehensive report that summarizes relevant medical history, evaluation results, areas where cognitive or emotional functioning has changed, and recommendations for work, home, and family.

How long will the testing process take?

The length of testing time depends on unique factors in each situation but is usually completed in six to eight hours. Testing may be broken up over a couple of appointments or may be completed in one day.

What to provide before the evaluation?

Provide the neuropsychologist with:

- Any available pre-injury, injury, and post-injury data that would be useful.
- Information related to the individual's current functioning: changes in personality and skills; level of independence; and current problems experienced by the individual and family.
- Information related to plans for the future and expectations of the individual with brain injury and expectations of family members.
- The purpose of obtaining the evaluation.

How often should an evaluation be done?

During the first two or three years after a brain injury, repeat evaluations may be helpful to identify emerging strengths, persistent deficits, and changing needs. After an evaluation, ask for a recommendation about if and when the evaluation should be done again.

Common Measures

The Glasgow Coma Scale and Rancho Los Amigos Scale are two scales commonly used to determine the functional level of your injury. Your provider may use these periodically throughout your rehabilitation to measure your progress.

Glasgow Coma Score (GCS)	The Rancho Los Amigos Scale
<p>The Glasgow Coma Scale (GCS) is scored between 3 and 15. It is composed of three parameters: best eye response, best verbal response, and best motor response.</p>	<p>The Rancho Los Amigos scale was developed at the Rancho Los Amigos Hospital in California and is often used by doctors and therapists to explain behavioral, cognitive, and emotional changes that take place during healing.</p>
<p>Best Eye Response (4)</p> <ol style="list-style-type: none"> 1. No eye opening 2. Eye opening to pain 3. Eye opening to verbal command 4. Eyes open spontaneously 	<p>Level 1 - No Response: Patient appears to be in a deep sleep and does not respond to voices, sounds, light or touch.</p>
<p>Best Verbal Response (5)</p> <ol style="list-style-type: none"> 1. No verbal response 2. Incomprehensible sounds 3. Inappropriate words 4. Confused 5. Oriented 	<p>Level 2 - Generalized Response: Patient reacts inconsistently and non purposefully to stimuli; first reaction may be to deep pain; may open eyes but will not seem to focus on anything in particular.</p>
<p>Best Motor Response (6)</p> <ol style="list-style-type: none"> 1. No motor response 2. Extension to pain 3. Flexion to pain 4. Withdrawal from pain 5. Localizing pain 6. Obeys commands 	<p>Level 3 - Localized Response: Patient responses are purposeful but inconsistent, and are directly related to the type of stimulus presented, such as turning head toward a sound or focusing on a presented object; may follow simple commands in an inconsistent and delayed manner.</p>
<p>You should always look at a GCS broken down by components - not just the total. A Coma Score of 13 or higher correlates with a mild brain injury, 9 to 12 is a moderate injury, and 8 or less is a severe brain injury.</p>	<p>Level 4 - Confused, Agitated: Patient is in a heightened state of activity; severely confused, disoriented and unaware of present events. Reacts to own inner confusion, fear or disorientation. Behavior is frequently bizarre and inappropriate to the immediate environment. Excitable behavior may be abusive or aggressive.</p>
	<p>Level 5 - Confused, Inappropriate, Non-Agitated: Patient appears alert; responds to simple commands. Follows tasks for two to three minutes but easily distracted by environment; frustrated; verbally inappropriate; does not learn new information.</p>
	<p>Level 6 - Confused-Appropriate: Patient follows simple directions consistently; needs cueing; can relearn old skills such as activities of daily living, but memory problems interfere with new learning; some awareness of self and others.</p>
	<p>Level 7 - Automatic-Appropriate: If physically able, patient goes through daily routine automatically, but may have robot-like behavior and minimal confusion; shallow recall of activities; poor insight into condition; initiates tasks but needs structure; poor judgment, problem-solving and planning skills.</p>
	<p>Level 8 - Purposeful-Appropriate: Patient is alert, oriented; recalls and integrates past and recent events; learns new activities and can continue without supervision; independent in home and living skills; capable of driving; deficits in stress tolerance, judgment; abstract reasoning persists; may function at reduced social level.</p>
	<p>Level 9 - Patient independently shifts back and forth between tasks and completes them accurately for at least two consecutive hours; aware of and acknowledges impairments when they interfere with task completion; requires standby assistance to anticipate a problem before it occurs; depression may continue; patient may be easily irritable and have a low frustration tolerance.</p>
	<p>Level 10 - Patient is able to handle multiple tasks simultaneously in all environments but may require periodic breaks. Irritability and low frustration tolerance may persist when feeling sick, fatigued and/or under emotional distress.</p>

Common Definitions

Acquired Brain Injury (ABI) - An injury to the brain that is not hereditary, present at birth, or degenerative. Causes include heart attack, carbon monoxide poisoning, seizure disorders, and toxic exposure.

