

# **EIGHT LEVELS OF RECOVERY**

The many stages of recovery for head injured victims have been thoroughly documented. There are several methods of describing these stages in use by rehabilitation centres. The following guidelines are widely used and are based on the eight levels of recovery as defined by Ranchos Los Amigos Hospital in California.

People with head injuries go through these levels of recovery as their rehabilitation progresses. The time each person needs to move from one level to the next level may differ, and improvement may slow down at any level. Characteristics of more than one level are often present at the same time.

These are short descriptions of the recovery levels and a few suggestions for working with the patient in each stage.

## **LEVEL 1: NO RESPONSE**

At this stage the patient appears to be in a deep sleep. Although the patient may be restless, he will not respond to anything, including pain, noise or visual images.

## **LEVEL 2: GENERALISED RESPONSE**

At this level the patient appears to be asleep most of the time, but does respond irregularly to some stimulation by becoming more or less active. Pain will likely cause the first response. The patient may pull away from painful stimuli such as a catheter tube, intravenous injections or feeding tubes.

### **Suggestions for the family:**

1. It is important for family and friends to help provide stimulation for the patient when he is awake, as long as he is able to tolerate it. This does not mean a 24 hour daily effort. The patient needs to rest and so do you.
2. Continue to show affection in whatever way you can.
3. Speak to the patient in a calm, slow, normal tone of voice.
4. It is important to keep the periods of stimulation brief (5-15 minutes), depending on the level of alertness. The stimulation should have as much meaning as possible. If you are helping with the bath, you can say, "I'm washing your right hand", or 'let's wash your face now". When the patient is able to open his eyes, try to get him to look at you and at other visitors.

## LEVEL 3: LOCALISED RESPONSE

The patient appears more alert for several minutes at a time and responds more consistently to general stimulation. He is beginning to show an awareness of his body by following simple commands, such as closing his eyes, squeezing his hand, or opening his mouth, although not every time and usually slowly.

### Suggestions for the family:

1. Have the room as quiet as possible and eliminate visual distractions.
2. Talk to the patient at eye level and assume a relaxed posture that says, "I'm right here close to you, I want to hear what you want to tell me".
3. It is important not to over-tire the patient. Limit visitors to a reasonable number.
4. Ask the patient to follow one step commands such as "raise your arm, close your mouth, open your eyes, show me your teeth", be sure to allow plenty of time for the response.
5. Help the patient begin to do routine, self care activities, though you will need to furnish plenty of help.
6. Bring in familiar objects and photographs of family members with their names listed on the back so staff will know who they are and can help the patient understand.
7. If the patient is able to swallow, check with the nurse to find out whether it is all right to begin having him hold a cup and drink from it.
8. Re-acquaint the patient with things he has known about for a long time, e.g names of family members and long-time friends, addresses, types of work he has done, hobbies, interests and so forth.
9. Each time you see the patient, say who you are. Talk about what month and year it is, where he is and why he is in the hospital.
10. As he becomes more alert, ask him questions about his past that have "yes" and "no" answers. Allow him time to respond as his reaction time will be slow. Do not expect him to remember immediately. **Making demands will not make the brain heal any faster.**

## LEVEL 4: CONFUSED – AGITATED

At this stage, the patient will be very active and may behave very strangely. He may cry out or overreact to stimuli, even after they are removed. He may show aggressive behaviour, attempt to remove restraints and tubes or to crawl out of bed. He is unable to cooperate directly with treatment effects.

Essentially, the only memory he has is for events that happened before the head injury. If he is able to speak he may make up disconnected or inappropriate stories. He may not be able to pay attention longer than a short time and will therefore, need a great deal of help and encouragement to eat, dress and bathe.

**The patient is suffering extreme personal confusion and disorganisation and cannot be held responsible for his behaviour during this phase.**

He may scream or hit out of fear caused by this confusion. He has not suddenly become a mean person, more likely he is a frightened person.

### Suggestions for the family:

1. When the patient is not agitated, use this time to improve his ability to respond correctly.
2. Try to do things at which he can succeed, success is a positive reward and may increase his confidence and willingness to try something else.
3. Encourage him to try simple self care tasks such as brushing his teeth and washing his face.
4. If you visit him during a meal, give him only one choice of food at a time and let him do as much for himself as possible.
5. If he doesn't have a catheter in his bladder, check with the nurse about his schedule for going to the toilet and report any complaints he has about burning, frequency of urination, or urgency.
6. Continue to help the patient associate himself with familiar things.
7. Correct inappropriate or inaccurate responses matter of factly. If he continues to disagree, change the subject.
8. If the patient owns a watch, please bring it to the hospital.
9. If you feel that visits from certain acquaintances disturb the patient, talk to the **TEAM** about ways to deal with the problem.
10. When the patient becomes agitated do **NOT** ignore him until he calms down. Human contact and reassurance by the family have a calming effect. Medications to "calm him down" are avoided because sedatives slow the thinking process and make the confusion worse.

**REMEMBER: the Confused-Agitated level is usually a passing phase, a sign of improvement and a step towards recovery.**

## **LEVEL 5: CONFUSED - INAPPROPRIATE**

The patient appears alert and is able to respond to simple commands fairly consistently, but has difficulty following more complex commands. He is able to concentrate longer but will need frequent redirection back to the activity he is supposed to be doing. Memory for events in the more distant past is now more evident, but memory of what happened several minutes earlier or yesterday is extremely limited. He may be able to do automatic over learned tasks, such as eating and dressing, but is unable to learn new information.

