

Compensation Strategies for Common Challenges after Traumatic Brain Injury

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**WE ARE WORKING
WITH INDIVIDUALS WHOSE BRAINS
STARTED OUT INTACT AND THEN
WERE DAMAGED.**

**INDIVIDUALS WITH BRAIN INJURIES
HAVE MANY INTACT ABILITIES.**

This is any one of us, with some area(s) of
function changes.

- **The Frontal Area of the brain,** including the frontal lobes and prefrontal cortex, are the parts of the brain that **statistically sustain an injury** regardless of the point of impact to the head.

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- BOTH addiction and brain injury damage the prefrontal cortex and frontal lobes resulting in similar challenges.
 - Behavior challenges associated with brain injury and addiction are cumulative .
 - **These problems can become circular as they can lead to use, which can lead to more brain damage, which can lead to more challenges, which can lead to more use.**

The brain is the seat of our **EMOTIONS**

Emotions are filtered through the frontal lobe of the brain which is associated with high level thinking.

1. The Frontal lobes act as “brakes” on impulses related to survival skills and primitive emotions.
2. When this area is damaged, emotions can just “Shoot out” as an outburst.
3. There can be a lack of thinking and reasoning about the appropriateness of the outburst.
4. This can frustrate both the person and people he or she is around.
5. Control of one’s life can sometimes be achieved with anger – which makes people back off and/or give in
6. Isolation and awareness of change and plateau of progress in gain of function can result in grief – very different than what most people view as grief



ANGER after brain injury is quite different from normal anger

- Anger and Fear are located in the areas of the brain that control primitive emotions. These emotions serve a purpose in survival.
- Situations that were tolerated in the past can cause frustration and anger after an injury.
- It is often small thing or minor issue that can create feelings of anger. It can have a quick “on” and “off”

Anger intensifies

- Especially if there a lot of noise, activity changes and/or lack of structure
- If the person is in pain and/or fatigued.
- If the person has weaken ability to solve problems effectively
- If the person has trouble with making good decisions
- Difficulty getting along with others
- Can be an “Umbrella emotion” for other feelings such as embarrassment or fear.

Grief and Loss

- Changes after brain injury create a great deal of adjustment and acceptance.
- However, these changes were not asked for and have long term consequences.
- The most common source of grief and loss after brain injury is the loss of and change in abilities and dreams – both real and imagined.
- Grief is not linear and comes at different times for the survivor and the family.
- Grief can surface as the person is getting better, or sober, as the reality of the losses are more clear.

Changes after brain injury = grief and loss.

Changes in roles in the family can reverse where children are caring for parents.

Changes in role of worker can be lost resulting in changes in finances and sometimes hardship.

Changes with work relationships and structure work brings. 70+ hours of unstructured time.

Changes in money - Having a disability is expensive – equipment, medications, staff to care for, modifications to home, car



Changes are hard for a spouse to switch between caregiver and sexual partner – almost 60% divorce rate after injury

Changes and loss of social support and network – work, friends, community

Changes with transportation – can be isolated at home due to inability to get places and no extra money for recreation.

Changes with behaviors and personality can create difficulty in maintaining friendships.

Grief can lead to Guilt

If you change YOU to I, guilt is an emotion that takes over...

- I should (or should not) do...
- I was supposed to (or not supposed) to...
- I have to (or have not to) do.....
- I ought to (or ought not to) do...
- I must (or must not) do...

- ❖ Individuals with brain injuries tend to put get pressures on themselves to “do things” that they feel normal people do and not consider or care about the consequences.
- ❖ One thought could be “**normal people work, I should work**”
- ❖ When they fail to live up to the standards that they set for themselves they can feel guilty, frustration, grief and anger.
- ❖ Not being able to do something they did before, threatens roles and self esteem.
- ❖ The reality is: **The real world judges on performance.**



Challenges with Professional Biases are a TWO WAY street

- Bias and attitudes about the source of the behavioral and cognitive challenges – viewed as purposeful
- Biased views about addiction- viewed as lack of willpower or character deficit

Challenges with professionals

- Thinking that behaviors are done on purpose.
- Feelings that the person has control over their emotions but that they just don't want to.
- Beliefs that the person can do _____ but that they are lazy and do not want to.
- Beliefs that the person is "normal" because you cannot see the disability.
- Opinions that individuals with brain injury just aren't trying hard enough.
- Belief in the consequence model of rehabilitation.