Activities of Daily Living (ADLs) - An individual's self-care routine, including feeding, toileting, dressing, bathing, and grooming.

Acute care - A hospital-based program with skilled service delivery that optimizes the individual's medical condition. The individual may or may not receive therapies.

Acute rehabilitation - A hospital-based, highly intensive skilled service delivery to optimize the person's medical condition and functional status. Focus on development of bowel and bladder control, communication, mobility, basic hygiene, orientation, and learning. Usually the individual receives three hours or more of therapy per day. Average length of stay is three to five weeks.

Agitation - Uncontrolled restlessness, upset, or excitement in response to internal or external factors. **Amnesia** - Loss or impairment of memory function secondary to brain dysfunction.

Aneurysm - A localized, abnormal dilation of a blood vessel due to a defect or weakness in the vessel wall.

Anomia - Difficulty naming things.

Anoxia - A lack of oxygen to the brain. Brain cells need oxygen to stay alive. When blood flow to the brain is reduced or oxygen in the blood is too low, brain cells are damaged. Can occur from trauma as well as "non-traumatic events" including heart failure, near drowning, electrocution, and other events which can alter oxygen flow to the brain.

Aphasia - A loss of previously acquired language function due to damage to the brain; typically includes impaired comprehension, reading, spelling and writing, as well as verbal expression.

Apraxia - An inability to perform skilled motor acts not attributable to impaired motor strength or coordination, sensation, or comprehension; patients may be able to perform an activity spontaneously that they cannot perform on command.

Arousal - The change from a state of sleep to one of being awake.

Arteriovenous Malformation (AVM) - A malformation of the arteries and veins in the brain. These blood vessels are thin and fragile and may cause bleeding in the brain.

Aspiration - Food or liquid going in to the lungs instead of the stomach.

Ataxia - Impaired balance of the body or impaired coordination of an arm or leg. **Attention** - The ability to focus on a given activity.

Attention - The ability to focus on a given activity.

Awareness - Understanding the problems resulting from a brain injury.

Behavior management program - Specific plans of care developed by the treatment team to assist patients in appropriate social skills and interactions with others.

Behavior modification - A specific clinical management strategy that rewards/reinforces desirable behavior and discourages/inhibits undesirable ones. Uses the principles of learning to change behavior. There are specific rewards and consequences designated for specific behaviors exhibited by the individual. The ultimate goal is the individual will learn to control their own behavior without positive or negative consequences being imposed from outside.

Brain swelling/cerebral edema - The brain swells after severe injury. Severe swelling can cause compression of the brain stem and death. It can also lead to neuron damage from compression of the cells or from anoxia caused by a disruption of the blood flow and oxygen to the brain.

Cognition - Thinking or mental activity.

Cognitive therapy - A means by which the brain relearns some of the skills it has lost as a result of brain injury.

Concussion - A temporary altered mental status or loss of consciousness from traumatic brain injury.

Confabulation - Making something up that is not true (although the individual with a brain injury may believe it is true).

Contusion - A bruise to a part of the brain.

Decubitus - An opening of the skin, obtained in bed, which requires special topical treatment and body positioning to heal. Also called a pressure ulcer or pressure sore.

Diffuse axonal injury - Widespread microscopic injury to nerve connections (axons) along with injury to specific brain structures, including the upper brain stem.

Diplopia - Double vision.

Distractibility - Inability to hold attention on an activity.

Dysarthria - Weakness, slowness, decreased range, and/or uncoordinated muscles of the mouth, throat, and lungs resulting in problems with clarity of speech.

Dysphagia - Difficulty with chewing or swallowing food or liquid.

Encephalitis - An infection of the brain, most often due to a virus.

Encephalopathy - A general category that may include damage to the brain caused by infections (meningitis, encephalitis), tumors, or metabolic disorders (chemical changes to the brain).

Fluid restriction - Sometimes drinking fluid may cause the brain to swell, because the brain absorbs the fluid. Make sure to talk to the primary nurse before giving fluids to an individual.

Glasgow Coma Scale - A scale used to measure coma based on numerical scores for eye opening, speech, and limb movements or postures.

Hemianopia/Hemianopsia - Partial blindness in which the left or right visual field is “blackened out” in both eyes.

