

# Emotional Changes After a Traumatic Brain Injury

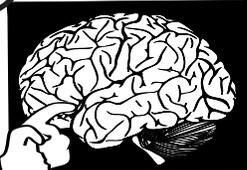
**SOME PEOPLE WITH TRAUMATIC BRAIN INJURY OR "TBI" OFTEN HAVE A HARD TIME CONTROLLING THEIR EMOTIONS.**

## "EMOTIONAL LABILITY"



**SOME PEOPLE WITH TBI MAY HAVE INTENSE MOOD SWINGS. THEY MAY GO FROM FEELING HAPPY, TO ANGRY, TO SAD VERY QUICKLY. USUALLY THEY CAN'T CONTROL THIS.**

**"EMOTIONAL LABILITY" CAN BE CAUSED BY DAMAGE TO THE PARTS OF THE BRAIN THAT CONTROL EMOTION.**



**DR. CUSHING TOLD ME THAT MY EMOTIONS WILL PROBABLY BECOME "MORE NORMAL" AFTER THE FIRST FEW MONTHS.**

**SO WHAT CAN I DO?**

**THAT'S GREAT! COUNSELING CAN HELP YOU MANAGE YOUR EMOTIONS BETTER. THERE ARE ALSO MEDICATIONS THAT CAN STABILIZE MOOD.**



**FOR NOW MY FAMILY AND I ARE TALKING TO COUNSELORS TO HELP US COPE.**



**IF YOU OR YOUR LOVED ONE ARE EXPERIENCING THIS, THE FIRST STEP IS TO TALK TO YOUR DOCTOR.**

## HOW CAN YOUR FAMILY HELP?



**GREAT QUESTION! HERE'S A LIST OF A FEW THINGS YOU CAN DO TO HELP...**

1. **REMAIN CALM. AVOID REACTING EMOTIONALLY.**
2. **GENTLY CHANGE THE SUBJECT OR SUGGEST DOING SOMETHING ELSE.**
3. **GET THEM TO A QUIET AREA. THIS WILL HELP THEM REGAIN CONTROL.**
4. **GIVE THE PERSON A CHANCE TO TALK CALMLY.**
5. **ACKNOWLEDGE THEIR FEELINGS.**
6. **PROVIDE FEEDBACK GENTLY AND SUPPORTIVELY AFTER THEY REGAIN CONTROL.**

## "ANXIETY"



I'M AFRAID OF MAKING MISTAKES AND THAT MAKES ME FEEL LIKE EVERYONE IS WATCHING AND JUDGING ME, EVEN WHEN THEY PROBABLY AREN'T .

ANXIETY IS A FEELING OF FEAR OR NERVOUSNESS THAT'S TOO STRONG FOR THE SITUATION. PEOPLE WITH TBI MAY FEEL ANXIOUS WITHOUT KNOWING WHY...

PEOPLE WITH TBI MAY GET ANXIOUS ABOUT HOW WELL THEY'RE ABLE TO DO THINGS.

THIS REMINDS ME OF THE ACCIDENT...



BEING RUSHED, BEING IN CROWDS, OR SUDDEN CHANGES IN PLANS CAN CAUSE ANXIETY.



POST TRAUMATIC STRESS DISORDER IS A FORM OF ANXIETY THAT CAN OCCUR AFTER AN ACCIDENT AND CAN BE TRIGGERED BY REMINDERS OF THE INJURY.

SOMETIMES THE MEMORY OF HOW A PERSON GOT INJURED GETS PLAYED OVER IN THEIR HEAD AND INTERFERES WITH SLEEP.

## WHY DOES ANXIETY HAPPEN?



AFTER A TBI, ANXIETY IS VERY COMMON, ESPECIALLY WHEN THERE ARE A LOT OF DEMANDS, LIKE TAKING A TEST, OR BEING IN A NOISY ENVIRONMENT.

I GET ANXIOUS WHEN I'M DRIVING, ESPECIALLY WHEN I'M TRYING TO FIND SOMEPLACE NEW.

I'M GETTING ANXIOUS JUST THINKING ABOUT THAT STUFF...

ANXIETY OFTEN HAPPENS WHEN THERE ARE TOO MANY DEMANDS ON A PERSON...

## SO WHAT CAN I DO ABOUT ANXIETY?

TRY TO REDUCE ENVIRONMENTAL STRESSES THAT CAUSE ANXIETY.

