

# **BEHAVIOUR MANAGEMENT FOLLOWING HEAD INJURY**



## VERBAL AGGRESSION

Head Injured People tend to have a low tolerance for frustration. They are prone to become irritable and lose their temper easily. Often their anger will be completely out of proportion to the situation, and there may be physical aggression.

The principles of behavior management outlined above should be used when dealing with aggressive behavior. The first and most important thing to remember when dealing with these problems is that they are the result of the brain injury. The head injured person cannot help it. Try not to take their anger personally.

It is important to ignore the outburst, making no direct response to it. If it is possible, remove them from the situation that provoked the anger, or leave the room yourself – make no comment – return after two minutes, (if the head injured person has settled) continue the activity. If the head injured person behaves appropriately, give positive reinforcement. If verbal abuse begins again repeat the above procedure. If abuse continues postpone the procedure.

It is frequently possible to identify the things that cause the brain injured person to become agitated and avoid them. Some precipitating factors may include boredom, fatigue, noise, over stimulation, forcing the person with a head injury to persist with tasks that are frustrating or difficult, being talked down to, the time of day, or it may simply be a way of gaining attention. Keep a note of situations that agitated the person for further reference.

It may be possible to recognise the signals of impending agitation and take steps to calm or reassure, to divert their attention, to alter the activity, or remove them from the situation completely.

It is very easy for family to become irritated with the person with a head injury when they become irritable. This can result in the physical and emotional distance between the head injured person and family. A pattern can develop where the person's behavior is met by seclusion, which tends to exaggerate their feelings of panic, frustration, disorientation and loneliness. This leads to further isolation of the person with a head injury.

## MANAGEMENT OF PROBLEMS FOLLOWING PTA

Behaviour modification procedures are designed to encourage desirable behaviour and decrease the probability of undesirable behaviour by rearranging an individual's environment. This may involve either removing certain stresses, (eg: noise, over stimulation, fatigue), which may trigger agitated behaviour, or it may involve altering the way in which we interact with a person with a head injury.

The major technique for encouraging good behaviour is that of reinforcement. A person will be more likely to participate in certain activities, or behave in a certain way if this results in something desirable. Positive reinforcement.

Certain behaviours will decrease with the withdrawal of something desirable. Negative reinforcement.

The reinforcement must be given immediately following the behaviour and in an obvious way, in order to consolidate the response. If behaviour is not followed by the appropriate response, even occasionally, the problem will reappear, or it may even get worse.

The most likely form of positive reinforcement is social; praise, encouragement or simply giving the person with a head injury attention. If given consistently and appropriately this can be sufficient to shape or sustain good behaviour.

The most potent form of negative reinforcement is the removal of attention. Turning your head away for a few seconds, without saying anything, later continuing the interaction as if nothing had happened can do this.

Situational time out involves physically removing the person with a head injury from the situation by putting them outside the door or taking them to their room.

In cases of violent physical aggression, if possible the person with a head injury may have to be removed to a "time out room". (A room where the person can be placed on their own for inappropriate behaviour.)

It is easy for families to take on board "personally" what is in fact random behaviour. Support and communication is essential to avoid this situation. It is important to be able to let off steam to others.

It is very important to educate other family members and friends to react consistently when the head injured person becomes irritable or aggressive.

## **SOCIALLY INAPPROPRIATE BEHAVIOUR**

Lack of behaviour control can also lead to swearing, sexual disinhibitions, or other socially inappropriate behaviours. It must be understood that many people with a head injury are sexually frustrated, but because of their reduced control this may be expressed to the wrong people at inappropriate times. The best way of handling this, is the first time it occurs, to tell the person quietly that this is not appropriate and to walk away. Subsequently, ignore the behaviour completely. Any form of reaction, either laughing or becoming aggressive, will only serve to encourage such behaviour. This approach may be used with any behaviour that is inappropriate, whether it is due to the head injury or not.

## **SELF CENTREDNESS**

A person with a head injury tends to be self centred. They can be very demanding, attention seeking and manipulative. They are prone to jealousy, fail to see another's point of view and may be totally insensitive to the feelings and emotional needs of others. This is the source of many relationship problems.

Head injured people can very quickly learn ways of getting attention from family and friends. They may constantly make demands for toileting, food or other forms of assistance. They may swear or make inappropriate sexual approaches to friends, throw temper tantrums, engage in self-abusive behaviour or leave the home. It is important to differentiate between genuine need and attention seeking and ignore the latter. By reacting positively or negatively, you will only reinforce that attention seeking behaviour.

It is important to reinforce and reward appropriate, pleasant, considerate behaviour with praise and attention. If this happens consistently the person with a head injury will learn that by being undemanding and considerate brings the reward they want. Families must also be taught to react consistently.

Try to avoid being manipulated. It is important to set firm rules and have everyone sticks to them (e.g.: regular routine, fatigue management, etc). Threatening and bargaining with the head injured person is not a good idea.

It is also important families do not let the person with a head injury expect all their demands be met, but do not expect them to respect your rights. You will have to do some demanding of your own.

Head injured people can become very dependent on those who are caring for them and it is important to not let yourself be their only contact. You need a break yourself.

## EMOTIONAL LABILITY

Emotional lability may continue for some time, causing the person with a head injury to cry or laugh too much at inappropriate times. Although the response may be over dramatic, the underlying emotion may not be all that strong. It is more appropriate to ignore the behaviour when it occurs and model calm behaviour yourself. Praise them and point out those times when they do control their emotions.

Most common problems of an emotional or behavioural nature due to head injury:

- Short attention span/easily distracted
- Susceptibility to noisy or crowded situations/agitation/irritability
- Fatigue
- Poor verbal regulation of behaviour
- Inability to recognise and correct errors
- Inability to maintain consistent verbal skills
- Rigidity/inflexibility of thought
- Inability to recognise the consequences of ones behaviour
- Poor learning skills/poor memory
- Lack of initiative and motivation

Poor control over behaviour resulting in:

- Irritability
- Low frustration tolerance
- Aggressive outbursts due to frustration, boredom, agitation, attention seeking, or for no reason at all
- Impulsiveness
- Talkativeness
- Swearing
- Sexually inappropriate behaviour
- Euphoria, inappropriate laughing and joking (high)
- Depression (low)
- Childishness
- Self – centred
- Manipulative
- Temper tantrums etc
- Lack of responsibility/blaming others
- Inability to appreciate the feeling of others
- Lack of insight