CRAIG HOSPITAL | NEUROREHABILITATION & RESEARCH HOSPITAL

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Behavioral Changes after BI

Many people notice changes in personality and behavior after a brain injury (BI). Self-awareness and control over behavior may be impaired. There can be a lack of inhibition, or disinhibition, not being able to inhibit impulses. Cognitive difficulties can also affect behavior.

Behavior changes are different for each person. These changes may include saying things without Thinking, using profanity, talking too loudly or too much, not starting or completing tasks, doing things that may be harmful to oneself or to others, or damaging property.

The most frequent behavioral changes involve how one interacts with other people. Changes in social behavior can take many forms, including but not limited to:

- Not following usual social rules in a situation
- Ignoring social boundaries by touching people or standing too close to someone
- Saying or doing anything that comes to mind; not considering the consequences
- Interrupting; not taking turns; not listening to others; or not responding in a way that fits the social situation
- Getting stuck on a particular idea or activity
- Not being able to get started in an activity or conversation
- Having difficulty adjusting to change, being inflexible
- Focusing on oneself; not seeing other points of view
- Having difficulty understanding non-verbal cues: for example, being unable to tell that his or her behavior is making others feel uncomfortable

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The individual may be less aware of how their behavior is coming across, and how others are responding. This can make it hard for the person to adjust or correct behavior.

What You Can Do

- Allow for scheduled low stimulation breaks throughout the day. Reducing fatigue can minimize challenging behavior.
- Simplify the environment. Interruptions and distractions should be kept to a minimum both in and out of therapy sessions.
- Give encouragement to “stop and think”.
- Give simple, concrete instructions. Write them down in simple terms or show them with visual or verbal prompts, such as gesturing.
- Provide simple and focused choices. For example, instead of saying “what do you want to do?” you could say “do you want to do X or Y?”
- Help to problem-solve by writing the options down on paper and discussing the pros and cons.
- Give clear, consistent feedback. When a behavior does not seem to be best for a situation, suggest alternate behaviors. When behavior fits well in the situation, give positive feedback.
- When possible, ignore challenging behaviors and redirect to a meaningful task. Stay calm to support a non-threatening or non-confrontational environment.
- Behavior may change throughout the day. Try not to take the behavior or action personally.
- Behavioral and cognitive changes are connected. It might be helpful to read the Cognitive Changes section later in this chapter.

The team will try to help modify behavior and address social difficulties. If needed, a plan may be developed to give everyone on the team a consistent way to encourage successful behavior and social interactions.

Perseveration

Perseveration is when someone repeats a word, phrase, or idea over and over. It is as if the person’s thought process is stuck. Think of when a CD gets a scratch and plays the same tune over and over. This can make it hard to switch from one task or topic to another.

What You Can Do

- Redirect and introduce a new topic to think about. For example, put on music or encourage singing aloud.
- Introduce a pleasurable task that is reinforcing. Go outside, prepare a meal, fold clothes, or anything that is a pleasant change.

Mood Changes

Brain injury can also impact mood or affect (how a person expresses themselves through facial expressions, gestures, and tone of voice).

Emotional Lability is the loss of emotional control caused by the injury. Emotions may be extreme for a particular situation, or may change very quickly for little or no reason. This may include exaggerated laughing or crying.

What You Can Do

- Change the subject or divert attention, if possible.
- Remain calm and confident. Keep a “matter of fact” attitude.
- Ignore emotions that are not appropriate for the social context when possible. Ignore the behavior; not the person. Providing comfort after an outburst of crying may make it more likely to happen again.
- Find a quiet place to allow time to calm down and regain control.

Depression

Depression is a common symptom and may emerge at various times after injury. This may be caused by changes in brain chemistry triggered by the trauma. The person may also experience sadness or frustration because of the situation and injury related challenges/changes. Talk with the Physician, Neuropsychologist/Psychologist and counselor/CCM if you feel depression may be a problem. They can direct you to available treatments, including counseling and medications, and to resources in your community for when you return home.

What You Can Do

- Watch for changes in behavior patterns.
- Be supportive of your family member if he or she wants to talk. Ask the psychologist or counselor for suggestions on ways to provide emotional support.
- Listen for comments about being unhappy with quality of life, or direct (or indirect) references to suicide. Suicide risk increases after brain injury. Let the team know about these comments.

Fatigue

Fatigue means feeling exhausted, tired, weary, or listless. It is common to experience some kind of fatigue after a brain injury; including physical, psychological, and mental fatigue. For some, fatigue makes it hard to go back to work, do the things that were enjoyable before, or even take care of themselves. Fatigue, especially mental fatigue, can create problems long after most other brain injury symptoms have resolved including making other brain injury symptoms worse. Fatigue from brain injury cannot simply be overcome by "pushing through it".

