

# What to Expect After Brain Injury

A guide for people with brain injury and their caregivers



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INTRODUCTION

# Adjusting to life after a brain injury

Living with a brain injury can require a range of resources, strategies, and supports, the range of which can be tremendous. Support needs may extend long after inpatient treatment has come to an end.

This guide is dedicated to providing information about the supports and resources that are available and necessary to people with brain injury and their family members assisting them as they return home.



SECTION I

# At Home

Returning home following brain injury – regardless of severity – can be complex. For the person with brain injury, as well as their family, this time can be emotional, exciting, overwhelming, and exhausting.

While in a rehabilitation or hospital setting, days are often busy or regimented. Once home, this regimentation may quickly cease, and it is not uncommon to experience feelings of isolation, depression, and loneliness.

Despite the loss of routine, most people are happy to come home after rehabilitation. Not only is home a safe, secure place, it is often perceived as a place where one will find one's old self. However, after a period of welcoming, friends and family may return to their old routines, leaving the person with brain injury feeling alone or unsupported. Additionally, damage involving frontal or temporal lobes of the brain – resulting in confusion, memory loss, disinhibition, poor organizational skills, and poor judgment – can change a person dramatically, and it is often difficult for others to understand these changes.



It is important that family members, friends, and caregivers understand the individual does not want to feel or act differently than they did before the injury.

The journey ahead can be challenging, and may feel slow. Here are a few tips for all involved:

- Be patient
- Seek help from professionals, peers, support groups, etc.
- Keep a journal
- Express yourself

## Changes in family dynamics

Returning home following brain injury can quickly lead to a renegotiation of boundaries and responsibilities that existed within the family before the person's injury. For instance, if the breadwinner has sustained the injury, there are certainly financial ramifications looming. Or, if an adult is moving back in with their parents following a brain injury, it will likely be difficult for both the parents and the adult child to adjust.

# Preparing the Home

It is important for family members and caregivers to assess the home before the individual's return from rehabilitation and make sure it is a safe, accessible environment.

Here are some suggestions for modifying the home:

- **Ramps:** Getting in and out of the house is the first order of business, and a ramp may be in order. If a wheelchair ramp is needed, ADA guidelines indicate a slope rule of 1:12. In other words, for every 1 inch of slope the ramp will need to extend 12 inches.
- **Ceiling Lifts:** Ceiling lifts run on a track system that is mounted to the home's ceiling and are designed to help caregivers move an individual without causing strain or risking an injury.
- **Roll-In Showers:** A roll-in shower allows an individual access directly into the shower while in their shower wheelchair.
- **Door Openers:** There are power door opening units that will open and close the door for the person to enter and exit the house unaided. The timing of the open and close settings can be adjusted for each person, and many units include options like digital keypads, electric strikes, various switches, and outdoor access.
- **Door Widening:** Wider doorways make it much easier for a person in a wheelchair to navigate by ensuring there is adequate room to safely maneuver within the home.



## Helpful Links

- [Challenges, Changes, and Choices: A Brain Injury Guide for Families and Caregivers](#)
- [National Family Caregiver Support Program](#)
- [Letting Go: Steps to Independence](#)
- [Home Mods Resources](#)
- [Caregiver Alliance State Resources](#)

SECTION II

# Returning to Work

Brain injury can leave an individual with a number of persistent impairments that interfere with finding and keeping a job. These problems may be:

- **Cognitive:** Difficulties with attention, memory, communication, reasoning, or problem-solving
- **Physical:** Weakness or lack of coordination in arms or legs, impaired vision, fatigue, sleep problems
- **Emotional:** Vulnerability to depression, difficulty controlling anger, or anxiety
- **Behavioral:** Impulsivity

After sustaining a brain injury, an individual may experience difficulty performing their job safely, or in the same manner they did prior to their brain injury. Some may find they need to seek other employment, while others can request accommodations that address their new needs.

