

UNDERSTANDING TBI & ANGER

The brain-injured person is, in some ways, a different person. What makes him or her angry may be different than what used to upset them before the injury. We need to learn what those things are. Here are some common factors that contribute to anger after brain injury.

Stimulation factors include: High noise or activity level, the occurrence of unexpected events, lack of structure or routine.

Personal factors include: Frustration, fear/anxiety, embarrassment, shame or guilt, discovery or confrontation of problems, cognitive impairments – especially memory deficits and confabulation (remembering things that did not happen), communication impairments, rigid thinking.

Medical factors include: Pain, fatigue, hypoglycemia (low blood sugar), medications (levels low or high), use of alcohol or drugs.

ANGER WARNING SIGNS

Speech signs: Loud high voice, cursing, name-calling, threats, accusations

Behavioral signs: Making fists, increased movement and fidgeting, angry facial expressions, moving towards the object of anger, breaking things, throwing things, threatening people, searching for or picking up weapons, hitting, kicking and other forms of violence.

Physiological signs: Fast breathing, fast heart rate, sweating, over-aroused, tense muscles, flushed face, bulging eyes.

Mental signs: Fantasies of doing any of the speech or behavioral signs, negative thoughts about others, confusion, feelings of frustration, feelings of fear or anxiety, feelings of embarrassment, shame or guilt, feelings of hurt.

EARLY INTERVENTION STRATEGIES

These strategies are for staff and families to use when the brain-injured person is too confused to be responsible for his or her actions. It is important for staff and families to remember during this time that the anger is due to the injury, and they should not take it personally.

Prevention: Make the environment safe by removing potential weapons, keeping alcohol and drugs inaccessible, keeping vehicles and dangerous tools inaccessible, etc.

Regulate Level of Stimulation: Some need to avoid over-stimulation, while others need to be kept busy and distracted.

Provide Appropriate Level of Supervision.

Provide the least restrictive environment possible.

Provide reorientation as needed; much of the anger in an agitated confused and disoriented person can come from misperceiving and misunderstanding the situation.

Staff and families should frequently remind the person of where they are, what is happening and why.

MANAGEMENT STRATEGIES

Withdraw: Leave the person alone for a short period of time, if this can be done safely. As you leave, tell them briefly what you are doing and why. "You are beginning to get upset. We are going to leave you alone for a few minutes so you can calm down."

Distract: Change the subject, the focus of activity or the location. Use a concrete object as a focus when possible.

Re-orient and Reassure: Remind the person of where they are, what is going on and why.

Try to clear up misunderstandings when this can be done without renewing argument.

Direct the person in activities that may reduce agitation, such as guided relaxation.

SELF-CONTROL STRATEGIES

These strategies are to be phased in when the brain injured person has recovered enough learning abilities and awareness to begin to cooperate in learning to control anger.

"Back Off, Calm Down, Try Again": Because the impulsive anger resulting from brain injury often comes and goes suddenly, an effective way to deal with it is for the angry person to back off, calm down and try again. This strategy can be phrased in the individual's own words or whatever expression is comfortable such as "retreat, relax, return" or "take a break" or "time out". The following is a breakdown of these steps, presented in more detail.

Back Off: When warning signs appear, the person should leave the situation and go to a safe place. Others may have to cue him or her to leave. If the person will not leave, the other people present should leave instead, if possible. Practicing backing off when not angry (like a fire drill) will help this go more smoothly when it is really needed.

Calm Down: When the person has backed off to a safe place, he or she should work on calming down. Many techniques can be used to calm down including deep breathing, listening to soft music, meditation, prayer, closing eyes, going for a walk, or engaging in controlled physical exercise.

Preparing to Return: Once calm, the person may need to rethink the situation and prepare to return. If able, the person may want to ask themselves some questions, such as:

Do I need to apologize to anyone?

Do I need to explain why I left?

Do I need to tell anyone my feelings?

What can I do to avoid this next time?

Here are some example statements that illustrate rethinking the situation:

"I don't hate my mother; I'm just angry with her."

"Maybe she had a point I should listen to."

"He's not wrong, we just disagree."

Try Again: When the person returns from backing off and calming down he or she may need to apologize, talk through the issue, explain the backing off and feelings, then resume what he or she was doing. Once a person has learned to back off, calm down and try again successfully, he or she can work on calming down in the situation without leaving.

ANGER CUE CARDS

Anger cue cards can be used to remind the brain injured person of their warning signs such as Loud Voice, Tense Muscles, Confusion, or Thoughts of Hitting. These cards should be carried by the brain-injured person and optional copies can be placed where anger incidents often happen, or where backing off/calming down takes place.

A Back Off card might say: "I'm feeling angry, I need to back off!"; "Leave the room"; "Breathe deeply" "Relax muscles." Etc.

DIFFERENT ANGER REACTIONS TO BRAIN INJURY

Anger at the cause of injury: The victim of an injury may be angry at the cause of the injury such as a drunk driver, an assailant, or at the circumstances surrounding an accident. Such people often need help finding effective and satisfying channels for their anger. Often, they can talk this out with a trusted friend or family member.

Grief Reaction: It is human nature to grieve when we lose something, not just when someone dies, but also when we suffer an injury or illness. We try to find reasons for our losses. One part of a grief reaction is anger at what we think caused it. This anger can also get displaced onto any handy target. People can work through these reactions by talking out their feelings. This is such a human experience that it usually does not require a psychologist, just a trusted and understanding person. However, poor memory or judgment or emotional or personality problems can complicate grief reactions, and psychotherapy may be needed.

Frustration: When frustration contributes to angry reactions, the person needs to begin to recover by trying easier things. Specific preparation can also be taken before difficult tasks. For example, “Now it’s time to go shopping. I know this is sometimes frustrating for you. How will you know if you are starting to get frustrated, and what will you do about it?”

Normal, Legitimate Anger: Brain injured people, like everyone else, sometimes have legitimate reasons to get angry. If their legitimate anger is discounted, ignored or “treated”, they may get angrier. If they have expressed their anger inappropriately, their angry actions should be dealt with separately from their legitimate complaint. They should not get their way just because they made a fuss, but the complaint should not be ignored.

Brain injured people often have impaired judgment which can contribute to anger problems. Cognitive rehabilitation for judgment can help. People with these difficulties need to check their judgments with caregivers or people they trust. Alcohol and drugs can contribute to anger problems. The clearest solution is abstinence but abuse programs or counseling may be needed. Not taking prescribed medications can also contribute to anger problems. The doctor should be told if the medications have not been taken as directed and if there have been any problems.

Conclusion:

Anger is a common problem following brain injury. It has many causes, and there are many solutions to be tried. The rehabilitation team, the family and friends and the brain injured person can all work together to understand and manage the problem to help the brain injured person to work towards recovering self-control.