
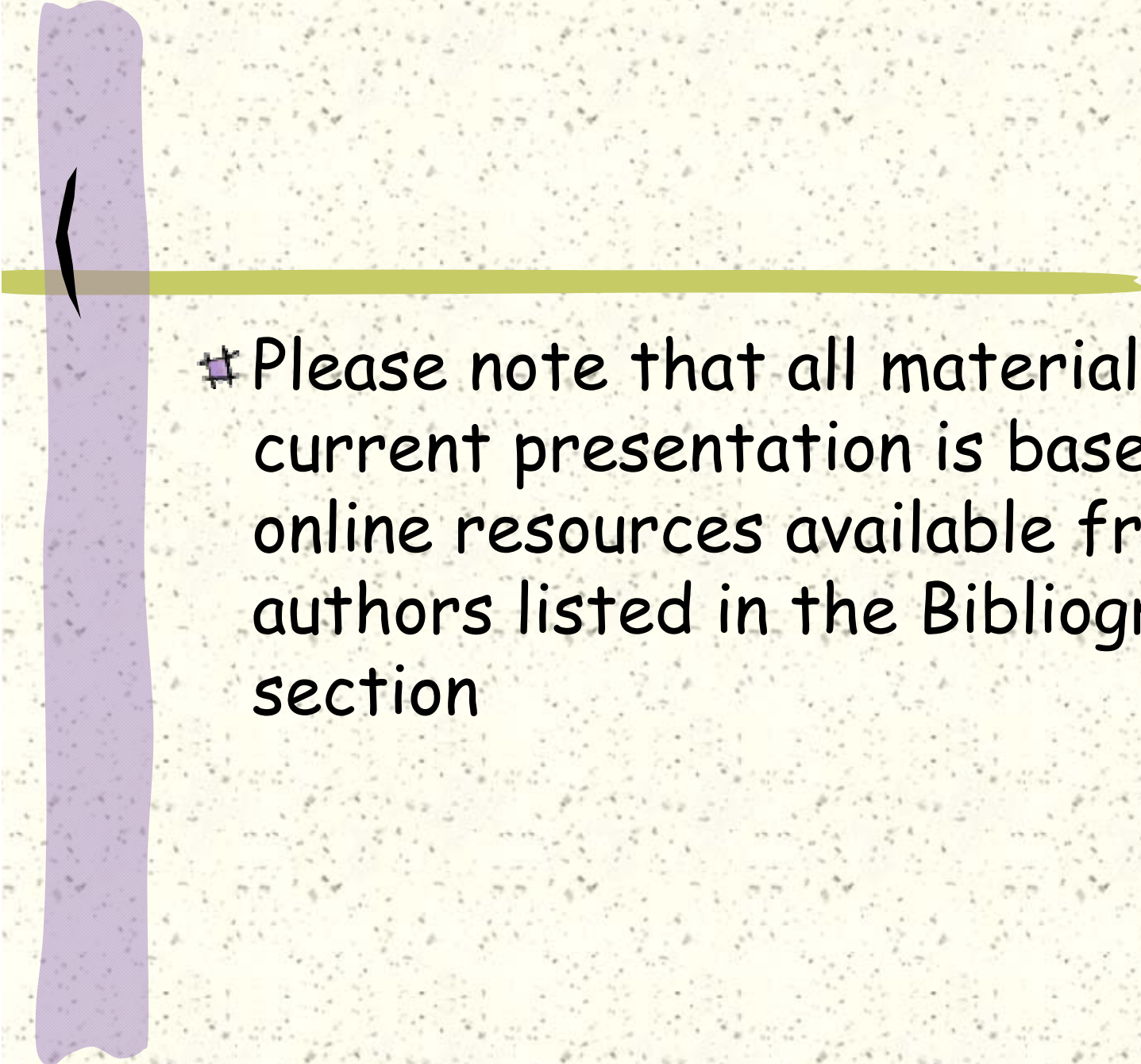


Acquired Brain Injury Workshop: How Our Behaviour Affects Others' Behaviour



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Please note that all material in the current presentation is based on online resources available from the authors listed in the Bibliography section

Outline of Presentation

- # Review of Acquired Brain Injury:
Types, Severity, Effects
- # Phases of the Rehabilitation Process
- # Our Relationships with Patients:
Facilitating Recovery - Helpful and
Unhelpful Strategies
- # Emotional Aspects of the Recovery
Process including the Grieving Process

