



Supporting Individuals with Challenging Mood and Behaviours Following an ABI

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Brain Injury Information

- Effects of a brain injury can be seen across 3 broad areas:
 - 1) Physical Symptoms
 - 2) Cognitive Difficulties
 - 3) Emotional & Behavioural Changes



What is meant by emotional & behavioural changes?

- Neurobehavioural Changes
- Psychological Reactions



Impact of Emotional & Behavioural Changes

- Consequences of behavioural changes after a brain injury are widespread negatively impacting:
 - Independence
 - Relationships (family, partners, friendships)
 - Social integration
 - Rehabilitation, academic & vocational outcome
 - Coping and caregiver burden



Factors Impacting Emotional & Behavioural Changes

- Human behaviour is complex, and it is often difficult to isolate what emotions and behaviours directly result from the brain injury.
- As with anyone, what a person with a brain injury says or does in a given situation is the result of interactions among a variety of contributing factors.



Factors Impacting Emotional & Behavioural Changes

- 1) Neuroanatomical site of injury
- 2) An individual's previous coping style and personality (exacerbation or reversal of pre-injury behaviours)
- 3) Recovery Process



Factors Impacting Emotional & Behavioural Changes

- 4) Ability to manage internal (emotional, physical, cognitive) and environmental (over-stimulating setting) demands post-injury
- 5) Medication (e.g., Dilantin)
- 6) Substance Use (e.g., alcohol, marijuana)



Factors Impacting Emotional & Behavioural Changes

- 7) Social Supports
- 8) Environment (e.g., living arrangements, triggers, etc.)
- 9) Changes can also be amplified by the individual's internal emotional and physiological state (e.g., feelings of frustration or loss, fatigue, pain, etc.)



Challenges to Supporting Emotional & Behavioural Changes

- Controlling emotion and behaviour in response to the social and environmental situation requires considerable skill.
- Emotional and behavioural changes are less frequently seen in structured settings (i.e., neuropsychological assessment) but more apparent in natural settings (i.e., home, community, school, work).



Support of Emotional & Behavioural Changes Occurs at Many Levels

- Role of medications
- Learning self-management strategies through Behavioural Therapy or CBT, DBT
- Environmental modifications
- ABI education for caregivers
- Teaching caregivers strategies



Support of Emotional & Behavioural Changes Occurs at Many Levels

- Importance of sleep
- Manage fatigue levels
- Development of routine
- Social skills training
- Consideration of support groups for injured person as well as caregiver



Anger & Irritability

- Described often as “short fuse”, “flying off the handle”.
- Studies show up to 71% of people with ABI are frequently irritable.
- Can manifest as yelling, use of bad language, throwing of objects, slamming fists into things, etc.



Strategies to Support Irritability

- Understand that being irritable and getting angry easily is due to the brain injury. Try not to take it personally.
- Do not try to argue with the injured person during an outburst. Instead, let him or her cool down for a few minutes first.
- Do not try to calm the person down by giving in to his or her demands.



Strategies to Support Irritability

- Set some rules for communication. Let the injured person know that it is not acceptable to yell at, threaten or hurt others.
- After the outburst is over, talk about what might have led to the outburst. Encourage the injured person to discuss the problem in a calm way. Suggest other outlets, such as leaving the room and taking a walk (after letting others know when he/she will return) when the person feels anger coming on.



Strategies to Support Irritability

- Gently redirect attention to a different topic or activity if person is too upset to problem-solve.
- Serve as a model by using effective anger management strategies.
- Be patient in the moment and persistent over time in helping the person manage his/her anger.
- DON'T try to reason with the person when he/she is at peak anger levels.
- DON'T criticize the individual if his/her strategies for managing anger don't work at first.



Strategies to Address Irritability

- Practice anger-management strategies before anger occurs.
- Learn to identify early signs of anger.
- Learn to identify situations ("triggers") that can lead to anger.
- Avoid triggers if possible, or learn and use anger-management strategies in those situations.
- Get help from family, friends, and others in efforts to learn and use anger-management strategies.
- Seek to include regular activity, hobbies, and other sources of enjoyment in one's life.