For the person with a brain injury, having a conversation with an employer, supervisor, or human resources department is a good opportunity to discuss options and needs upon returning to work. Below are some suggestions and things to keep in mind for the discussion:

- Returning to work gradually; for example, starting at three mornings a week or even working from home for a period of time
- Returning with shorter hours
- Taking more breaks throughout the day
- Returning with less workload
- Taking on a different role

Upon returning to work, it is important for the individual with brain injury to communicate with their employer regularly to decide if the adaptations are working to both parties' benefit, or if further changes are necessary.



### Vocational Rehabilitation (VR)

Each state has an agency to help people with disabilities find work. These Vocational Rehabilitation (VR) Services have different names in different states, and are funded by both the federal and state government. People who are disabled by brain injury are entitled to apply for vocational rehabilitation.

The most severe impairments that people with brain injury have are often not physical, and consequently these impairments are invisible. If a question about severity of disability interferes with accessing vocational rehabilitation services, evaluations by a rehabilitation physician and neuropsychologist are usually very helpful in proving that impairments resulting from brain injury are severe and extensive enough to meet the criteria for admission to the program. Once they are qualified for services, people with brain injury are best served by VR counselors who have experience working with people with brain injury.

Experienced counselors know and use special procedures that are critical for success in VR with people with brain injury. If it seems as though a VR counselor is not familiar with needs related to brain injury, it may be necessary to educate the counselor so they understand the brain injury population's unique needs.

### Helpful Links

- [Employment Legislation and Policies](#)
- [Read the Research: Return to Work and Job Stability After Traumatic Brain Injury](#)
- [Workplace Innovation and Opportunity Act](#)
- [Ticket to Work and Work Incentives Improvement Act](#)
- [Rehabilitation Act of 1973](#)
- [Job Accommodation Network](#)
- [Requesting Accommodations in the Workplace](#)

### Ticket to Work

The Ticket to Work and Self-Sufficiency Program is an employment program for people with disabilities who are interested in working. The goal of the Ticket Program is to increase opportunities and choices for people receiving Social Security disability benefits to obtain employment, vocational rehabilitation, and other support services from public and private providers, employers and other organizations.

Under this program, the Social Security Administration provides disability beneficiaries with a voucher to obtain the services and jobs they need from local organizations called Employment Networks.



SECTION III

# Impact on Health

Recovery from brain injury may be measured in weeks, months, and years, and is known to slow with the passage of time. The effects of brain injury are often long lasting, and recovery may be incomplete. Although some people with severe brain injuries experience only mild long-term difficulties, other people may require care or special services for the rest of their lives.

Research on aging with a brain injury remains sparse. While the brain can change dramatically (for better or worse) even years after an injury, clinicians and treatment teams have begun to treat brain injury as a disease rather than an event.

Brain injury is thought to increase the likelihood of:

- Endocrine disorders
- Seizures
- Fatigue
- Headaches
- Cognitive decline
- Depression
- Parkinson's disease
- Dementia

## Brain Injury as a Disease

Until very recently, the majority of brain injury researchers focused on the first 90 minutes after brain injury in order to find a way to stop the toxic cascade of events that lead to increased morbidity and mortality.

Certainly these interventions are important and life saving, but it is also clear that there is another toxic cascade later on in an



individual with brain injury's journey: a slow, progressive, irregular, and chronic lifelong disease process. Those who sustain brain injuries are many times more likely to suffer from any variety of conditions or neurological disorders, ranging from spasticity to Alzheimer's disease.

## Helpful Links

- [Brain Injury as a Chronic Disease](#)
- [Resources for Depression After Brain Injury](#)
- [Depression After Traumatic Brain Injury](#)
- [What is Spasticity?](#)



SECTION IV

# Relationships

Brain injury can – and likely will – impact every relationship held by a person who has sustained a brain injury, as well as their family members and caretakers.

When describing changes in relationships after brain injury, both family members and survivors mention they may not hear from their friends, co-workers, and extended family members; phone calls, emails, and letters may be left unanswered. It is vital to remember that the impact of brain injury is not only felt by the person who has sustained the injury, but the entire family.