Acquired Brain Injury: The Recovery Process

- # There is a great deal we do not know about the functioning of the brain and its ability to recover following an injury
- # People do recover but they may also have lasting effects from the injury; no one can predict the future
- # In providing care, use the most current information on the person's condition; do not rely too much on initial severity ratings following injury

The Recovery Process

- # The best attitude to take as a care provider is one of hope, balanced with realism
- # Acceptance of the injury is as critical to recovery as active participation in rehabilitation process
- # Patience and social support are critical; no one can make the brain heal faster

Types of Acquired Brain Injury

- # Traumatic injury (Closed or Open)
 - ▣ Contusion
 - ▣ Diffuse Axonal Injury

- # Non-traumatic Injury
 - ▣ Stroke
 - ▣ Anoxic/Hypoxic Injury
 - ▣ Encephalitis
 - ▣ Meningitis & Septicemia
 - ▣ Toxicity

Severity of Brain Injury

- ✦ Often assessed based on loss of consciousness and its duration
 - Mild (<15 minutes loss of consciousness; often called "concussion"; up to 75% of TBI's)
 - Moderate (15 minutes to several hours); about 10 to 25 % of TBI's
 - Severe (6 hours or longer, either immediately after the injury or following a period of lucidity; <10% of TBI's)

Severity of Brain Injury

- # Glasgow Coma Scale (ranges from 3 - 15) is often used in assessing severity
 - Mild, Uncomplicated (GCS score >12 + no damage visible on CT or MRI scan)
 - Mild, Complicated (GCS > 12; + evidence of brain injury on CT or MRI scan)
 - Moderate (GCS score 9-12)
 - Severe (GCS score 3-8)
- # Even mild brain injury may have lasting effects on a person's functioning

Effects of Brain Injury (cont.)

* Types of Symptoms:

- Physical (e.g., sensory or motor symptoms, seizures, pain, fatigue, chronic headache)
- Cognitive (e.g., problems with memory, spatial skills, attention/concentration, information processing speed, planning, or language)
- Emotional/Behavioural (e.g., mood lability, anger/frustration, anxiety, disinhibition, depression, behaviour changes)

Factors That May Influence a Person's Life Adjustment to Acquired Brain Injury

- # Severity, type, location of brain injury
- # Personality traits prior to injury
- # Premorbid level of adjustment
- # Therapeutic interventions and relationships with care providers
- # Availability of social support
- # Spiritual or religious beliefs
- # Age/Life Stage of the person
- # Ability to tolerate uncertainty and ambiguity

Stages of Recovery

- # 1. Unresponsive
- # 2. Early Responses
- # 3. Agitated/Confused Responses
- # 4. Higher level Responses: person is taking a more active role in their recovery, increasingly independent over time as recovery progresses

Grieving Process

Grieving Process

- ▣ Refers to a set of emotions experienced after the loss of someone or something which is particularly significant to us
- ▣ Designates the process of adjusting to different losses that arise in our lifetime
- ▣ We all experience grief; we each experience the ordeal of loss differently due to our unique personality and life experiences
- ▣ even within the same family people will experience a loss differently

The First Stage of Grieving

- # Shock
- # Denial
- # Anesthesia / Numbness
- # Negation
 - This stage is characterized by feelings of confusion and unreality; perceptions may be "fuzzy" and the individual may feel emotionally numb
 - Energy is expended to minimize or deny the impact of the event; denial and negation are protective survival mechanisms

The Second Stage of Grieving

- # Awareness of the permanence of the loss
- # Imbalance
- # Emotional Turmoil: anger, shame, protest, rage, and depression
- # Disorganization
- # A sense of panic, of loss of control over one's destiny
- # Increased frequency of nightmares may occur
- # Retreat, withdrawal, isolation

The Second Stage (cont.)