Disinhibition

- Loss of impulse & behavioural control
- Loss of foresight and social judgment
- Inability to delay gratification



Disinhibition

Examples:

- Socially-inappropriate behaviour such as making inappropriate and personal remarks, sexual remarks or gestures, aggression
- Talks out of turn, interrupts others in conversations
- Using crude language



Strategies to Support Disinhibition

- Be aware of the relationship between ABI-related changes in brain functioning and increased impulsivity.
- Work with the person to identify triggers to impulsive behaviors (e.g., increased emotionality, influence of peers).
- Try to identify environmental changes that may help avoid triggers (e.g., minimize contact with peers having a negative influence).



Strategies to Support Disinhibition

- Develop a subtle signal (e.g., a hand gesture) to help the person remember to stop and think before acting when questionable behaviors are occurring in social contexts.
- Use redirection as needed.
- When not in social situations, provide the person with non-judgmental feedback regarding the appropriateness of his/her behaviors/decisions.



Strategies to Support Disinhibition

- This may initially be tried while the behaviors are occurring. If the person responds poorly at that time, follow-up at a later time after his/her behaviors and emotions have stabilized.
- Balance encouraging independence with helping the person with TBI recognize his/her limits in decision-making.
- Talk with the person about "pros" and "cons" for decisions/behaviors. Help him/her to weigh the positive and negative aspects.



Strategies to Support Disinhibition

- Serve as a model by making important decisions in a thoughtful manner and including the person with TBI in the reasoning process.
- DON'T criticize the person for impulsive behaviors without providing constructive ideas about other ways to behave.
- DON'T compare past and current abilities.
- DON'T try to convince the person to change behaviors when his/her level of emotionality is high (use distraction and wait until the person is calm before addressing the issue).



Strategies to Address Disinhibition

- Identify triggers to impulsive behaviors with help of trusted others (e.g., family, friends, healthcare providers).
- Develop strategies to reduce the likelihood of acting before considering consequences.
- Have family members/friends give a signal to help with stopping and considering behaviors before acting further.
- Accept feedback from trusted others (e.g., family, good friends) regarding when it is important to stop and consider behaviors even if it is difficult to recognize the need for this.



Emotional Lability

- Loss of emotional control
- Experience emotions quickly and intensely (often without lasting effect)
- Sometimes the emotional expression does not match the situation (e.g., laughing during a sad story) or individual's emotional state (e.g., crying but not feeling sad)



Emotional Lability

Examples:

- Laughs or cries too easily
- Easily irritated
- Sudden angry outbursts without good reason



Strategies to Support Emotional Lability

- Remain calm if an emotional outburst occurs and avoid reacting emotionally yourself.
- Take the person to a quiet area to help him or her calm down and regain control (e.g., leaving the room and going to a safe).
- Acknowledge feelings and give the person a chance to talk about their feelings.
- Provide feedback gently and supportively after the person gains control.



Strategies to Support Emotional Lability

- Work with the person with ABI to identify situations that are associated with emotional lability (e.g., frustration, fatigue).
- Gently redirect attention to a different topic or activity if person is too upset to problem-solve.
- During non-emotional times, help the person identify words that can be used to communicate with others about his/her emotions.



Strategies to Address Emotional Lability

- Attend to early signs of emotionality.
- Be aware of factors that contribute to increased emotionality (e.g., fatigue, pain).
- Try to minimize exposure to situations that are associated with increased emotionality, particularly when at risk for increased emotionality (e.g., due to fatigue, pain, etc.).



Strategies to Support Emotional Lability

Use strategies to cope with high emotionality, including:

- Using words to express emotions.
- Removing self from the stress-inducing situation.
- Using relaxation techniques (can be developed with the aid of psychologist).
- Enlist the help of trusted family member, friends, healthcare providers in developing strategies to manage emotional responses.