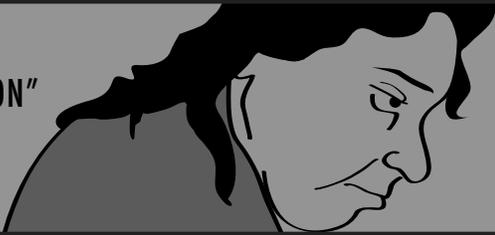


ADD STRUCTURE OR ROUTINE TO DAILY ACTIVITIES.

COUNSELING IS GOOD FOR MANAGING ANXIETY, THERE ARE ALSO MEDICATIONS THAT CAN HELP. DISCUSS THESE OPTIONS WITH YOUR DOCTOR.



"DEPRESSION"



IT'S NORMAL TO HAVE FEELINGS OF SADNESS, FRUSTRATION, OR LOSS AFTER A TBI.

I STARTED FEELING REALLY SAD A FEW MONTHS AFTER MY INJURY, WHEN I REALIZED IT WOULD HAVE A LONG TERM IMPACT ON MY LIFE...



## COMMON SYMPTOMS OF DEPRESSION

- FEELINGS THAT YOU ARE SAD OR WORTHLESS
- CHANGES IN SLEEP OR APPETITE
- TROUBLE FOCUSING
- FEELING DISTANT OR WITHDRAWN FROM OTHERS
- LOSS OF INTEREST IN OR PLEASURE FROM LIFE
- FEELING TIRED OR HAVING LITTLE ENERGY

BECAUSE THESE SIGNS OF DEPRESSION ARE ALSO COMMON EFFECTS OF BRAIN INJURY, THEY DON'T ALWAYS MEAN DEPRESSION, THEY'RE MORE LIKELY CAUSED BY DEPRESSION IF THEY BEGIN A FEW WEEKS AFTER THE INJURY.

## WHAT CAUSES DEPRESSION AFTER A TBI?



DEPRESSION CAN ARISE AS SOMEONE STRUGGLES TO ADJUST TO A TEMPORARY OR LASTING DISABILITY.



Ahh, C'mon...

PEOPLE MAY BECOME DEPRESSED WHEN ADJUSTING TO THEIR NEW ROLE IN THEIR FAMILY OR COMMUNITY.



DEPRESSION CAN ALSO BE CAUSED BY CHEMICAL CHANGES OR DAMAGE TO PARTS OF THE BRAIN THAT CONTROL EMOTIONS.

## WHAT CAN BE DONE ABOUT DEPRESSION?

DEPRESSION IS NOT A SIGN OF WEAKNESS. YOU CAN'T JUST "GET OVER IT". DEPRESSION IS AN ILLNESS.



AEROBIC EXERCISE AND DAILY ROUTINES HELPED ME REDUCE MY DEPRESSION.



EITHER COUNSELING, MEDICATION, OR A COMBINATION OF BOTH CAN HELP SOME PEOPLE WITH DEPRESSION.



IT'S BEST TO TAKE ACTION AS SOON AS POSSIBLE. IF YOU OR SOMEONE YOU LOVE HAS THESE SYMPTOMS, TALK TO YOUR DOCTOR. DON'T WAIT!

## "TEMPER OUTBURSTS AND IRRITABILITY"

AHHH! I JUST GET IRRITATED SO EASILY!!!

FAMILY MEMBERS OR INDIVIDUALS WITH TBI OFTEN DESCRIBE HAVING A "SHORT FUSE" OR A QUICK TEMPER.

STUDIES SHOW THAT 71% OF PEOPLE WITH TBI ARE FREQUENTLY IRRITABLE.



## WHY DOES THIS HAPPEN?

PEOPLE WITH TBI GET ANGRY FOR MANY REASONS...

...I'M FRUSTRATED AND UNHAPPY WITH HOW MY LIFE HAS CHANGED.

...I FORGET THINGS AND CAN'T CONCENTRATE WELL.

...I'M IN A LOT OF PAIN.

...I FEEL ALONE, DEPRESSED AND MISUNDERSTOOD.

...I LOST MY JOB AND A LOT OF MY INDEPENDENCE.

...I GET TIRED EASILY.