Impairment verses Attitude

CHALLENGE	ATTITUDE	STRATEGY
Poor initiation	Lazy, Unmotivated	Structured schedule, reminders
Distractible	Noncompliance Non listening	Quiet, uncluttered more breaks,
Inflexible	stubborn	Predicable routine without change
Impaired reasoning	Unreasonable behavior	Structure, diversions, patience, pro/con lists of facts
Impaired Memory	Non compliance, denial, unwillingness	Write things down, repeat info., tie to old memories, cues

Impairment verses Attitude

CHALLENGE	ATTITUDE	STRATEGY
Poor Judgment	Trouble maker Rebellious	Concrete rules and expectations, Display
Egocentricity	Self-centered, selfish, entitled	Concrete explanation of self and others
Reduced endurance Fatigue	Lazy	Consistent scheduled rest periods
Impaired comprehension of language	Bad listening, contrary, argumentative	Clear, concise, slow instructions, repeat, pictures, paraphrase
Visual problems	Disrespectful, poor boundaries, space	Large font, good lighting, contrast, clear pathways, tape

Reframing Common Challenges to help people achieve their goals.

Comprehension

Initiation and Interest

Impulsivity

Distractibility

Mental Flexibility



Challenge- Comprehension

Challenges with processing speed and comprehension:

- Societal changes with the amount of information
- More time is needed to think through, understand and process new information
- May get only parts of a conversation or instructions making decisions on only parts
- Brain Fatigue
- Trouble keeping up and gets overwhelmed, shuts down or zones out of the conversation

Viewed as not interested, lazy, unmotivated, non compliant, in denial, poor listener, egocentric

Strategies - Comprehension

- Decide what you want the person to get from the conversation or group before hand
- Share main points first, then fill in details as person understands
- Present information slowly in multiple forms
- Let the person set the pace of the conversation
- Provide written, pictures, graphs as memory aids for motivation to use relapse and coping skills
- Use checklists for tasks, sobriety supports or information
- Ask a question, then be quiet and allow the person to answer, give time for the person to think
- Ask one question at a time
- Short sessions or conversations with repetition



Challenge - Initiation and Interest

Initiation and interest challenges include:

- Getting started
- Seems unmotivated or passive
- Needs cues, reminders and prodding to complete things
- Able to identify a goal and then doesn't act on it

Attitude - viewed as lazy, unmotivated, unwilling, non compliant, in denial and/or resistant

Strategies - Initiation and Interest

- Make sure you have attention before giving instructions - one or two pieces at a time.
- Break complex tasks down into smaller steps
- Use a check off list of coping skills, relapse prevention, daily skills and tasks to be completed
- Use reminder calls or alarms for memory and refocusing, use during high risk times for use
- Set a structured schedule for daily things with checklists for each task in the area the task is to be completed. Include sobriety and support supports



Strategies– Initiation and Interest

- Put relapse plan or any task, in a place where the person will remember to use it.
Multiple copies as needed
- Memory strategies such as note cards with instructions in wallet or by phone.
- Practice skills in multiple environments

Strategies - Initiation and Interest

- Use consistent structure, same time for meetings
- Reminders – written, verbal, pictures, memory aids
- Provide agenda's and goals for groups, sessions, review after
- Use old memories, hobbies and interests to build new sober interests and hobbies
- Connect new learning to old memories – the brain works like a car engine or computer
- Repeat, Repeat, Repeat

Challenge - Impulsivity

Impulsivity challenges include:

- Do and say things with out thinking it through
- Trouble knowing when to stop something
- Difficulty reading social cues
- Does things quickly without regard to safety
- Not following directions or instructions
- Dominate a conversation or group

Attitude - Viewed as know it all, attention seeking, not a team player, resistant, stubborn, in denial, non compliant, trouble maker,

Strategies - Impulsivity

- Break complex tasks down into smaller steps
- Use a check off list of steps and tasks to be completed and are not skipped
- Use reminder calls or alarms for reinforcement, memory and refocusing
- Have individual repeat back instructions
- Quiet and distraction free environment
- Use a timer
- Concrete expectations