If someone is experiencing negative, isolating thoughts, consider picturing the brain injury as a hurricane that has hit everything and everyone in its path. The response may be fast and overwhelming, but at some point most responders leave and the individual– and their loved ones – must begin to rebuild their homes and lives. Progress may seem slow, but every step makes a difference.

I CAN'T RELATE TO OTHERS ANYMORE.

I'D RATHER BE ALONE.

WHAT HAPPENED TO EVERYONE WHO CAME TO VISIT ME IN THE HOSPITAL?



# Significant Others & Intimacy

A brain injury can significantly change a couple's relationship. There are different degrees of brain injury severity, and less severe injuries do not always result in significant or long-term relationship changes.

However, after severe, moderate, or complicated-mild brain injury, both the person who has sustained the injury their partner are often forced to change many parts of their lives. Perhaps most often, partners will experience a change in responsibilities or roles within their relationships. For example, the family's primary breadwinner is now unemployed and recovering, or the family's primary homemaker is now unable to care for the home and children.

Intimate relationships are likely to experience challenges with communication. With shifts in roles, focus, and even daily routine, it is difficult to maintain a level of communication that many relationships rely on to stay healthy. Those who have had a brain injury often demonstrate new personality traits, challenges, fears, and limitations. Their spouses are often surprised by how these changes impact their relationships, and these changes have lead many spouses to feel like they are "married to a stranger."



Additionally, most couples will experience a change in their sexual relationship after a brain injury. There are various emotional and physical reasons for this change, including:

- Hormone levels due to injury
- Roles in the sexual relationship
- Appearance, self-confidence, and/or attraction
- Areas of sexual interest

Studies have shown that sexual problems can arise at any time following brain injury and, if this happens, it is important to seek medical advice and treatment.

## Helpful Links

- [Sexuality is a Family Matter](#)
- [Living with a Stranger: My Husband's Brain Injury](#)

SECTION V

# Financial Issues

Individuals who have sustained a brain injury often have cognitive, emotional, and behavioral difficulties that impair their ability to manage their personal finances. The assistance that is required depends on the unique needs of the individual and can range from merely providing help to pay bills to complete management of the person's financial affairs.

It is important to utilize the least restrictive solution to protect a person with a brain injury from their inability to manage finances and to allow the person as much freedom and personal control as possible. In other words, a remedy needs to be found that is tailored to the individual, lawful, and limited to only those activities for which the individual needs assistance.

## Guardianship

When faced with a diagnosis of brain injury, family members often find it very difficult to consider the issues of guardianship. A guardianship is a legal relationship between the guardian (typically court appointed) and an incapacitated individual.

The guardianship gives the guardian the legal duty and right to act on behalf of an incapacitated person and make decisions that affect the person's money and life. It is vital to have open, honest discussion between family members, doctors, and attorneys to ensure the individual's interests are protected and determine if a guardianship is in order.

Guardianship should be considered in situations where an individual with brain

injury is impaired to the extent that he or she is partially or totally unable to manage finances or take care of their physical health and safety. Guardianship laws differ from state to state, and there is no federal law regarding guardianship. Hospital case workers, doctors, and lawyers are reliable sources for information on guardianship in your community.

## Tips for Managing Money After Brain Injury

- Look closely at monthly expenses and figure out what can be cut and what must be spent to maintain a reasonable standard of living. If possible, make decisions such as downgrading cable or eliminating your home phone in lieu of your cell phone proactively.
- Therapies for brain injury can be costly. Take the opportunity to speak with the clinicians on your treatment team about your options. It may be that you can assume some therapy at home, on your own or with the help of a loved one, allowing you to go to a clinic less often.
- Utilize available social services. The Brain Injury Association of America and its network of state affiliates can provide more information about local resources.
- If eligible, apply for Social Security Disability as soon as possible.
- Be open and honest with your friends, and family. Explain that times are tight, so for special occasions and holidays, you'd like gift cards.