Motivation & Initiation Problems

- Difficulty getting started with an activity.
- Individual needs verbal reminders and prompts to begin an activity, and often further reminders are needed to see the task through to completion.
- Does not always mean the person feels unmotivated - often they talk about their plans and activities, they know what they want to do, but don't know how to actually start the activity.
- **Initiation problems is not laziness.**



Motivation & Initiation Problems

Examples:

- Speaks only when spoken to
- Has difficulty starting an activity
- Sits around and does nothing
- Starts things but fails to finish them, “peters out”



Apathy Syndrome

- Decrease in behavioural, cognitive and emotional components of goal-directed behavior
- Clinically, it is characterized by diminished initiation, reduced concern, and decreased activity



Apathy Syndrome

Examples:

- Individual appears affectively flat
- Shows little emotion, is unconcerned and unresponsive
- Neglects personal hygiene



Strategies to Support Low Motivation/Apathy

- Work with the person to develop a set of agreed-upon goals.
- Develop a schedule of daily activities and check off each activity as it has been completed.
- Develop a schedule that involves slowly increasing activities and responsibilities over time.
- Add 1-2 new responsibilities each week and reward the person for successfully adding new tasks.



Strategies to Support Low Motivation/Apathy

- Choose activities or other rewards that the person will receive after completing less interesting tasks.
- Recognize that apathy can also be a sign of depression.
- Look for other symptoms of depression (e.g., sadness, appetite/sleep difficulties, feelings of worthlessness).
- If other signs of depression are present, consider using strategies for coping with Depression in addition to seeking help from appropriate healthcare providers.



Strategies to Support Low Motivation/Apathy

- Accept help from trusted others (e.g., family, friends) in identifying plans/schedules for activities.
- Use a timer to provide prompts when a task needs to be done (e.g., a watch alarm can sound when medications need to be taken).
- Set appropriate goals for activities each day, with the help of trusted others.



Impaired Self-Awareness

- Lack of insight in assessing one's abilities and limitations, and the resulting implications – can have various degrees of impaired self-awareness.
- Poor self-monitoring.
- Lack of self-awareness can lead to unrealistic goals such as returning to work despite severe impairments.
- Rehabilitation can be difficult as a person is unlikely to apply themselves or be cooperative if they don't believe a problem exists



Impaired Self-Awareness

Examples:

- Individual is unable to complete a task but attributes their difficulty to something or someone else.
- Individual believes they are more capable of performing tasks than they truly are.
- A person may refuse to acknowledge there is a problem at all and believe that caregivers are lying or exaggerating the problems.



Strategies to Support Impaired Self-Awareness

- Relate activities and tasks to the person's own goals and plans, to attempt to increase motivation and participation.
- Avoid directly confronting or challenging the brain injury survivor's ideas about their capacity.
- Encourage the brain injury survivor to talk to you about how they are feeling.
- Provide non-critical feedback about performance and behaviour.
- Be aware of potential risks for person with ABI.



Anxiety

- Anxiety is a feeling of fear or nervousness that is out of proportion to the situation.
- Difficulty reasoning and concentrating can make it hard for the person with ABI to solve problems. This can make the person feel overwhelmed, especially if he or she is being asked to make decisions.
- Anxiety often happens when there are too many demands on the injured person, such as returning to employment too soon after injury. Time pressure can also heighten anxiety
- Situations that require a lot of attention and information-processing can make people with ABI anxious. Examples of such situations might be crowded environments; heavy traffic or noisy children.



Strategies to Support Anxiety

- Try to reduce the environmental demands and unnecessary stresses that may be causing anxiety.
- Provide reassurance to help calm the person and allow them to reduce their feelings of anxiety when they occur.
- Add structured activities into the daily routine, such as exercising, volunteering, church activities or self-help groups.
- Anxiety can be helped by certain medications, by psychotherapy (counseling) from a mental health professional who is familiar with TBI, or a combination of medications and counseling.



Depression

- Feelings of sadness, frustration and loss are common after brain injury.
- Depression can arise as the person struggles to adjust to temporary or lasting disability and loss or to changes in one's roles in the family and society caused by the brain injury.
- Depression may also occur if the injury has affected areas of the brain that control emotions.
- Both biochemical and physical changes in the brain can cause depression.



Strategies to Support Depression

- Anti-depressant medications, psychological treatment from a mental health professional who is familiar with ABI, or a combination of the two, can help most people who have depression.
- Aerobic exercise and structured activities during each day can sometimes help reduce depression.
- Create opportunities to experience success and build self-esteem
- Encourage the person to participate in activity because it will be helpful and not necessarily because it will make them feel “good”.



Thank you

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