### **Suggestions for the family:**

1. Keep on helping this patient get back in touch with the world. Begin referring more often to his journal so you can ask questions about what has happened each day. If he is able, have him begin writing his own entries in the journal.
2. Go over information about family and friends. Discuss problems he is having because of the head injury honestly, accurately and matter of factly.
3. Work with him to help bring out the information which is stored in his brain, but is not easy for him to recall without help. Ask him a question and if he can't give the correct answer, give him some helpful clues. For example, if you ask him immediately after breakfast what he ate and he cannot remember, be more specific, and ask what he drank. If this doesn't help, tell him it was white and see if he can remember that it was milk.
4. Encourage him to succeed at each task by making a big point of the things he is able to do. Be generous with praise for every successful step. Do not forget he now has less tolerance for frustration. Do not allow the task to become overwhelming.
5. Ball games, memory games and simple card games are all good activities at this level.
6. Assist him with any homework the therapist has given him to do.

## **LEVEL 6: CONFUSED – APPROPRIATE**

The patient follows simple directions consistently and is able to remember how to do routine activities like feeding, dressing and bathing. Memory of the past continues to improve. Memory for recent events is still poor and makes learning new information difficult. The patient's mind wanders less often and he is more aware of time and place. His attention can be held for about 30 minutes.

### **Suggestions for the family:**

1. Increase independence by gradually decreasing the amount of help you give for specific activities. Remember everyone on the **TEAM** is working to help the patient to get along with the least possible supervision and without direct assistance.
2. Continue to keep his activities moderate. Constant activity is too much. He will probably need to rest during the day.
3. Continue crafts, games and sports activities that become more challenging.
4. Assist him with homework and his daily journal.
5. Ask him how to get from his home to very familiar places, such as store, church, school, work, friends homes, etc.
6. Ask him to discuss TV shows, radio news and programs, conversations and other events immediately after he has seen or heard them.
7. When he is at home, vary the daily routine as little as possible. The more simple and consistent it can be, the more likely it is he will remember it.
8. Work with him on the principles of money and giving correct change.
9. Within his tolerance, use every situation as a learning experience. Help him to arrange and understand each part of daily life. Tasks we take for granted may be difficult for him to accomplish.  
When you take him home on weekend visits ask him what steps he would use in doing such moderately complicated tasks as making orange juice, washing the clothes or making a bed and then have him actually do the task he has described.

## **LEVEL 7: AUTOMATIC - APPROPRIATE**

At this stage the patient appear normal on the surface, both in the hospital and at home. He performs daily routines daily routines automatically, with little or no confusion, but has very little recollection of what he has been doing. He has limited insight into the true facts of his condition, has less than normal judgement and problem solving ability and cannot plan realistically for the future.

He is able to learn new information, at slower than normal speed. For the sake of his safety and proper learning, some supervision is required at home and in the community. He is able to take part in more recreational and social activity, in which he has now regained some interest. His judgement remains too poor for safely driving a car. Evaluation and counselling for work and recreation may be indicated now.

### **Suggestions for the family:**

1. Discuss with the patient situations in the home that could be dangerous and have him tell you what he would do to avoid them. Emphasise the importance of his judgement in emergency situations.
2. Increase the amount of detail recorded in the patient's journal.
3. Have him practice using the telephone directory and reading a map.
4. Take him to the Supermarket and have him locate a few items and estimate what each item costs.
5. When the patient is at home, have him make his bed, help you with the house cleaning, fix light meals, clean up the kitchen, carry out trash, help with the laundry and other appropriate jobs.
6. He may continue to be slow in responding to questions. It is usually best to wait for an answer.
7. Continue to have him do crafts, games, sports and hobbies he can manage successfully.

## **LEVEL 8: PURPOSEFUL – APPROPRIATE**

Memory for past information is good while memory for events that happened an hour or day ago may still be slightly fuzzy. He is able to learn new information, although not as quickly as he once could. Within his physical capabilities he is independent in home and community skills.

If he is unable to return to his former job, vocational rehabilitation may be indicated to determine his abilities and interests. He may continue to show a decreased ability to reason or tolerate stress, or use good judgement in emergencies or unusual situations. His social, emotional and intellectual capabilities may continue to be less than before his injury, but are good enough so he can function as a member of society.

### **Suggestions for the family:**

1. Encourage maximum involvement in the home, school or job within the patient's physical and intellectual limits.
2. Involve him in the complex tasks such as total meal planning and preparation, organisation of several home tasks into a daily routine, planning leisure time, initiating activities independently and developing individual aids to plan his time, such as schedules, reminder lists etc. Have him assume responsibility for specific chores.
3. If he is receiving regular medication, it should be his responsibility to take the correct dose at the proper time.
4. The patient needs to practice using public transport by himself or repeat both the written and the behind the wheel drivers test until it can be pass successfully.
5. Have him practice balancing his cheque account, handling and allowance appropriately and budgeting.
6. If he is unable to return to his former job, a referral should be made to the Rehabilitation Officer at your local hospital. Your Social Worker at the hospital can also help with this. Telephone for an appointment.