# Financial Planning

Brain injury can cause a strain on finances and, therefore, it is important to be as organized and informed as possible. While specifying preferences for decisions ahead of time can relieve the burden of decision-making, many must make these decisions after the brain injury. While each state has its own unique requirements, there are many standard legal documents that are commonly associated with a catastrophic injury. These can include:

**Advance Directive:** An advance directive contains directions or written instructions that state a person's wishes about his or her future medical care and end-of-life measures and is used when a person cannot think clearly or tell people what health care they want. The most common types of advance directives are living wills, power of attorney, and "Do Not Resuscitate" orders.

**Living Will:** A living will is a statement, made in advance, of an individual's end-of-life medical instructions in the event of incapacity or terminal illness. Instructions in a living will guide doctors and significant others about an individual's preference for life-prolonging procedures, such as allowing the use of tubes for nutrition and hydration or administering pain medicine.

**Power of Attorney (POA):** A power of attorney is a legal document that authorizes one person or agent to manage all parts of another person's personal or financial affairs. The designated person's authority is limited to the scope of the document and does not include the ability to make medical decisions.

**Power of Attorney for Health Care (POA):** A power of attorney for health care specifies a certain person to direct an individual's health care wishes according to instructions that were made in advance, and can apply to specific instructions or limitations as well as to life-sustaining treatments.

**Durable Power of Attorney for Health Care (DPOA):** A durable power of attorney for health care is used when the POA indicates an agency or person to make health care decisions for an individual when he or she is unable to do so. A DPOA is "durable," meaning that it remains in effect even after a person experiences disability. A DPOA remains effective beyond the disability and will also become effective upon subsequent disability or incapacity.



# Social Security Disability Insurance

Social Security pays benefits to people who cannot work because they have a medical condition that is expected to last at least one year or result in death. Federal law requires this very strict definition of disability. While some programs give money to people with partial disability or short-term disability, Social Security does not. Certain family members of disabled workers also can receive money from Social Security.

In general, to get disability benefits, two different earning tests must be met:

- A "recent work" test based on your age at the time you became disabled; and
- A "duration of work" test to show that you worked long enough under Social Security.

**If you became disabled... Then you generally need...**

...in or before the quarter you turn 24	1.5 years of work during the three-year period ending with the quarter your disability began.
...in the quarter after you turn 24 but before the quarter you turn 31	Work during half the time for the period beginning with the quarter after you turned 21 and ending with the quarter you became disabled. Example: If you become disabled in the quarter you turned 27, then you would need three years of work out of the six-year period ending with the quarter you became disabled.
...in the quarter you turn 31 or later	Work during five years out of the 10-year period ending with the quarter your disability began.

Because it can take longer than six months to be approved for Social Security disability benefits, it is wise to apply for benefits as soon as possible. For more information on applying for SSDI benefits, contact the National Brain Injury Information Center at 1-800-444-6443 or visit the [Social Security Administration](http://www.socialsecurity.gov).

# Social Security Disability Insurance

**If you become disabled... Then you generally need...**

Before age 28	1.5 years of work
Age 30	2 years of work
Age 34	3 years of work
Age 38	4 years of work
Age 42	5 years of work
Age 44	5.5 years of work
Age 46	6 years of work
Age 48	6.5 years of work
Age 50	7 years of work
Age 52	7.5 years of work
Age 54	8 years of work
Age 56	8.5 years of work
Age 58	9 years of work
Age 60	9.5 years of work

# Supplemental Security Income (SSI)

The Supplemental Security Income (SSI) program makes payments to people with low income who are age 65 or older, are blind, or have a disability. The Social Security Administration manages the SSI program. The basic SSI amount is the same nationwide. However, many states add money to the basic benefit.

Whether a person can receive SSI depends on their income (money received from wages, Social Security benefits, pensions, etc.) and resources (things owned, such as a home). Income also includes such things as food and shelter. When determining total income, Social Security does not count all of a person's income. Specifically, people are exempt from:

- The first \$20 a month of most income received
- The first \$65 a month earned from working and half the amount over \$65.
- Supplemental Nutrition Assistance Program (SNAP) benefits.
- Shelter you get from private nonprofit organizations.
- Most home energy assistance.