- # Experience of intense emotional pain, feelings of despair, hopelessness, anger or rage
- # Normal but extremely painful emotions need to be expressed
- # Family and friends may feel inadequate to support the grieving person and to handle their own emotional reactions
- # When this stage becomes extremely prolonged or unresolved, an individual may be diagnosed with a major depressive disorder or an anxiety disorder
- # Some people are tempted to use alcohol or other drugs to numb their pain but this may worsen their outcome in the long term and create further problems

The Third Stage of Grieving

- # Rebuilding sense of personal identity
- # Reorganizing one's life and roles; renegotiating relationships with the environment
- # Emotional distress still occurs but is less overwhelming during the reorganization stage
- # Vocational or academic goals may need to be re-evaluated in light of the brain injury; focus on what can be accomplished rather than what cannot

Social Factors Conducive to Positive Adjustment/Recovery

- # Stable family relationships or other natural supports, including health professionals
- # Good communication between the family and professionals working with the patient in their rehabilitation/recovery
- # Adequate social support systems and access to resources to reduce feelings of isolation
- # Educational or vocational planning as part of rehabilitation process

Family-related Issues

- # No person or family is ever prepared for the reality of a brain injury
- # Family may be the only support
- # Not everyone has a family to rely on
- # Not everyone is going to improve
- # Coping with brain injury is an ongoing developmental process for the patient and family

Addressing Symptoms of Brain Injury

- # How do we assist people with the challenges of recovery?
- # How does our own behaviour affect the people we work with?
- # What can we do to promote and maximize recovery?

Formulating Goals

- # Work with patient to develop goals
- # Goals should be specific, realistic, and concrete
- # Goals should be quantifiable and measurable
- # Goals should be observable and relevant, understandable to both patient and staff members

The Helping Relationship:

- # In hospital the initial goal is to stabilize the immediate risks to health; prevent further injury to the brain & ensure all physiological needs are met; e.g., provide nutrition, fluids, needed assistance with daily activities/self-care etc.
- # Hospitals ideally provide a consistent and safe environment for the initial phases of recovery with access to specialized rehabilitation services
- # Helping Professionals may include doctors, nurses, physiotherapists, occupational therapists, mental health professionals, spiritual care providers etc.

Helpful Qualities to Manifest in Therapeutic Relationships

- # Okun & Kantrowitz (1988) identify 5 important characteristics
 - ▣ Accurate self-awareness
 - ▣ Honesty
 - ▣ Congruence
 - ▣ Good communication skills
 - ▣ Knowledge
- # Earning the patient's trust is one of the most important factors in facilitating recovery

Non-Helpful Behaviours

Verbal

- Advice giving
- Interrupting
- Placating
- Blaming
- Cajoling
- Excessive questioning
- Using jargon
- Overinterpretation
- Minimizing or disbelieving

Non-verbal

- Turning away
- Frowning/Scowling
- Distracting gestures
- Acting rushed
- Rate of speech too fast
- Unpleasant tone of voice
- Closing one's eyes

Factors Affecting Behavioural Change

- Positive Expectations
 - Client's belief that he/she is receiving the needed help
- Plausible explanation for problems
 - Alternative way of looking at self & problems
- Protective setting & supportive relationship
- Opportunity to practice new behaviours
- Increased optimism & self-efficacy

Motor Impairment

- # Encourage gentle and safe activity
- # Do not rush the person
- # Increase level of activity gradually and slowly as endurance and coordination improve
- # Emphasize importance of rest periods and address sleep problems

Addressing Language Problems:

- # Allow plenty of time for communication
- # Use short simple sentences
- # Utilize written communication when appropriate
- # Encourage the person to ask to have information repeated as many times as necessary
- # Ask "Did I make sense"? Not "Did you get that?"

Language Problems (cont)

- # Use cueing to help the person stay on topic; agree beforehand what cues you will use
- # Emphasize one-on-one conversations rather than several people talking at once
- # Don't finish sentences for the person; instead ask them to describe the word, or what it sounds like; only provide the word if the person is frustrated and asks for help

Language Problems (cont.)

- # Introduce assistive communication devices if necessary; work with the person to develop or use a tool that works for their needs
- # Referral to a speech/language therapist may be important

Managing Pain

- # Be alert for potential nonverbal signs of pain (e.g., agitation, restlessness, yelling or striking out when touched, poor sleep)
- # Learn about and help the person practice relaxation techniques and address emotional reactions (e.g., anxiety, anger, sadness) that may contribute to pain and increase vulnerability to depression
- # Use a pain rating scale to ask about pain symptoms; referral to a pain management specialist may be helpful

