

ANGER FOLLOWING A BRAIN INJURY

Anger is a very common problem after a head injury. When someone with a brain injury has a problem with anger, there are usually several causes acting in combination. Some people are angry about the injury or problems that may have come with it, such as disabilities and loss of job, friends, money and control over one's life. Some people were angry people before their injury and still have that problem. People who have always been angry may need psychotherapy to help them learn to cope, and in some cases medication is required. (In our experience, people unfamiliar with the person or with the symptoms of a head injury are often too quick to assume that personality alone is to blame.) But many people also develop impulsive anger as a direct effect of the damage to the brain. In other words, the parts of the brain that normally inhibit angry feelings and behavior have been damaged and do not do their jobs as well. This means that the person's anger threshold is lowered so that he or she becomes angry more easily and more intensely. We can tell that this impulsive anger is directly due to the head injury when:

- The anger begins with the head injury or is made much worse by it.
- Angry feelings come and go relatively suddenly.
- Anger episodes may be in response to minor events.
- The person having the angry episodes is surprised and embarrassed or distressed by them.
- The anger is made worse by physiological stress such as fatigue, pain or low blood sugar.

Dealing with Impulsive Anger Resulting from Head Injury

When a head injured person first wakes up from a coma, he or she is usually disoriented and confused and often agitated. The person does not understand what is going on around him or her and is not really responsible for his or her own actions. It is up to the people taking care of the person to keep him or her safe, even if this means restraining him or her or using medications when absolutely necessary. As the person recovers, he or she gradually learns to control his or her actions. The staff and family can gradually teach the person about the best ways to manage the angry feelings. Because a head injured person's "anger threshold" or "flashpoint" has been lowered, the head injured person needs to relearn how to manage the changed reactions. They need emotional rehabilitation in addition to physical and cognitive rehabilitation.

Understanding the Anger

The head injured person is, in some ways, a different person. What makes him or her angry may be different. We need to learn what those things are.

Here are some common factors that contribute to anger after head injury:

Anger Factors

Stimulation factors:

- High noise or activity level
- Unexpected events
- Lack of structure

Personal factors:

- Frustration
- Fear or 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:

- Pain
- Fatigue
- Hypoglycaemia (low blood sugar)
- Medications (levels low or high?)
- Alcohol or drugs

Anger Warning Signs

Speech signs:

- Loud high voice
- Cursing
- Name calling
- Threats

Behavioural signs:

- Making fists
- Increased movement and fidgeting
- Angry face
- 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
- Sweating
- Over-aroused
- Tense muscles
- Flushed face
- Bulging eyes

Mental signs:

- Fantasies of doing any of the speech or behavioural signs
- Negative thoughts about others
- Confusion
- Feelings of frustration
- Feelings of fear or anxiety
- Feelings of embarrassment, shame or guilt
- Feelings of hurt

Early Strategies

These strategies are for staff and families to use when the head 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

- Remove potential weapons
- Keep alcohol and drugs inaccessible
- Keep vehicles and dangerous tools inaccessible

Regulate Level of Stimulation

- Some need to avoid over stimulation
- Some 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 not perceiving and not understanding the situation
- Staff and families should frequently remind the person of where they are, what is happening and why

Management

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

Reorient 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 relaxation.

Self-control Strategies

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

The “Back Off, Calm Down, Try Again”: strategy can be very effective. Because the impulsive anger resulting from head 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”.

Back Off: When warning signs appear, the head injured person should leave the situation and go to a safe place. Others will 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
- soft music
- meditation
- prayer
- closed eyes
- physical exercise.

Preparing to Return: Once calm, the head injured person may need to rethink the situation and prepare to return.

Reviewing a list of questions is a possible preparation:

- Do I need to apologize?
- 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 statements to encourage 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

- apologise
- talk through the issue
- explain the backing off and feelings
- 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 head injured person of the warning signs such as Loud Voice, Tense Muscles, Confusion, or Thoughts of Hitting. These cards should be carried by the head injured person and optional copies can be placed where anger incidents often happen or where backing off takes place. A Back Off card might say “I’m feeling angry, I need to back off”, leave the room, breathe deeply, or relax muscles.

Angry Reactions to a Head 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, a corporation or a government. 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 part of 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 be trying easier things. Specific preparation can also be given 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: Head injured people still 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.

Impaired Judgement

Head 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 counselling 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 a head injury. It has many causes, and there are many solutions to be tried. The rehabilitation team, the family and friends and the head injured person can all work together to understand and manage the problem to help the head injured person to work towards recovering self control.