

Emotional Problems After Traumatic Brain Injury

For more information,
contact:

Virginia Commonwealth
Traumatic Brain Injury Model
System
Virginia Commonwealth
University
Box 980542
Richmond, VA 23298-0452
804-828-3704
jhmarwit@vcu.edu
<http://www.tbi.pmr.vcu.edu>

This publication was
produced by the TBI Model
Systems in collaboration
with the Model Systems
Knowledge Translation
Center (<http://msktc.washington.edu>) with
funding from the National
Institute on Disability and
Rehabilitation Research
in the U.S. Department
of Education, grant no.
H133A060070.

Brain injury and emotions

A brain injury can change the way people feel or express emotions. An individual with TBI can have several types of emotional problems.

Difficulty controlling emotions or “mood swings”

Some people may experience emotions very quickly and intensely but with very little lasting effect. For example, they may get angry easily but get over it quickly. Or they may seem to be “on an emotional roller coaster” in which they are happy one moment, sad the next and then angry. This is called *emotional lability*.

What causes this problem?

- Mood swings and emotional lability are often caused by damage to the part of the brain that controls emotions and behavior.
- Often there is no specific event that triggers a sudden emotional response. This may be confusing for family members who may think they accidentally did something that upset the injured person.
- In some cases the brain injury can cause sudden episodes of crying or laughing. These emotional expressions or outbursts may not have any relationship to the way the person feels (in other words, they may cry without feeling sad or laugh without feeling happy). In some cases the emotional expression may not match the situation (such as laughing at a sad story). Usually the person cannot control these expressions of emotion.

What can be done about it?

- Fortunately, this situation often improves in the first few months after injury, and people often return to a more normal emotional balance and expression.
- If you are having problems controlling your emotions, it is important to talk to a physician or psychologist to find out the cause and get help with treatment.
- Counseling for the family can be reassuring and allow them to cope better on a daily basis.
- Several medications may help improve or stabilize mood. You should consult a physician familiar with the emotional problems caused by brain injury.

- **What family members and others can do:**
 - Remain calm if an emotional outburst occurs, and avoid reacting emotionally yourself.
 - Take the person to a quiet area to help him or her calm down and regain control.
 - Acknowledge feelings and give the person a chance to talk about feelings.
 - Provide feedback gently and supportively after the person gains control.
 - Gently redirect attention to a different topic or activity.

Anxiety

Anxiety is a feeling of fear or nervousness that is out of proportion to the situation. People with brain injury may feel anxious without exactly knowing why. Or they may worry and become anxious about making too many mistakes, or “failing” at a task, or if they feel they are being criticized. Many situations can be harder to handle after brain injury and cause anxiety, such as being in crowds, being rushed, or adjusting to sudden changes in plan.

Some people may have sudden onset of anxiety that can be overwhelming (“panic attacks”). Anxiety may be related to a very stressful situation—sometimes the situation that caused the injury—that gets “replayed” in the person’s mind over and over and interferes with sleep (“post traumatic stress disorder”). Since each form of anxiety calls for a different treatment, anxiety should always be diagnosed by a mental health professional or physician.

What causes anxiety after TBI?

- Difficulty reasoning and concentrating can make it hard for the person with TBI to solve problems. This can make the person feel overwhelmed, especially if he or she is being asked to make decisions.
- Anxiety often happens when there are too many demands on the injured person, such as returning to employment too soon after injury. Time pressure can also heighten anxiety.

- Situations that require a lot of attention and information-processing can make people with TBI anxious. Examples of such situations might be crowded environments, heavy traffic or noisy children.

What can be done about anxiety?

- Try to reduce the environmental demands and unnecessary stresses that may be causing anxiety.
- Provide reassurance to help calm the person and allow them to reduce their feelings of anxiety when they occur.
- Add structured activities into the daily routine, such as exercising, volunteering, church activities or self-help groups.
- Anxiety can be helped by certain medications, by psychotherapy (counseling) from a mental health professional who is familiar with TBI, or a combination of medications and counseling.

Depression

Feeling sad is a normal response to the losses and changes a person faces after TBI. Feelings of sadness, frustration and loss are common after brain injury. These feelings often appear during the later stages of recovery, after the individual has become more aware of the long-term situation. If these feelings become overwhelming or interfere with recovery, the person may be suffering from depression.

Symptoms of depression include feeling sad or worthless, changes in sleep or appetite, difficulty concentrating, withdrawing from others, loss of interest or pleasure in life, lethargy (feeling tired and sluggish), or thoughts of death or suicide.

Because signs of depression are also symptoms of a brain injury itself, having these symptoms doesn’t necessarily mean the injured person is depressed. The problems are more likely to mean depression if they show up a few months after the injury rather than soon after it.

What causes depression?

- Depression can arise as the person struggles to adjust to temporary or lasting disability and loss or to changes in one’s roles in the family and society caused by the brain injury.
- Depression may also occur if the injury has affected areas of the brain that control emotions. Both biochemical and physical changes in the brain can cause depression.

What can be done about depression?

