

FACT SHEET:



ABIOS

Acquired Brain Injury Outreach Service

Category:
Behaviour

Audience:
Professional

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Understanding Behaviour Changes

Introduction

There are many reasons why people behave the way that they do after a brain injury. Factors that might influence behaviour can be divided into three main areas:

1. Pre-injury factors

Education, employment, family background, previous personality, interests, likes, habits all contribute to how we behave and who we are. Each person will have different skills in communication, ability to solve problems, ability to manage anger or frustration. A person with brain injury may have limited experience with coping with trauma and losses, especially if injuries are at a young age.

2. Injury Factors

The age when a person has an injury (level of life experience or maturity), the severity of injury, the kind of injury (traumatic, stroke, or tumour), the areas of the brain involved, other injuries (Orthopaedic), and other medical factors, like pain, fatigue, difficulty sleeping can all affect behaviour and mood after an injury.

3. Post-Injury Factors

After an injury people sustain many life changes and these can affect a person's behaviour. Losses such as inability to work, inability to drive, changes in relationships and limited independence can lead to frustration, irritability, anger, depression and other strong emotional reactions.

Stress and frustration can also arise from difficulties with physical mobility, lack of independence, communication impairments, cognitive and memory changes, and changes in ability to control strong emotions and behaviour. Other medical factors such as pain, epilepsy, medication, headaches, fatigue all affect a person's behaviour.

How does Behaviour Change after a Brain Injury?

Behaviours of concern are those behaviours that interfere with a person's ability to live independently in the community, to work or study, or to have good relationships with other people.

Any brain injury can cause permanent changes in personality and behaviour. Damage to some areas of the brain, for example the frontal lobes, temporal lobes and the limbic system, are much more likely to result in changes in behaviour.

It is important to remember that:

- Not everyone will experience behaviour changes after a brain injury
- Each brain injury is unique and will result in different strengths and impairments.
- Some individuals will have only one behaviour problem, some will have a range of them
- Some behaviour problems after brain injury will resolve and get better quickly, but some will be long-lasting and permanent
- Each person will have different coping strategies

Lack of awareness or insight

An individual may show reduced awareness of their disability or impairments. They may:

- lack awareness of their behaviour so may seem tactless, rude or inappropriate in social situations
- not notice impairments or problems related to their brain injury
- deny problems or argue the point
- see themselves as the same as before the injury
- not understand why they can't do certain things (e.g. work, driving, managing finances) or why they need help with activities or need to do therapy—sometimes this leads to lack of cooperation

Inflexibility

A person may have difficulty doing or thinking about something from more than one point of view. Inflexibility or rigidity can result in difficulty with:

- shifting ideas or beliefs
- changing ideas or behaviour even with feedback or new information
- doing things a different or new way
- inability to cope with even small changes in the routine or day – and may need a very structured routine
- may be hard to “budge” or “shift” from ideas or routines

Anger and aggression

Anger and aggression may be a completely new change in personality and behaviour following an injury or it may be a part of an existing personality and communication style. Changes resulting from a brain injury can include:

- irritability, having a very short fuse, or trouble in controlling temper
- low frustration tolerance
- verbal aggression, including swearing, yelling, or critical and abusive comments
- physical aggression including hitting, pinching, kicking, pushing or spitting
- physical self-harm
- threatening behaviour e.g. raising voice, standing too close, staring, shaking a fist, or threats to harm other people

Disinhibition

Thoughts, ideas and behaviour occur before the person has the chance to be aware and stop them. A person may have difficulty with:

- self-awareness and monitoring of behaviour
- trouble inhibiting, delaying or stopping behaviour
- may appear to be more direct, abrupt, to the point, and even rude
- say and do things that are not appropriate in the situation
- may show their feelings more easily, for example, irritability, unhappiness, or anger
- may do things on impulse
- may not plan ahead or think about the consequences of choices or behaviour