Hematoma - If the blood vessels in the brain are damaged by the impact inside the skull, they may bleed to create a pool of blood or hematoma. It can cause brain injury by damaging the neurons it comes in contact with or by squeezing neurons increased pressure in the brain. Typically, it is treated with a surgical drain.

Hemiparesis - A weakness on one side of the body.

Hemiplegia - A paralysis or complete inability to move one side of the body as a result of injury or damage to the brain.

Hemorrhage - Internal or external bleeding.

Hydrocephalus - The flow of cerebrospinal fluid in the ventricles of the brain can sometimes be blocked or disrupted after a brain injury. Fluid can constantly be made in the ventricles causing increased pressure. This is called hydrocephalus, and it can be a serious secondary effect of a brain injury. Inserting a needle and drawing the fluid off the brain and into the abdominal cavity can be used to treat this. This procedure is called a ventriculoperitoneal shunt and reduces pressure inside the brain.

Impulsiveness - Doing or saying something too quickly, often leading to errors and difficulties.

Incontinence - The inability, due to physical and/or cognitive reasons, to control urination or bowel movements.

Increased Intracranial Pressure (ICP) - Occurs because of buildup of pressure within the skull. The brain, membranes, and cerebrospinal fluid are encased within the bones of the skull. The fluid formed from the swelling or bleeding builds up and causes increased pressure inside the brain, and the increased pressure causes further damage to the brain tissue.

Initiation - The ability to begin an activity.

Intracerebral Hemorrhage (ICH) - Bleeding inside the brain, caused when a diseased blood vessel bursts and floods surrounding brain tissue with blood.

Judgment - The ability to know the dangers of certain activities and to make correct decisions.

Loss of Consciousness (LOC) - A partial or complete loss of consciousness with interruption of awareness of oneself and ones surroundings.

Memory - Remembering and learning new things, including what you do, what others say, and what you see or read.

Neurologist - A medical specialist in disorders of the nervous system. May be involved in the initial diagnosis of brain injury and may continue to monitor recovery.

Neuropsychologist - A psychologist who specializes in brain-behavior relationships. Administers a series of tests to evaluate a person's cognitive, emotional, intellectual, and academic/vocational skills.

Neurosurgeon - The medical specialist who performs surgery on the brain and has expertise in structural diseases of the central nervous system.

Occupational therapist - Person who helps the individual regain the physical, perceptual, and cognitive skills required to perform Activities of Daily Living (ADLs).

Organization - The ability to arrange thoughts and make them sound sensible and orderly.

Orientation - A sense of what is going on around you. Knowing the day, date, month, and year; things about yourself, where you are and how to get around; and knowing what happened to you.

Perseveration - Inability to turn the attention from one thought to another.

Physiatrist - A physician specializing in physical medicine and rehabilitation. In hospitals and rehabilitation settings, the doctor often leads the rehabilitation team and coordinates the goals into a unified approach.

Physical therapist - Person who focuses on individual's motor functioning and mobility.

Post-traumatic amnesia - The period of time after a head injury when a person does not reliably recall ongoing day-to-day events.

Pragmatics - Behaviors related to communication such as eye contact, gestures, and facial expressions. Primary injury - The injury that occurs at the time of the traumatic injury.

Psychiatrist - A medical specialist who concentrates on behaviors, personality change, mood changes, memory change, and sleep/wake cycles. The doctor may diagnose, monitor, and prescribe medications.

Rancho Scale - A scale of stages of recovery after traumatic brain injury.

Secondary injury - The injury that occurs after the traumatic injury.

Seizure disorders - A secondary effect of brain injury can be a seizure disorder, caused by a specific injury that leads to a disruption in the electrical activity of the brain. Seizure disorders can occur at any point after a brain injury. Usually they are treated with anticonvulsant drugs.

Shearing injury - Damage to the brain caused by areas of brain tissue moving in the same direction at different speeds, resulting in diffuse brain damage.

Social worker/case manager - Role varies in different settings. Acts as a link between the individual, the family, and the team members. Many provide education, resources, emotional support, and discharge options. May negotiate between facility and financial source.

Spasticity - Exaggerated response of muscles causing stiff and awkward movements and abnormally increased muscle tone; can be caused by an injury to the brain.

Speech-language pathologist - Speech-language pathologists (SLPs) work to prevent, assess, diagnose, and treat speech, language, social communication, cognitive-communication, and swallowing disorders in children and adults.

