

FACT SHEET:



ABIOS

Acquired Brain Injury Outreach Service

Category:

Behaviour

Audience:

Family and
Support Workers;
and Professionals

For more information
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ABIOS Neuropsychologist

Inability to Wait

Changes in behaviour are extremely common after an acquired brain injury (traumatic brain injury, stroke, tumour, hypoxia or other neurological causes).



What is inability to wait?

Inability to wait is usually caused by some of the cognitive and executive changes that result from an acquired brain injury. Difficulties with inhibition of behaviour (inability to stop or prevent behaviours), with attention and memory (losing track of when things are happening or difficulty judging when to leap into a conversation or request), with understanding of social skills (knowing social rules around waiting, turn taking, or having a conversation in a group), and with reasoning and problem-solving (working out what should be happening and when) can all affect ability to wait. Egocentricity (focussing on own needs and concerns, and lowered awareness of other peoples' needs), changes in emotional awareness and empathy may also contribute in making the person with brain injury very focussed on their own needs, and less able to take into account the needs of other people.

People who have difficulties meeting their own needs because of a brain injury and are reliant on other people for assistance, also might experience anxiety and stress about whether or not and when their needs might be met, and have difficulty waiting.

What does inability to wait look like?

There are a range of signs that might tell you the person is having more difficulty with waiting. These can include:

- Getting agitated or verbally aggressive if not attended to quickly
- Calling out or asking for help repetitively
- Impatience with others (carers, family, friends) when needs are not met immediately or they have to wait
- Interrupting conversation or talking over people in conversation
- Not able to wait for a turn in an activity
- Making unrealistic demands of others
- Wanting to do things "right now"
- Seeming to be unaware of other peoples' needs e.g. other tasks or commitments, emotions or priorities

What strategies can I use?

Attend to the person as quickly as possible for basic needs (food, water, hygiene, rest), so that irritation and agitation doesn't have a chance to build up.

Let the person know you understand they may be having trouble waiting.

- Give the person a timeframe if you can't respond quickly e.g. "I'll be back in 5 minutes" and make sure you do follow through.
- Don't make them wait unnecessarily or longer than is needed.
- Communicate quickly and clearly about what you can or can't do and why e.g. "I just have to do xxx first" or "You are next".
- Let the person know when it is their "turn" so it's really clear that there are other people also needing a "turn", for example, to have their say, or to get a drink/meal, or to get some assistance
- In groups it's good to have clear rules e.g. "Everyone gets a turn" or "We all get to have a say".
- Make sure you notice and reward patience and waiting behaviours.

Positive Reinforcement for Waiting

Even if the person has trouble waiting as a result of their acquired brain injury, sometimes they will be able to wait for shorter and even longer periods of time, or wait in some situations better than others. This is the behaviour we want to observe, support, and encourage. It's important to provide positive feedback and encouragement when the person has either tried to wait, has waited (even for a short time), or shows awareness of other people's needs. Waiting is a complex cognitive and social task, and it is worth reinforcing and encouraging any of the small skills that contribute to better waiting and turn taking behaviours.

- Have a conversation about waiting and how hard it can be to wait. It will be more difficult for someone with brain injury to wait, so being aware and empathic is important.
- Try not to blame the person for being unable to wait – this will often be something outside of their awareness,

and outside of their ability to control it on their own.

- Ask the person to see how long they are able to wait for – making efforts to wait should be encouraged and positively reinforced.
- Reinforce and praise waiting and turn taking behaviour – thank the person for waiting.
- Reinforce and praise awareness of other people's needs.
- Give the person as much support with their waiting and turn taking skills as they need.

Prevention is better than agitated behaviour

If you know the person has difficulty with waiting or turn taking as a result of their brain injury, then planning ahead can prevent many behavioural escalations and reactions. Avoid deliberately making the person wait for long periods when they have difficulty with waiting as this will almost certainly result in a behavioural escalation or reaction, and causing unneeded stress to the person with brain injury and others around them.

Communication

It is easier to wait if we know why we need to wait (not enough time, other tasks, other people need care or assistance) and how long we have to wait. An acquired brain injury and cognitive difficulties with attention, memory, language, problem-solving and reasoning and self-awareness will make this very difficult so communication becomes extremely important.

- Gentle reminders and cues will be helpful e.g. "We are waiting for ... because..." or
- "It's going to take ... time"
- With family and friends - a conversation about others' needs, reasonable expectations and behaviour will be good in preventing problems.
- Follow through with explanations and

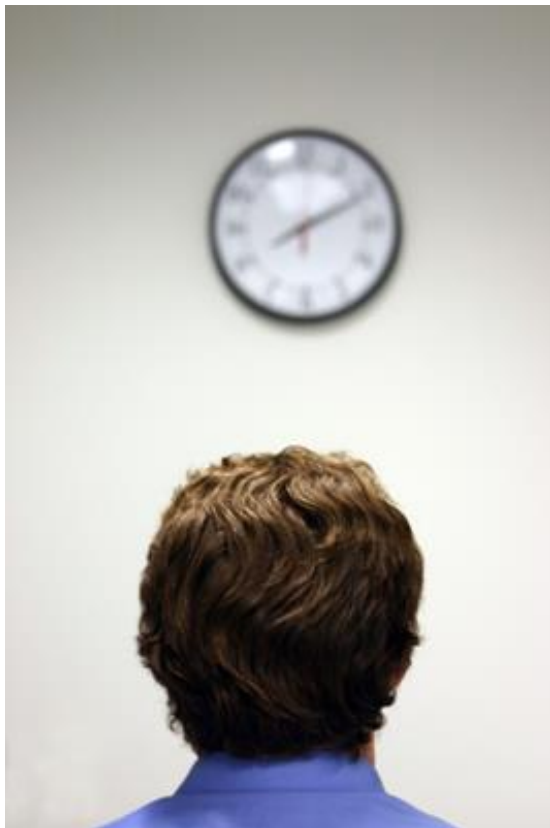
limit setting e.g. “I can’t do that now because ...” “I know you want to go right now but I need to do this first”.

- With support workers or nursing staff – the person may not be aware of all of your other commitments or tasks or your time management, so explaining this is helpful
- Simple explanations and information are best
- Talk with the person about their needs and expectations of other people, especially if they are reliant on other people for certain things (basics like food or drinks, help with hygiene, or accessing the community). Loss of independence and ability to self-direct (doing things when you want to) is a major factor that should be discussed.

Resources

See other Acquired Brain Injury Outreach Service (ABIOS) Information sheets at

<http://www.health.qld.gov.au/abios/>



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