If a person is married, Social Security will also include part of their spouse's income and resources when deciding whether the person qualify for SSI. If they are younger than 18, Social Security will include part of their parents' income and resources. For students, some of the wages

or scholarships received may not count. For those who are disabled but working, Social Security does not count wages used to pay for items or services that help the individual work. For example, if a person needs a wheelchair, the wages used to pay for the wheelchair do not count as income.

Resources that Social Security will consider in deciding whether an individual qualifies for SSI include real estate, bank accounts, cash, stocks and bonds. A person may be able to get SSI if their resources are worth less than \$2,000. A couple may be able to get SSI if they have resources worth no more than \$3,000. If an individual owns property they are trying to sell, they may be able to get SSI while trying to sell it. Social Security does not count everything a person owns in deciding whether that person has too many resources to qualify for SSI, specifically:

- A person's home and the land it is on.
- Life insurance policies with a face value of \$1,500 or less.
- A car (usually).
- Burial plots for the individual and members of their immediate family.
- Up to \$1,500 in burial funds for the individual and up to \$1,500 in burial funds for their spouse.

If someone is eligible for Social Security or other benefits, it is recommended that they apply for them immediately.

SECTION VI

# Children & Brain Injury

Brain injury is the leading cause of disability and death in children and adolescents in the U.S. According to the Centers for Disease Control and Prevention, the two age groups at greatest risk for brain injury are age 0-4 and 15-19.

Among those ages 0 to 19, each year an average of 62,000 children sustain brain injuries requiring hospitalization as a result of motor vehicle crashes, falls, sports injuries, physical abuse and other causes. A staggering 564,000 children are seen in hospital emergency departments for brain injury and released.

Among children ages 0 to 14, brain injury results in an estimated 2,685 deaths, 37,000 hospitalizations, and 435,000 emergency department visits.

## Symptoms & Recovery

A wide variety of physical, cognitive, and emotional symptoms and impairments, outlined on the next page, may occur to different degrees in children who have sustained a brain injury. The nature of the injury and its consequences can range from mild to severe, and recovery is difficult to predict for any given child.

With early diagnosis and ongoing therapeutic intervention, the severity of these symptoms may decrease. Symptoms can vary greatly depending on the extent and location of the brain injury.

Impairments in one or more areas (such as cognitive functioning, physical abilities, communication, or social/behavioral disruption) are common.





# Symptoms & Recovery

While the symptoms of brain injury in children are similar to the symptoms experienced by adults, the functional impact can be very different. Children are not little adults, and their brains are still developing. The assumption used to be a child with a brain injury would recover better than an adult because there was more “plasticity” in a younger brain, but recent research has shown that this is not the case. In fact, a brain injury has a more devastating impact on a child than an injury of the same severity on an adult.

Cognitive impairments in children may not be immediately obvious after the injury, but may become apparent as the child gets older and faces increased cognitive and social expectations for learning and appropriate behavior. These delayed effects can create lifelong challenges for children, their families, schools, and communities.

Some children may endure lifelong physical challenges, but the greatest challenges many children with brain injury face are changes in their ability to think, learn, and develop socially appropriate behaviors.

Common deficits after brain injury include difficulty in processing information, as well as impaired judgment and reasoning. When an adult is injured, these deficits can become apparent in the months following the injury. For a child, it may be years before any deficits become apparent.

## Common Impairments

### Physical

- speech
- vision
- hearing
- headaches
- motor coordination & balance
- spasticity of muscles
- paresis or paralysis
- seizure disorders
- fatigue

### Cognitive

- short term memory deficits
- impaired concentration
- slowness of thinking
- limited attention span
- impairments of perception
- communication skills
- planning
- writing and reading
- judgment

### Emotional

- mood swings
- denial
- self-centeredness
- anxiety and depression
- lowered self esteem
- sexual dysfunction
- restlessness
- lack of motivation

# Impact on Education

When children with a brain injury return to school, their educational and emotional needs are often very different than before the injury. Their disability has happened suddenly and, in many instances, traumatically. They can often remember how they were before the brain injury, which can bring on many emotional and social changes. Family, friends, and teachers may also recall what the child was like before the injury, and may have trouble adjusting their expectations of the child.