Strategies - Impulsivity

- Teach STOP, THINK strategies and memory aids
- Set a schedule for daily things with checklists for each task in the area the task is to be completed.
- Practice skills in multiple environments

Challenges - Distractibility and Inattention

- Distractibility/Attention challenges include:
- Trouble focusing
- Trouble filtering out background noises
- Preservation
- Impatient with self, others, situations
- Trouble staying on task
- Trouble following directions

Attitude - Viewed as impatient, self serving, non compliant and not listening

Strategies – Distractibility and Inattention

- Quiet and uncluttered areas; limit pictures, posters, signs, 'things' in group rooms and offices
- Have the person sit with their back to windows
- Limit distractions
- Frequent rest breaks – brain fatigue
- Focus on one main topic at a time
- Break goals into parts that are time limited



Strategies – Distractibility and Inattention

- Set time aside each day for each task
- Be consistently with structure
- Connect new skills with old memories,
- Use check lists for skills as well as saying no, directions for what to do at meetings, relapse prevention skills, other behaviors

Challenge - Mental Flexibility

Challenges in mental flexibility include:

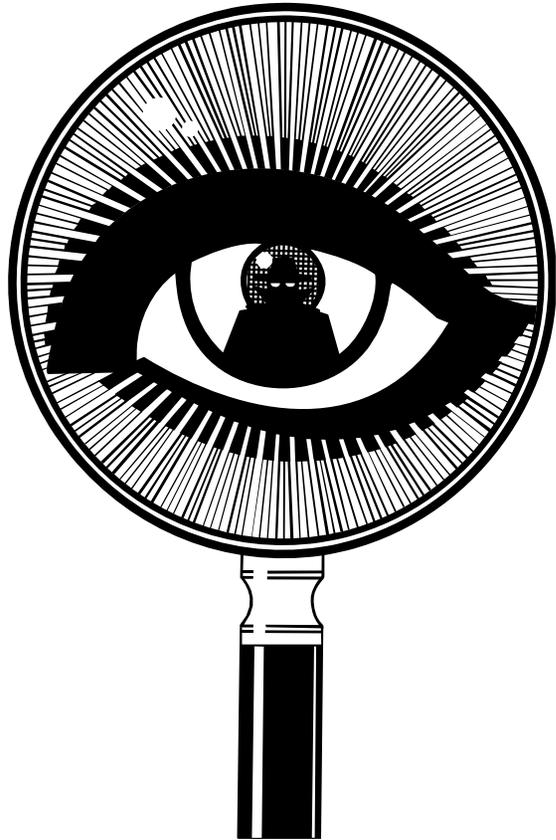
- Trouble 'thinking on our feet'
- Concrete thinking.
- Trouble with adjusting to changes esp. rapid changes
- Get stuck (perseverates) on an idea or thought
- May get defensive, perhaps argumentative
- Trouble seeing other perspectives and the 'big picture'
- **No 'shades of gray'**

Attitude - Viewed as stubborn and non compliant or resistant

Strategies- Mental Flexibility

- Provide an agenda or outline for groups, individual sessions, appointments etc.
- Keep daily structure and routes the same
- Have checklists for memory in the area the task is to happen.
- Keep a journal of answers to questions
- Keep a calendar for appointments, etc. Write changes on them as soon as known.
- Explain a change has occurred.
- Let the person know that you are changing topic or starting a new activity before you do.
- Do not assume that something learned in one environment will transfer to another environment.

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- Looking these and other challenges in a different way and helping them learn how to manage them can be critical in this person being able to function in society, increase their happiness and value in their life.
 - Anger and grief can lead to negative behaviors such as chemical use if not addressed.
 - Acceptance does not mean that the person has stopped being angry or sad about the injury.
 - Acceptance means that the person has stopped viewing themselves as just the injury or the challenges and losses from the injury.
 - Instead, they are a person with an injury and many other fabulous things, goals, dreams and possibilities. Sobriety can be one.



Any questions?

Thank you ...

for changing the
color of your lens
around
Brain Injury
and
Addiction