Stroke or Cerebral Vascular Accident (CVA) - A stroke occurs when a blood vessel that carries oxygen and nutrients to the brain is either blocked by a clot or bursts (or ruptures). When that happens, part of the brain cannot get the blood (and oxygen) it needs, so it and brain cells die. Stroke can be caused either by a clot obstructing the flow of blood to the brain (called an ischemic stroke) or by a blood vessel rupturing and preventing blood flow to the brain (called a hemorrhagic stroke). A TIA (transient ischemic attack), or “mini stroke”, is caused by a temporary clot.

Sub-acute rehabilitation - A hospital or skilled nursing facility-based services with focus on medical stability and/or complex nursing needs in addition to receiving rehabilitation similar to acute rehabilitation. Usually the individual receives one to three hours per day during the week. Average length of stay is two to three months.

Subdural hematoma - A blood collection that forms between the dura and the skull; blood fills the space under the skull and exerts pressure on the brain.

Toxic or metabolic injury - Occurs after exposure to unsafe substances such as lead or a harmful buildup of the body's own chemicals, as seen in kidney failure.

Tracking - Visual following of an object or sound with the eyes.

Traumatic Brain Injury (TBI) - With or without skull fracture is an insult to the brain caused by an external physical force that may produce a diminished or altered state of consciousness. Mostly common causes include vehicle crashes, falls, sports injuries, and violence.

Vocational rehabilitation counselor - Evaluates the individual's past vocational or educational performance and current vocational skills. The goal is to help an individual resume appropriate and realistic employment.



BIAMT is excited to announce the launch of **Survivor Connections**, a program organized *by survivors for survivors*.



Many survivors will tell you that life after a brain injury can be scary, but it doesn't have to be! This journey can be challenging, but with the support of a fellow survivor and BIAMT's staff, you will find the road to recovery can be much brighter!

Survivor Connections is a calling system where expert survivors of brain injury are paired up with new survivors and hold monthly phone calls with one another to provide each other with support, resources, education, and camaraderie.

How to Connect:

1. Survivors can sign up by contacting the Brain Injury Alliance of Montana by phone at 406-541-6442 or via email by emailing info@biamt.org.
2. An expert survivor and a member of the BIAMT support network will make monthly calls to the new survivor.
3. The survivors receive support, resources, and education to aid in their successful recovery.



Brain Injury Help Line Enrollment Form

Please Fax to BIAMT/BIHL at (406) 541-4360

3535 W. Broadway, Ste. 6, Missoula, MT 59808 1-800-241-6442

To create a better future for those impacted by brain injury through awareness, support, advocacy, community engagement, and the prevention of brain injury.

Participant / Patient Name: _____

Discharge Date (if applicable): _____

Date of Birth: _____		Language Spoken: _____	
Race: African American Hispanic	Asian Pacific Native American	Caucasian/Non-Hispanic Other _____	
Date of Injury: _____		Cause of Injury: _____	
Email: _____			
Telephone: (____) _____		Other: (____) _____	
Address: _____ (Street address) (City) (State) (Zip code)			

Family Member/Significant Other or Guardian of Patient: _____	
Address (if different than above): _____	Relationship _____
to patient: _____	Email: _____ Telephone: (____) _____
_____	Work: (____) _____

I hereby give permission to share the following information with the Brain Injury Alliance of Montana to be enrolled in the Brain Injury Help Line; a FREE 24 month telephone based support service.

Signature: _____ Date: _____

The Brain Injury Help Line DOES NOT REPLACE any medical or rehabilitation services that you may need. It is intended to provide you and your family with information about brain injury and assist in accessing services. You can discontinue this follow-up service at anytime. This form grants BIAMT permission to use the categorical data (date of injury, cause of injury, race, and gender) in data collection pertaining to brain injury in Montana.

Individual Making Referral: _____ Title: _____

Referring Agency: _____ Contact #: _____



Brain Injury Alliance

M O N T A N A

The Brain Injury Alliance of Montana provides information and support to individuals with brain injury, their family member and various services providers and agencies. Our resource facilitator assists with navigating the services system and provides technical assistance in finding the right resources for each individual. We offer outreach and public education to increase public awareness of brain injury, as well as peer support by connecting people with others who have experienced a brain injury. We also offer virtual training courses and resources for staff who work with brain injuries survivors in a long term assisted living facilities.

All of our services are FREE.

Visit BIAMT's website: www.biamt.org

View BIAMT's online courses: www.learn.biamt.org/

View BIAMT's upcoming events: www.biamt.org/biamt-events/

**Connect with us on Facebook:
www.facebook.com/BrainInjuryAllianceOfMontana**

Contact our office: (406) 541-6442

Send us an email: info@biamt.org