It is important to plan carefully for the child's return to school. Frequent complaints from students with brain injury include difficulty with memory and comprehension, trouble completing the required amount of work within an allotted time, lack of energy, susceptibility to distraction, and confusion.

## **Accommodations**

School systems are willing to provide accommodations to students with brain

injury, but many students and parents are unaware of available accommodations.

There are two important objectives when determining what, if any, accommodations are important for the success of the student. First, the parents should meet with the school's or district's administration to discuss the situation. Second, a thorough evaluation of the student's academic and cognitive abilities is essential to determine what accommodations are necessary.

These evaluations can be performed by neuropsychologists, psychologists, and trained school psychologists. It is important to consult with an experienced brain injury professional (such as the child's doctor or therapist) who can thoroughly document academic strengths, limitations, and recommended accommodations. Nearly all schools require documentation of disability and recommendations in order to provide accommodations.



# Examples of Accommodations

As mentioned before, many parents and caregivers of children with brain injury are unaware of the accommodations available to them and their child. Consider working with the child's teacher, as well as the school or district administration, to establish accommodations for the child when planning a return to school. Here are some examples to consider, depending on the child's specific needs:

- Allowing additional time to complete work
- Allowing for extra or extended breaks
- Grading the quality of work over the quantity of work
- Providing the student with the instructor's (or detailed) notes
- Allowing the student to record classroom instruction for later playback
- Providing clear oral and written instructions
- Implementing assistive technology when applicable
- Reduced emphasis on spelling and grammatical errors when these are not the purpose of the assignment
- Seating the student at the front of the classroom or near the teacher
- Not requiring the student to read aloud or present in front of classmates
- Allowing additional time to complete tests without distractions
- Allowing oral examinations
- Assessing knowledge using multiple-choice questions



Accommodations are often listed in a student's Individualized Education Program (IEP). An IEP is a plan or program developed to ensure that a child who has a disability and is attending an elementary or secondary educational institution receives specialized instruction and related services. An IEP is a flexible plan, and can be changed as the parents, the school, and the student learn more about what sort of accommodations the student needs for success in the classroom.

# Financial Issues

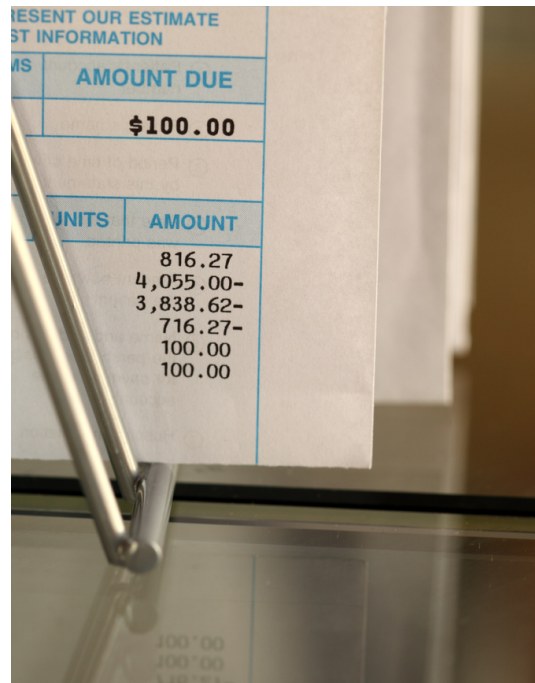
Parents of a child with brain injury often spend their time and energy on keeping their child comfortable, happy, and healthy. Unfortunately, expensive medical treatment combined with time spent away from work can cause significant financial distress on the family. In a situation where the parents are struggling to maintain financial stability while caring for their child, they may be eligible to receive Supplemental Security Income (SSI) benefits on behalf of the injured child. These benefits can help cover everything from medical expenses to the expenses associated with daily living.