- Anti-depressant medications, psychotherapy (counseling) from a mental health professional who is familiar with TBI, or a combination of the two, can help most people who have depression.
- Aerobic exercise and structured activities during each day can sometimes help reduce depression.
- Depression is not a sign of weakness, and it is not anyone’s fault. Depression is an illness. A person cannot get over depression by simply wishing it away, using more willpower or “toughening up.”
- It is best to get treatment early to prevent needless suffering. Don’t wait.

Temper outbursts and irritability

Family members of individuals with TBI often describe the injured person as having a “short fuse,” “flying off the handle” easily, being irritable or having a quick temper. Studies show that up to 71% of people with TBI are frequently irritable. The injured person may yell, use bad language, throw objects, slam fists into things, slam doors, or threaten or hurt family members or others.

What causes this problem?

Temper outbursts after TBI are likely caused by several factors, including:

- Injury to the parts of the brain that control emotional expression.
- Frustration and dissatisfaction with the changes in life brought on by the injury, such as loss of one’s job and independence.

- Feeling isolated, depressed or misunderstood.
- Difficulty concentrating, remembering, expressing oneself or following conversations, all of which can lead to frustration.
- Tiring easily.
- Pain.

What can be done about temper problems?

- Reducing stress and decreasing irritating situations can remove some of the triggers for temper outbursts and irritability.
- People with brain injury can learn some basic anger management skills such as self-calming strategies, relaxation and better communication methods. A psychologist or other mental health professional familiar with TBI can help.
- Certain medications can be prescribed to help control temper outbursts.

Family members can help by changing the way they react to the temper outbursts:

- Understand that being irritable and getting angry easily is due to the brain injury. Try not to take it personally.
- Do not try to argue with the injured person during an outburst. Instead, let him or her cool down for a few minutes first.
- Do not try to calm the person down by giving in to his or her demands.
- Set some rules for communication. Let the injured person know that it is not acceptable to yell at, threaten or hurt others. Refuse to talk to the injured person when he or she is yelling or throwing a temper tantrum.
- After the outburst is over, talk about what might have led to the outburst. Encourage the injured person to discuss the problem in a calm way. Suggest other outlets, such as leaving the room and taking a walk (after letting others know when he/she will return) when the person feels anger coming on.

Questions to ask your physician or treatment provider to better understand your problem

If you or your family members are experiencing anxiety, feelings of sadness or depression, irritability or mood swings, consider asking your doctor:

- Would psychological counseling be helpful?
- Would an evaluation by a psychiatrist be helpful?
- Are there medications that can help?

More about medications

If you or your family member tries a medication for one of these problems, it is very important to work closely with the physician or other health care provider who prescribes them. Always make a follow-up appointment to let him or her know how the medication is working, and report any unusual reactions between appointments. Remember that:

- There can be a delay until the beneficial effects of medications are felt.
- Doses might need to be adjusted by your doctor for maximum benefit.
- You may need to try one or more different medications to find the one that works best for you.
- Except in an emergency, you should not stop taking a prescribed medication without consulting your doctor.

Peer and other support

Remember, too, that not all help comes from professionals! You may benefit from:

- A brain injury support group — some are specialized for the person with TBI, others are for family members, and others are open to everyone affected by brain injury.
- Peer mentoring, in which a person who has coped with brain injury for a long time gives support and suggestions to someone who is struggling with similar problems.

- Check with your local Brain Injury Association chapter to find out more about these resources. Go to <http://www.biausa.org/> to find brain injury resources near you.
- Talk to a friend, family member, member of the clergy or someone else who is a good listener.

Recommended reading

- *Living with Brain Injury: A Guide for Families, Second Edition* (Paperback) by Richard C Senelick and Karla Dougherty, Healthsouth Press, 2001.
- *Making Life Work After Head Injury: A Family Guide for Life at Home*. Author: South Carolina, Head and Spinal Cord Injury Division, and National Head Injury Foundation (U.S.), Florida Association. Publisher: S.C. Dept. of Disabilities and Special Needs, Head and Spinal Cord Injury Division, 1994.
- *What is Brain Injury? Emotional / Behavioral Changes*, Toronto Acquired Brain Injury Network. www.abinetwork.ca/familyresourceguide/whatisbraininjury-behavioural.htm
- Emotional Stages in Recovery – Fact Sheet. Brain Injury Association of Queensland, Inc. <http://braininjury.org.au/portall/post-acute-phase/emotional-stages-in-recovery—fact-sheet.html>
- Involuntary Emotional Expression Disorder (IEED): Explaining Unpredictable Emotional Episodes. National Stroke Association. www.stroke.org/site/PageServer?pagename=IEED

Source

Our health information content is based on research evidence and/or professional consensus and has been reviewed and approved by an editorial team of experts from the TBI Model Systems.

Authorship

Emotional Problems after TBI was developed by Tessa Hart, PhD and Keith Cicerone, PhD, in collaboration with the Model Systems Knowledge Translation Center.

Portions of this document were adapted from materials developed by the UAB TBI Model System, the Mayo Clinic TBI Model System, the New York TBI Model System, and the Carolinas Rehabilitation and Research System.