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| **Cognitive Area** | **What it Looks/Feels Like/to the Person** | **How it May Appear to Others**  | **What it Means** |
| Complex Attention | Difficult to focus and or sustain focus. Can’t shift attention from one thing to another easily. Person feels scattered, frustrated and irritable.  | The individual may appear to be bored or uninterested/disengaged from people and activities | If attention and concentration are affected, memory will also be impacted. Person will have difficulty engaging in conversations, work related activities and hobbies and leisure activities such as watching TV and playing games |
| Executive Function:(The ability to generate a plan to approach/solve a problem or situation. Carry out that plan, and adapt/disregard/generate an alternative plan if the plan doesn’t work) | Finds it difficult to get started on previously easy tasks. (e.g when to take out the trash, managing finances), Can’t “think on my feet anymore” . Might feel embarrassed if believe they are letting others down. | Disorganized, don’t follow through, “talk a good game” but difficult to rely on the person as before. Are they just malingering or lazy? Seems to have become more stubborn and inflexible since the accident, taking a “my way or the highway “approach to relationships. Significant others need to plan/make decisions for the person | For individuals whose physical scars have healed, it is problems with executive skills that can impede a successful return to work and damage interpersonal relationships. For individuals whose TBI dates back to their childhood, they may have “grown into” their TBI. The world expects them to cognitively step up to the plate developmentally but this is difficult as the parts of the brain we rely on for adult reasoning and problem solving are impacted by that earlier TBI |

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| **Cognitive Area** | **What it Looks/Feels Like/to the Person** | **How it May Appear to Others**  | **What it Means** |
| Learning and Memory: After a TBI, Individuals often will recall easily events/persons in their distant past. New information is more difficult to process, store in memory and later use/apply that information functionally | For the person, they may lose track of conversations. Have difficulty carrying over information from one day to another. It is difficult to manage changes in routines as easily as in the past. Frustration with what once came so easily is now so difficult.  | The person needs to be reminded over and over again to do things they once did automatically. Don’t understand why they become angry/upset/ irritated with seemingly innocuous changes in routine, or unanticipated events or circumstances | Roles may shift at home among partners. The partner who once managed the kids school, sports, and medical related deadlines and appointments can no longer manage these tasks. At work, supervisors and co-workers find the person needs more supervision and reassurance than prior to their injury |
| Language: Post injury, the person may have difficulty understanding what they are hearing or reading (receptive aphasia) and/or may have difficulty pulling their thoughts together to get their points across either verbally or in writing (expressive aphasia) | Difficulty making sense of what is read or heard, it is hard to follow directions, may feel lost in conversations, feel “stupid”, “insecure”. Frustrated that words are on the “tip of my tongue” but can’t pull the right words out. Feel embarrassed, find language issues are worsened by fatigue/anxiety | Person is quieter now, seems hard to figure out where they stand or what their opinions are when in conversation with them. Person’s conversational style seems a bit “off”, uses unusual phrases or terms. Curses more than they used to. | Language issues can lead to misunderstanding, hard and hurt feelings among friends, family and colleagues. Person finds it might be easier to withdraw, or they might lash out when others express their difficulty understanding their meaning.  |

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| **Cognitive Area** | **What it Looks/Feels Like/to the Person** | **How it May Appear to Others**  | **What it Means** |
| Perceptual-Motor **:** Often after a TBI individuals may experience partial paralysis, tremors, or visual perceptual deficits such as double vision or field cut. Sometimes the ability to speak clearly is impacted by damage to parts of the brain/nerves that control the coordination of lip/tongue/jaw, also known as dysarthria  | Can’t walk without a limp or dragging one foot. Will reach for something and find they can’t grasp it or is slips from their grasp. Difficulty reading, walking in an unfamiliar room because the person can’t see out of one or more visual field. If the issue is double vision, reading is very difficult, not to mention, getting around especially around unfamiliar places without being at risk for fall. May need to learn how to use a wheelchair, cane or other assistive device to navigate the environment | If the person has paralysis or other obvious physical disabilities, people will generally recognize the individual is living with a disability. If the person’s most obvious perceptual motor issue is dysarthria, strangers in the community may assume they are intoxicated. If the person has a visual issue, observers may conclude they are rude or otherwise socially awkward or inappropriate because their disability makes maintaining eye contact challenging  | Depending on how a person is impacted, (and some after TBI will experience a combination of Perceptual-Motor challenges) difficulty in this area can have immediate impact on working, driving and ease of accessing their home if it is not equipped with needed environmental modifications such as a ramp and an accessible bathroom. |
| Social Cognition: This category refers to what is commonly referred to as Social/Emotional or Neuropsychiatric challenges after TBI | Hard to “read between the lines”, such as picking up nonverbal cues from others. Finds self blurting out things without thinking first. Wonders why people get offended/upset/angry with them. For an individual with severe behavioral dyscontrol, they may find themselves in legal trouble.  | Those in the person’s circle may become afraid of as well as afraid for them. It is difficult to predict how every day interactions in the community will transpire as the person’s behavior can be erratic. In the least they may overshare with a store clerk or dominate a conversation during a church social.  | TBI is often a hidden disability. If an individual has made a good physical recovery, issues related to social cognition can impose significant barriers to success at home, in community and in the workplace. As a result there is risk of co-occurring behavioral health issues, isolation and unemployment. Poor judgement may lead to legal trouble.  |