Changes in Cognition

- # At times it may appear the person is refusing to cooperate when they actually do not understand what needs to be done or simply needs more time to respond
- # Problems with memory, slow processing speed, comprehension, concrete thinking, or problem solving difficulties are common sequelae of brain injury; problems with initiation may also occur
- # Assess carefully what the person's needs and difficulties are in order to identify ways to assist them

Memory Problems

- # Identify nature of the memory problems as precisely as possible
- # Use repetition to help with learning new information
- # Help the person accept and utilize memory aids such as notes, day planner etc.
- # Utilize routine, cues, reminders or prompts
- # Encourage the person to go slow; stress or rushing often worsen memory problems
- # Encourage the person to do one thing at a time

Speed of Processing



- # Allow plenty of time for person to respond or make decisions
- # If a person asks the same question repeatedly it may indicate memory problems; it may help to write the question and answer down on paper

Attention/Concentration

- # Keep the space around the person free of clutter, noise, distractions
- # Help the person create a daily calendar; use dry erase board if possible
- # Avoid over-stimulation
- # Use a timer to cue the transition to a different task
- # Explore occupational therapy resources to evaluate and address problems in daily living
- # Help the person maintain a regular sleep schedule

Abstract Reasoning



- # Speak in plain language, use simple concrete practical examples
- # Reframe problems or suggest other ways to look at it; person may struggle with shifting strategies in problems solving
- # Avoid sarcasm or words with double meanings; the person may take words very literally

Planning Problems

- # Be patient; allow person more time to work through difficult situation on their own
- # Don't rush in and take over unless the person is frustrated / asks for help
- # If suggesting solutions, explain them
- # Help the person develop and maintain routines for everyday tasks

Initiative

- # Remember that changes in motivation are common symptoms
- # Assist the person in making checklists to cue tasks
- # Break complex tasks into simple steps
- # Provide verbal cues or reminders only as needed and appropriate
- # Keep in mind that low motivation may also be a sign of depression; monitor mood status and seek mental health assessment if needed

Emotional & Behavioural Changes

- # Model calm and consistent behaviour
- # If challenging behaviours occur remember not to take it personally
- # Be an advocate for the person in obtaining professional help
- # Strive to maintain compassion and realistic goals; expect that both you and the patient will have ups and downs
- # Help the person set realistic goals

Behaviour Challenges

Identify:

- Antecedents: What happens right before the behaviours occur?
- Behaviours: What are the behaviours? Be specific, be careful of judgments or interpretations
- Consequences: What happens as a result of the behaviour?

Behaviour Challenges (cont)

- # Monitor your own emotional reactions and behaviours
- # Be patient with the person and yourself
- # Use A-B-C to identify problems
- # Remember that fatigue, pain, poor sleep or emotional state also influence behaviour as well as the brain injury itself
- # Avoid judging, blaming; focus on understanding and changing the environment to support adaptive behaviours and reduce maladaptive behaviours

Problems with Anger



- # Problems with anger are very common with brain injury for a combination of reasons:
 - Physical damage to brain
 - Anger is a part of normal grief reaction
 - Pre-existing personality style may include anger problems

Anger Problems (cont.)

- # Anger problems that are due to brain changes may be triggered by minor events, including rage out of proportion to the situation
- # Anger problems are worsened by fatigue, pain, or low blood sugar
- # Allow the person a safe place to express emotions
- # Watch the person's body language and get to know the triggers for their anger; if necessary take a time-out and let the person calm down before you try to help them through the episode

