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Anger, Frustration and Anxiety: A Day in the Life of the Brain Injured

Acquired Brain Injury (ABI) occurs when a person has experienced an injury to the brain that results from an accident or illness. This may include a traumatic brain injury from a motor vehicle or work related accident or a tumor, stroke and other related illnesses. The damage can cause temporary or permanent deficits depending on the severity of the trauma and where on the brain it occurred.

Problems can occur, such as in: speech, vision, strength, coordination, cognition and memory, limb weakness or hemi paresis, and other physical impairments in addition to behavioral and emotional disorders.

Persons with an ABI often experience labile (rapidly changing) mood and behaviors as a result of the physiological and emotional manifestations of the injury. This can be caused by the damage to related areas of the brain, such as frontal lobe injury which regulates behaviors and emotions. Adjustment problems are very common due to the devastating changes in employment, social and family relationships, thinking, strength, stamina, etc...

Emotional responses may include but not limited to:

Anger Frustration Anxiety Depression Poor Coping Fear Disbelief Outbursts

Rage Impulsivity Paranoia Withdrawal Low Self-Esteem Lack of Confidence

These emotions are fluid, often irrational and can arise without provocation (seemingly). The brain injured person may quickly become angry, sad or frustrated and have difficulty explaining the causes. Often, the ABI individual speaks of feeling isolated and poorly understood. This is more prominent when they have little physical impairments to call attention to their brain injury, resulting in a lack of empathy from others.

Brain injury is the most mysterious and least understood of all major illnesses. People too often think the person is mentally ill, under the influence of alcohol or drugs, malingering or just not able to “move on” past the trauma.

Persons with ABI often wonder why they feel good one minute and so miserable the next. How can their memory function so well in the morning and so poorly in the evening, or when stressed, sick or over stimulated? Why can't they perform the tasks they did every day before the accident or illness? Why is everyone so unsupportive about brain injury?

A common question asked by the inflicted person is what causes these rapid and unexplained changes and how can they be controlled. Too often, medical personnel are unable to provide concrete solutions for their concerns and often answer with “I don’t know” to the many questions asked. Moodiness, angry outbursts, agitation and inappropriate behaviors often results, keeping them further isolated.

Family members also have a poor understanding of the manifestations from an ABI. They too are frustrated, scared and overwhelmed by the multiple changes in cognition, emotions and physical stamina. The spouse has to become the primary breadwinner and caregiver, losing a partner and confidant. The children are also intimidated by the changes in their parent, often reversing roles with the former adult figure. The family members are frightened by the anger, confused about the new personality and worried about their bleak future and financial status.

Family members often ask:

If you look so good, why are you not healed?

What can't you go back to work, school and your normal routine?

What are you always so angry, worried or sad?

Why do you remember some things but not others?

Why do you sleep so much?

The only consistent element of an ABI is the inconsistency of the symptoms. It is common for a person with a brain injury to feel refreshed, vibrant and enthusiastic in the morning and completely drained by noon, unable to perform even the simplest of tasks. Family members, friends and employers do not understand how a person can “swing” so quickly and become dysfunctional and irritable in an instant, requiring naps and extended sleep.

Brain injured persons are hyper-sensitive to fatigue, stimulation, stress, physical illness and other events that would not disable a fully functional person. This causes further confusion about an already poorly understood disease process (ABI) that affects the entire body system. They have no cognitive and physical reserve to draw from, exacerbating their impairments. When stressed, the injured person may also exhibit disinhibition: acting out thoughts without awareness of how their actions affect others, such as yelling, cursing or other inappropriate behaviors.

As with other diseases, this is no cure for an acquired brain injury. Medications, exercise, balance between rest and activity, therapies, utilization of compensatory strategies, reduced stimulation, positive coping, counseling, support groups, family support and acceptance all help to heal the brain and allow it to develop new pathways for learning. New research also suggests the brain can develop new cells over time.

When the brain injured person is first ill or injured, often near death, there is an outpouring of support from family, friends and co-workers. Once they recover from the initial trauma, the family is so grateful that they have survived they do not think about the long term consequences such as finances, changes in behavior, 24 hour supervision and activities of daily living.

Months later, supervisors whom were initially very comforting about job security and benefits quickly retreat behind Human Resources. The family is left destitute, abandoned and overwhelmed. Friends and family are too busy to help; employers don't return phone calls and Social Security requests multiple documentations for the fifth time. The brain injury patient feels rejected and frustrated, unable to cope or ask for help. They become depressed and helpless about their lives and the future. They see little opportunity for improvement and may become paranoid, withdrawing into confusion and isolation.

Due to the behavioral and emotional liability, people become fearful or annoyed by the impulsive outbursts. The brain's normal "filters" and mechanisms for self control have been damaged. The injured person has lost their problem solving abilities, resulting in racing thoughts and bizarre behavior. Without a strong support system, they may become hostile, defiant or suicidal.

What should professionals and family members do to help the brain injured person?

Provide unconditional support and understanding of the brain injury
Stay calm; acknowledge that the behaviors are from the brain injury
Encourage rest and relaxation, especially when they are stressed or upset
Encourage stress reduction activities (deep breathing, walks, counting, and music)
Medications, as appropriate with frequent re-evaluation as needed for behavior/mood
Work closely with a Psychiatrist (Physical Medicine and Rehab physician)
Exercise (cleared by the physician)
Therapies (Physical, Occupation, Speech/Cognitive, Vocational)
Balanced nutrition; avoid sugar and caffeine
Three meals a day; eat by the clock, not by hunger alone (avoid drop in blood sugar)
Individual and family counseling
Support Groups
Maintain realistic expectation
Don't overreact to the behaviors or emotions
Take one day at a time

Lastly, research show that persons with a brain injury who receives good support heal quicker, have fewer behavioral and emotional problems and adjust better than those that do not. Counseling and support groups are great resources for brain injury.

For more information and a list of statewide Brain Injury Support Groups go to the Brain Injury Association of Georgia's website: www.braininjurygeorgia.org or call 404-712-5504 or email info@braininjurygeorgia.org.