



## BRAIN INJURY ASSOCIATION OF NEW JERSEY

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[www.bianj.org](http://www.bianj.org)

Helpline: 1-800-669-4323

No Brain Injury is  
Too Mild to Ignore,  
or Too Severe to  
Lose Hope

## Emotional and Behavioral Changes Following Brain Injury

By Brett Prince, Ph.D.

Brain injuries, whether they are relatively mild concussive events or more significant traumatic brain injuries quite often involve disturbances in more than cognition.

Clinical reports and research routinely describe brain injury-caused Affective Symptoms such as: Depression, anxiety, irritability, impaired frustration tolerance, mood dysregulation/mood lability (uncontrollable laughing or crying), amotivational states/apathy (the absence of interest or concern, impaired judgment and insight, and self-esteem/issues. Behavioral symptoms include impaired anger management (including verbal and physical aggression and assault), motor or physical hyper-reactivity or hyper-arousal, sleep-wake cycle disturbance, reduced energy level/easily fatigued, appetite and weight changes, sexual changes, social avoidance/withdrawal, drug and alcohol use, impulse control/ risk-taking, and work and school performance issues.

Pre-existing/pre-concussive personal or family history of mood, behavioral, or psychosocial disturbances are well known risk factors for the development of psychological impairments after a brain injury. In other words, an already angry, agitated, and socially uncomfortable teen will be statistically more likely to have a difficult time adjusting to having a head injury than a less impaired, more stable adolescent. Many factors are important for understanding emotional-behavioral dysfunction in a person with a brain injury, including the type and severity of the injury, length of time since the injury, and age of the patient.

Emotional-behavioral disturbances following brain injuries are a mixture of both brain-based changes in emotional centers in the brain, as well as one's own unique psychological adjustment to injury, limitations, or change in functioning.

All brain injuries occur within an existing system or structure: a family, a marriage, work place, or school setting. Injury-related psychological disturbances pose unique and complex problems for those caring for, or spending time with, the injured patient. There is an increased risk of the loss of friendships, marital/relationship discord, job loss, and family tension or estrangement after a brain injury.

Although not an exhaustive list, there are several, general guiding principles that should be followed when living with a person with a brain injury:



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- Listen more than talk.
- Use a consistent and regular tone, style, and length of communication.
- Predictable times and organized routines are important: doctor appointments, bed time, meal times, medication regimens, study periods, chores, etc.
- Keep an open line of communication and collaborative approach with the patient's doctors, rehabilitation team, teachers, and employers.
- There should be regular attendance and monitoring by a mental health professional appropriately educated and trained in the treatment and rehabilitation of brain injuries and organic affective and behavioral disorders. This includes care and age-appropriate education of the patient and his/her family.
- Brain injury support groups for the person with the brain injury and families are important recovery components as well.
- A slow, measured approach to re-socialization should be followed. This includes re-engagement with sports teams, school, clubs, friends, and co-workers. It is commonplace for a patient to undergo a re-evaluation of his short term and long term goals, which often includes reexamination of friends and social networks.
- Discuss activities that deter brain recovery. Such activities include: alcohol or drug use or high risk recreational pursuits (such as un-helmeted skateboarding, bike-jumping, or contact athletics).
- Persons with a brain injury with histories of drug use or social activities involving friends who drank or used drugs, often have a difficult time adjusting to the need for a new, healthier lifestyle.
- And lastly, do not discuss the past. Discussions of unresolved arguments, fights, or complex and stressful issues that may have troubled a family or marriage are unhelpful. The focus should be on the present day and making a healthier, less stressful future.

For me, sustaining a brain injury at 17 certainly had its negative aspects as well as its positive aspects. The physical scars, some physical pain, and the visual difficulties remain, but what I gained was far more important. I truly learned to treasure every single day, and not take as many things for granted. I learned about how fragile life and the human brain and body can be. Being injured at such a young age also taught me to be less selfish and more compassionate.



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