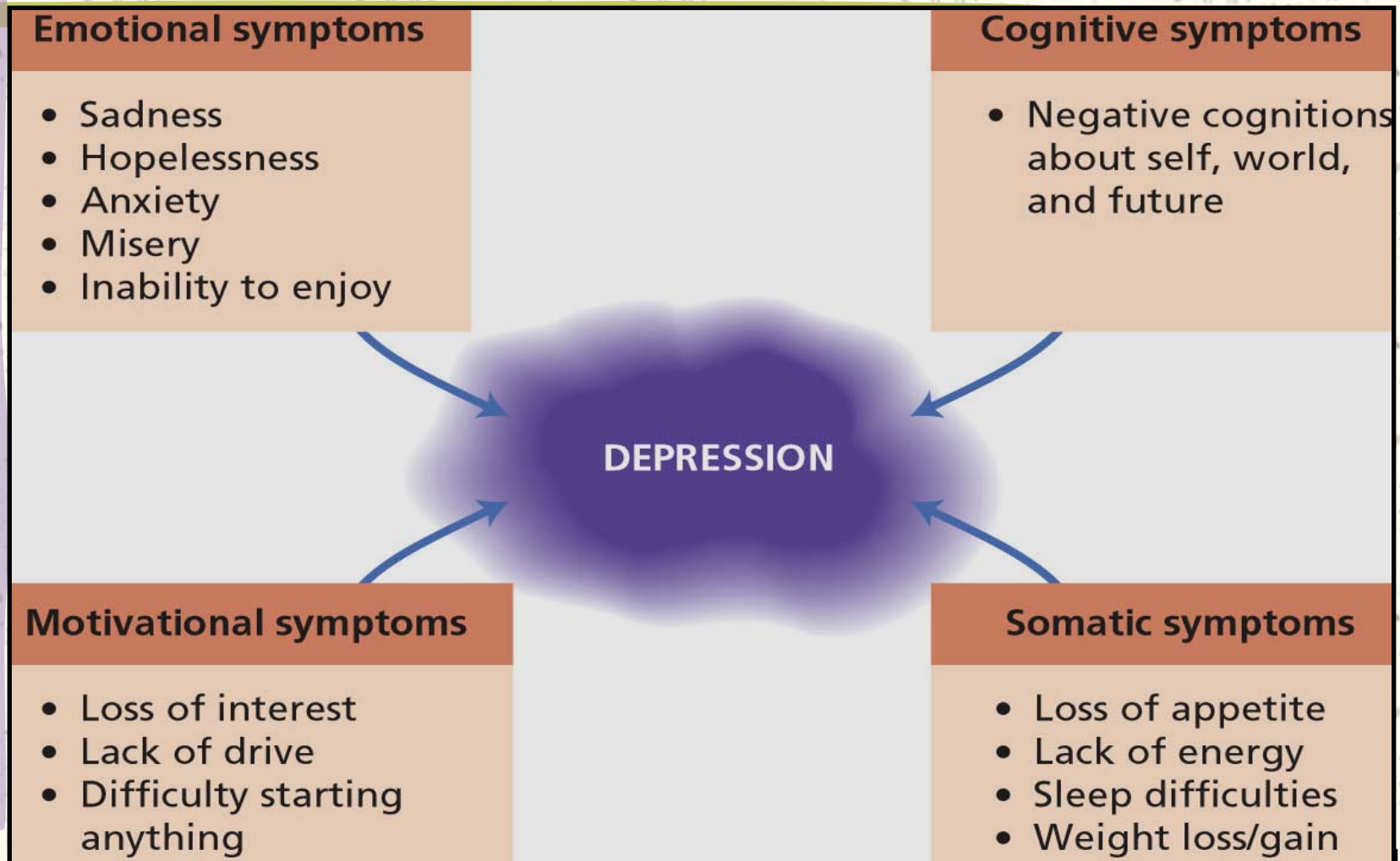
Anger Self-Control Strategies

- # Encourage the person to use self-control strategies when they have recovered sufficiently to benefit:
 1. Back off
 2. Calm down
 3. Prepare to return
 4. Try again

Assessing & Managing Depression

- # People with brain injuries are at increased risk for anxiety and depression
- # Know the signs of depression; be aware of suicide risk in persons with depression and help the person access mental health resources as needed
- # Encourage self-care through support groups, counselling and social networks
- # Help the person celebrate all victories, no matter how small

Depression



Assessing Suicide Risk

↳ # Motives

- Desire to end one's life due to depression and pervasive sense of hopelessness about the future
- Communication towards others

Warning Signs

- Verbal or behavioural *threat* to kill self
- *History* of previous attempts
- Detailed *plan* that involves a lethal method

Depression: Causal Factors

Biological Factors

- Genetic Factors / family history
- Previous history of depressive episodes
- Severity of brain injury
- Sleep disturbances