**Supplemental Security Income (SSI)** is a disability benefit program offered by the Social Security Administration (SSA). SSI is intended to provide benefits to disabled individuals who earn very little income. To qualify, applicants must fall within very strict financial limits. Because children do not earn income and are not responsible for their personal finances, child applicants will be evaluated based on a portion of their parents' income and resources.

Applicants who qualify for SSI benefits also automatically qualify for Medicaid. Even if the SSA eventually determines the family's income no longer meets the parameters required for SSI benefits, the child may be able to retain Medicaid coverage.

## Medical Eligibility

In addition to SSI technical criteria, applicants must also meet certain medical criteria. These criteria are found in the SSA's *Guidebook of Medical Conditions*



and Requirements, commonly referred to as the Blue Book. Brain injuries fall under *Blue Book Listing 111 – Neurological Disorders*. In most cases, benefits are awarded with medical confirmation of the child's brain injury, or impaired neurological functioning. This may include convulsive or non-convulsive epilepsy, motor dysfunction, and communication impairment. Additionally, the child may qualify under *Blue Book Listing 112.00 – Mental Disorders* if their brain injury has resulted in intellectual disability, mood disorder, or other mental impairment.

## Helpful Links

- [Blue Book 111.00: Neurological Disorders](#)
- [Blue Book 112.00: Mental Disorders](#)

# Applying for Benefits

It is imperative to call the SSA immediately to schedule an interview as soon as possible after the brain injury.

While waiting, it is important to use the time to prepare for the interview, which may include collecting all of the required medical and non-medical documentation that will be used to support the claim, preparing records of medical appointments, physical examinations, mental examinations, records of diagnoses, treatment results, and statements from clinicians and educators who interacted with the child on a regular basis.

If any or all of this information is not available, it is still worthwhile and important to attend the interview. While missing information may cause delays, the SSA will

help collect any documents that were missed or unavailable.

If the child qualifies for Compassionate Allowance processing, parents may receive a decision in as little as 10 days. If the child's condition does not qualify for Compassionate Allowance processing, the decision may take several months.

If the initial application is denied, it is important to not panic or give up. Although being denied can be discouraging, it is certainly not the end of the road. Each and every applicant has the right to appeal the decision within 60 days of receiving the notice of denial and, interestingly, applicants have a better chance of receiving approval during the appeals process than during the initial application.

# Additional Resources

Adjusting to life after brain injury is an ongoing experience. Living with a brain injury can require a range of resources, strategies, and supports, the range of which can be tremendous. The Brain Injury Association of America and its local affiliates have a variety of resources and information available to people living with brain injury and their caregivers.

- **National Brain Injury Information Center**: The Brain Injury Association of America (BIAA) established the National Brain Injury Information Center (NBIC) to support individuals and families who experience the life-changing effects of brain injury. Speak to local brain injury specialists by contacting NBIC at 1-800-444-6443
- **Moderate to Severe Brain Injury- A Practical Guide for Families**: Sustaining a moderate to severe brain injury is a life-changing, sometimes devastating, event for an individual who is injured and for his or her family. The National Brain Injury Information Center's core publication, *Moderate to Severe Brain Injury: A Practical Guide for Families*, helps readers understand brain injury, find rehabilitation and community services, and learn about the support options available.
- **Brain Injury Association of America Resource Center**: View, stream, and download brain injury resources, videos, awareness materials, and more.
- **Preferred Attorney Program**: Selecting the right legal representation is critical. The Brain Injury Association of America's Preferred Attorneys have demonstrated their knowledge of the physical, cognitive, emotional, and financial toll a brain injury can inflict.
- **Education**: The Brain Injury Association of America hosts educational conferences and webinars for a wide range of individuals, including brain injury survivors, caregivers, and medical professionals.