Emotional & Behavioural Consequences of Traumatic Brain Injury: Implications for Practice

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Session Objectives

- Identify emotional and behavioural effects of traumatic brain injury
- Consider implications for individual & family relationships
- Suggest practical strategies for team members working with brain-injured people and their families
Emotional & Behavioural Effects of TBI

Emotion

“a strong feeling deriving from one’s circumstances, mood or relationships with others”

Behaviour

“the way in which one acts or conducts oneself, especially with others”

(Oxford Dictionary)
Emotional & Behavioural Effects of TBI

Emotional Alterations:
- Lability & mood fluctuations
- Flattening of affect
- Depression
- Anxiety
- Anger & irritability
Emotional & Behavioural Effects of TBI

Reduced awareness and insight:

- ↓ awareness of personal actions, body language, interpersonal space
- ↓ empathy or sensitivity to the feelings and experiences of others

- self-centredness
- disinhibition
Video B
Emotional & Behavioural Effects of TBI

Reduced self-control and self-regulation:

- Impulsivity
- Restlessness and agitation
- Impatience
- Lower frustration tolerance
  
  - Poor decision-making
  - Risk-taking behaviour
  - Difficulties in social interactions and/or sexual behaviour
  - Verbal or physical outbursts
Emotional & Behavioural Effects of TBI

Apathy:
- Reduced motivation or spontaneity
- Reduced initiation
- Passivity
- Loss of interest across activities
  - Social dependency
  - Isolation
  - Inflexibility or rigidity
  - ↓ follow through
Impact of Changes on the Individual

- Loss of usual daily routines, meaningful activity and sense of well-being
- Loss of identity and self-esteem
- “The Shattered Self” = loss of personhood (Miller, 1994)
  - current self is viewed negatively with pre-injury self
- positively associated with grief & depression (Carroll & Coetzer, 2011)
Video C
Impact of Changes on the Individual

- Feelings of sadness, worry, anger, helplessness, loneliness, disappointment, shame
- ↓ Capacity for intimacy
- Difficulty developing and maintaining relationships, leading to social isolation or withdrawal
- Over time, reduced performance in social roles & responsibilities
Impact of Changes on Family

“Emotional & behavioural changes exhibited by the patient are the most influential factors in family member adaptation to brain injury.”

(S. Carnes & W. Quinn, 2005, p. 200)
Impact of Changes on Family

Family members often experience:

- ↑ Psychological distress
  - anxiety & depression (Kreutzer et al, 1994)
  - anger & irritability
  - guilt & shame
- Loss of relationship – high frequency of spousal breakdown
- Mixed feelings about injured person
Impact of Changes on Family

“Ambiguous Loss” (Pauline Boss, 1999)

= “goodbye without leaving”
= frozen grief

- Uncertainty prevents adaptation
- Relationship freezes in place – hoping things will return to normal
- Often begins with one individual and radiates outward
- Family becomes “a system with nobody in it”
Impact of Changes on Family

Family caregivers often experience:

- ↑ Social isolation (Lezak, 1978)
- ↓ Social functioning (at work, in social/leisure involvement)
- ↑ Incidence of alcohol dependence and need for mental health services (Hall et al, 1994)
- ↓ Quality of life up to 4 years post-injury (Kolakowsky-Hayner, 2001)
- Self-neglect
- ↓ Family functioning and disruption
Challenges of Emotional & Behavioural Changes for Individual & Family

- Understanding what has happened and setting reasonable goals
- Engaging with rehab team and process
- Injury-related problems often persist (or arise) after injured person returns home
- Coping with disappointment re: rehab outcomes
- Ability to communicate openly about the trauma
Mediating Factors: Individual

- Personality & thinking style
- Coping style
- Pre-injury substance or mental health problems
- Pre-injury role satisfaction
- Social participation/support
- Location and severity of TBI
Mediating Factors: Family

- Degree of family cohesion and resilience
- Existence of positive pre-injury relationships with injured person
- Family willingness to care for selves
- Family understanding of TBI & ability to promote supported independence
- Involvement of valued support networks
- Concurrent stressors
Mediating Factors: Other

- Circumstances of injury
- Fit between needs/expectations and timely, available resources
- Level of team cohesion
- Conflicting information/opinions
- Effective communication between care providers at transition points
- Therapeutic alliance with rehab professionals
Practical Strategies for Clinicians

“…research has substantiated that the quality of the relationship between the therapist and the client is more critical to success than technical fidelity.”

(JS Kreutzer et al, 2010)
Practical Strategies for Clinicians

- The basis for every intervention is the **therapeutic** alliance between you and your patients/family members
- Be curious, non-judgmental & develop an **authentic** connection
Therapeutic Alliance – How do you know if you have one?

Questions to consider:
How much does the patient believe:
- that I care about her and want to help?
- that I understand his concerns?
- that I respect her as a person?
- that I can be trusted?

(JS Kreutzer & SA Kolakowsky-Hayner, 2000, p. 50)
Therapeutic Alliance – How do you build one?

- Acknowledge emotion and behaviour
- Help patient identify triggers & early warning signs
- Engage patient in problem-solving
- Encourage rehearsal or role-play for future situations
- “Respect in, respect out”
- Consider cultural and spiritual beliefs
- “Plant the seed” (Lezak, 1978)
- Seek support, consult with team
- Avoid confrontation & advice-giving
- Set the stage for change – learn/integrate Motivational Interviewing techniques
Video F
Practical Strategies: Emotional Lability

- Confirm if display of emotion is situational or neurological
- What is patient’s preferred way of dealing with the behaviour?
- Distraction
- Allow time for patient to regain composure
- Enlist family in developing relevant strategies
- Avoid reasoning or intense emotional response on your part
Practical Strategies: Depression & Anxiety

- Acknowledge, normalize, use clear language
- Reinforce relaxation techniques
- Graded exposure
- Encourage awareness of strengths & realistic hopefulness
- Learn & incorporate CBT-based strategies
- Refer to other team members
Practical Strategies: Anger & Irritability

- Show respect by offering patient your full attention
- Identify triggers
- Acknowledge frustration
- Clarify source of distress
- Provide feedback
- Encourage use of containment & slowing strategies
- Avoiding meeting emotion with logic
Practical Strategies: Reduced awareness & insight

- Identify patterns - when does insight seem best?
- Give people real life opportunities to learn about themselves
- Listen for what means most to your patient
- Encourage empathy & awareness of other people’s feelings, thoughts, reactions
- “Agree to disagree” and then move on
Practical Strategies:
Reduced self-control & self-regulation

- Reduce environmental distractions
- Negotiate feedback loop – obtain permission, use cues/subtle signals, review outcomes of behaviour or decisions
- Use re-direction & distraction
- Timing - Do difficult things when energy or reward is highest
- Provide opportunities for graded self-regulation
- Reinforce stress management techniques
Practical Strategies: Apathy

- Assist patient to develop *short-term functional goals* and incorporate them into checklists or daily/weekly routines
- Build in a reward for goal achievement
- Recognize positive accomplishments no matter how small – nurture hope for those who can’t hope for themselves
- Encourage broader perspective
- Screen for depression/refer for assessment
Video G
Questions
Special Thanks

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