Psychological vulnerability

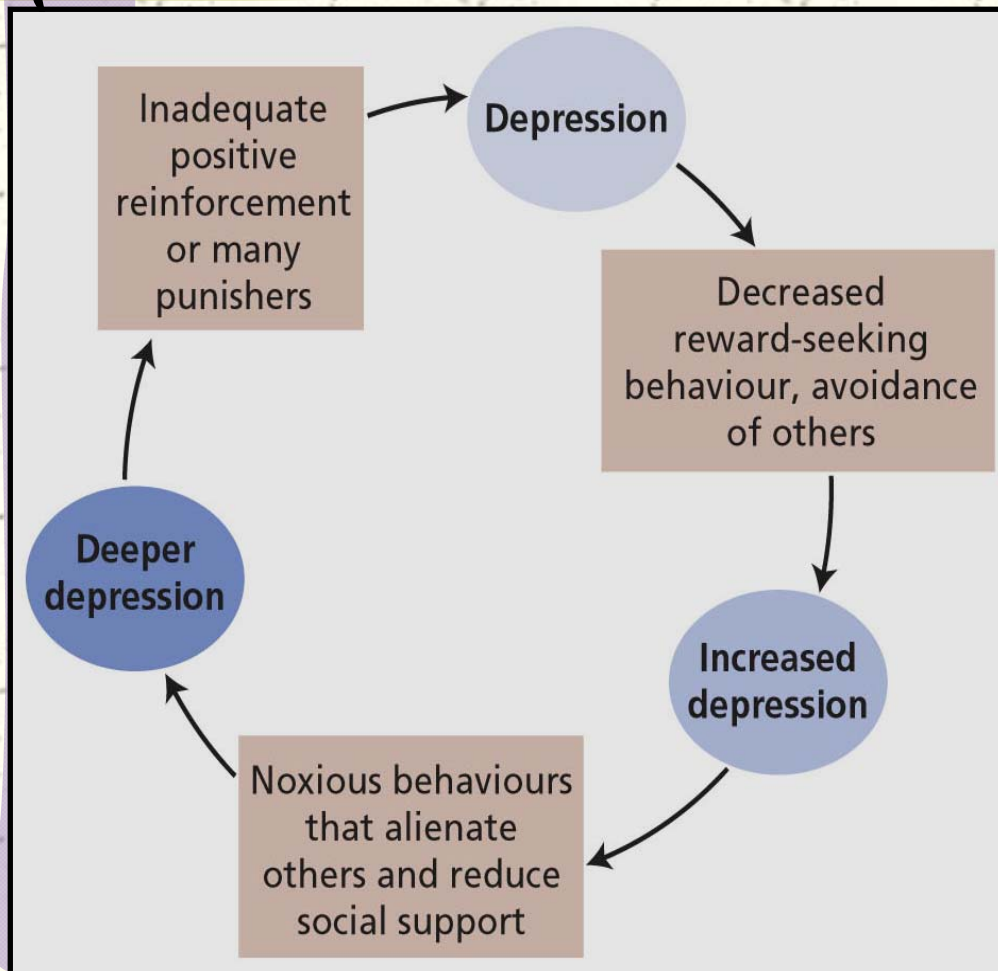
- Early traumatic losses increase vulnerability
- Self-worth defined by individual attainment
- Experience of meaninglessness

Depression: Causal Factors

Cognitive Processes

- Depressive Cognitive Triad: Person experiences negative thoughts concerning:
 - The world
 - Oneself
 - The future
- Learned Helplessness Theory: Depression occurs when people expect that bad events are inevitable and they think that they can't cope with them

Depression: Causal Factors



* Learning & Environmental Factors

- Loss of reinforcement
- Depression occurs
- Causes loss of social support
- Deeper depression

Importance of Self-Care for Caregivers

- # Those who provide care are called upon to understand and support the person in recovery from a brain injury
- # Caregivers need to practice and model good self care strategies, in order to maintain their ability to be helpful to others

Conclusions Regarding Recovery

- Physical rehabilitation takes time; no way to predict duration of symptoms
- Caregivers' actions do affect a patient's behaviour and we need to understand this process, monitor our own feelings and actions
- We can help our patients by being present with them as they go through the process of Grieving, Acceptance, and Recovery
- Caregivers can assess vulnerability to depression, help a person develop and maintain social support, build adaptive coping skills, and deal with the uncertainties of the recovery process

Bibliography

- # Picking Up the Pieces After Brain Injury. A guide for family members. Baylor College of Medicine, 2002
- # I Have a What?! A Guide for Coping with Moderate to Severe TBI. Baylor College of Medicine 2008.

Bibliography (cont.)

- # Traumatic Brain Injury Survival Guide. Version 1.2. Dr. Glen Johnson.