Physical fatigue can come from muscle weakness. It can result from having to work harder to do things that were easy before the brain injury even routine things like dressing, working around the house, and walking. Physical fatigue can get worse after an intense activity or a busy day. After a good night of sleep or rest breaks, fatigue tends to lessen. Usually, this kind of fatigue improves over time, as the individual gets stronger and builds endurance.

Psychological fatigue is fatigue that comes with depression, anxiety, and other psychological conditions. This kind of fatigue can get worse with stress. Often, sleep does not help at all.

Psychological fatigue can be worse in the mornings. The Physician and Neuropsychologist/Psychologist can help find the cause(s) and make recommendations.

Mental or cognitive fatigue is very common after BI. Individuals may describe this as “my brain is tired.” Mental fatigue may cause slowed thinking. Routine tasks can require more concentration and effort than they did before the injury. Focusing on several things at one time may be hard. Noise, excess stimulation, and activity can make the fatigue worse. Tasks that are easy in a quiet room, or in a structured therapy session may be more difficult in a busy restaurant or a mall.

Brain injury can require more concentration to do tasks that were easier before the injury. Just like hard physical work is tiring, hard mental work is tiring too. Signs of cognitive/mental fatigue may include:

- Increased distractibility, trouble staying focused, or becoming disorganized
- Increased irritability and frustration
- Slower thinking and reaction times
- Blurred vision
- Problems with balance
- Headache
- Trouble speaking and talking

What You Can Do

- If fatigue is from psychological causes, like depression, anxiety, or other psychological conditions, talking to the Physician and Neuropsychologist/Psychologist can be helpful. Treatment may include counseling and/or even medications. Don’t wait: It is possible to get help for psychological fatigue and feel better.
- If you think the fatigue is Physical or Cognitive, try the suggestions below.
  - Encourage sleep and rest Insomnia or sleep apnea can be problems after brain injury. If you suspect either of these problems affects sleep, tell the Physician.
  - Re-arrange schedules. Activities that require theaffecthysical or mental “strength” should be done earlier in the day when there is more energy reserve.
  - Allow time for rest breaks during the day.
  - Set up an exercise program with guidance from the team. Begin slowly and gradually increase activity and workouts.
  - Eat a balanced and nutritious diet. Drink plenty of water.
  - Limit extra stimulation. Turn off the TV and limit other distractions.
  - While the injury is new, it is helpful to limit the number of visitors at a time.

Sexual Changes

Sexuality is an important part of being human. It is part of our personality, attitude, and self-expression. Sexuality is personal and unique; it involves intimacy, affection, tenderness, companionship, and sexual activity.

Brain injury can affect the way sexuality is experienced and expressed. These are some of the changes that can happen:

- Sex drive - the amount of interest in sex - can increase or can decrease.
- Sexual functioning can change. For example, men may have difficulty with erections. Both men and women can have more trouble reaching orgasm.
- BI can decrease inhibition. This can cause an increase in thinking about or talking about sex or doing more sexual things than before the injury. Overall, thoughts, comments and actions about sex may be less private than before injury.
- Other side effects of brain injury can cause sexual problems:
    - Depression, anxiety, and stress can reduce sex drive.
    - Experiencing loss of confidence and feeling less attractive.
    - Some medications can affect the desire or ability to have sex. Ask your physician or pharmacist if any medications might do this.
    - Fatigue may affect sexual activity and desire.
    - Other injuries or illnesses, like broken bones or damage to internal organs, can affect sexual functioning.
    - Changes in family roles can also affect intimacy. Partners may find that they now have to help with personal care and/or supervision. This can change how both you and your partner feel about sex and can lead to difficulty with intimacy.

Sexual changes can be uncomfortable or embarrassing – for either party, especially if they are not familiar with brain injury. It may be helpful to talk about sexual changes with the Neuropsychologist/ Psychologist or Physician.

What You Can Do

- Usually the best time to re-start sexual activity is after returning home, where things can be more comfortable, relaxed, and private. Your Physician or Neuropsychologist/Psychologist can make suggestions to help things go better the first time. As great as sex can be, it can also be a little scary after an injury or illness.
- Intimacy requires trust and open communication. Be honest when talking to your partner. Make sure both individuals have the chance to express needs and concerns, and to listen carefully to the other person. Discuss expectations, fears, and feelings.

Suggestions for resuming sexual activity

- Remember to follow the team's recommendations about getting enough rest.
- Plan and set aside time for sexual activity. Work together to set the mood or create a romantic environment.
- Be open to change. Sex may be different, but that doesn't mean it will be bad. Like many other skills, sexual skills may need to be practiced and re-learned. You may need to experiment a little.
- Be patient with yourself and partner. Just like walking, talking, and remembering, sex can improve over time.