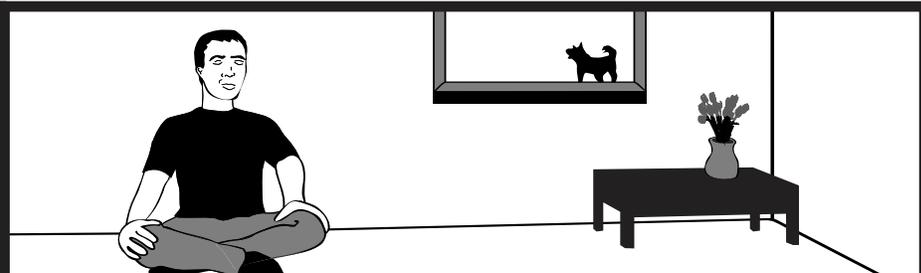
...I HAVE DAMAGE TO THE PART OF MY BRAIN THAT CONTROLS EMOTIONS.



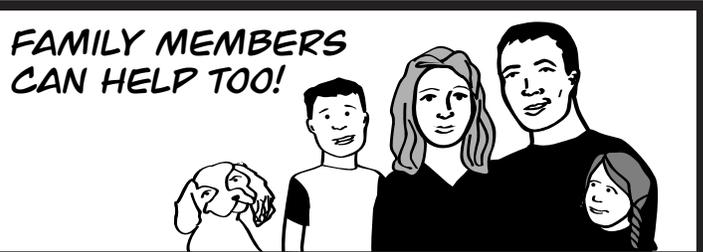
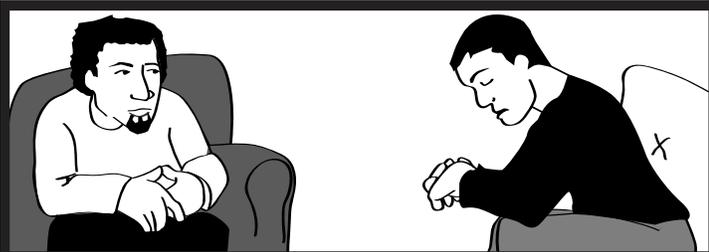
## WHAT CAN I DO ABOUT MY TEMPER AND IRRITABILITY?



REDUCE STRESS AND DECREASE IRRITATING SITUATIONS.



PEOPLE WITH TBI CAN LEARN SOME BASIC ANGER MANAGEMENT SKILLS LIKE SELF-CALMING, RELAXATION TECHNIQUES AND BETTER COMMUNICATION.



**FAMILY MEMBERS CAN HELP TOO!**

COUNSELING, MEDICATION OR A COMBINATION OF BOTH CAN BE HELPFUL WHEN WORKING WITH A DOCTOR.

DON'T TAKE IT PERSONALLY, REMEMBER THEIR ANGER IS DUE TO THEIR INJURY.

MAKE SURE THEY KNOW THAT IT IS NOT OK TO THREATEN TO HURT PEOPLE OR YELL AT THEM.

WHEN THE PERSON IS CALM, SET RULES FOR COMMUNICATION.

DON'T ARGUE WITH THEM WHILE THEY ARE HAVING AN OUTBURST, LET THEM CALM DOWN FIRST.

DON'T GIVE IN JUST TO CALM THEM DOWN AFTER THE OUTBURST IS OVER, HAVE A CONVERSATION.

SOME OTHER WAYS TO CALM DOWN ARE MEDITATION, LEAVING THE ROOM, OR GOING FOR A SHORT WALK (BUT MAKE SURE TO TELL PEOPLE WHEN YOU WILL BE BACK).



**WHAT'S THE NEXT STEP?**

IF YOU OR SOMEONE IN YOUR FAMILY IS DEALING WITH DEPRESSION, ANXIETY OR EMOTIONAL LABILITY...

...TALK TO YOUR DOCTOR AND ASK THEM IF MEDICATION, A PSYCHOLOGICAL EVALUATION, OR COUNSELING COULD HELP.



## MORE ABOUT MEDICATIONS

IF YOU OR YOUR FAMILY MEMBER ARE TAKING MEDICATIONS FOR ANY OF THESE PROBLEMS IT'S IMPORTANT TO WORK CLOSELY WITH YOUR DOCTOR AND BE SURE TO KEEP YOUR FOLLOW UP APPOINTMENTS.



THERE CAN BE A DELAY BEFORE THE MEDICATION STARTS WORKING.

YOUR DOSE MAY NEED TO BE ADJUSTED BY YOUR DOCTOR OR YOU MAY NEED TO TRY DIFFERENT MEDICATIONS BEFORE YOU FIND THE ONE THAT WORKS BEST. EXCEPT IN AN EMERGENCY, DO NOT STOP TAKING THE MEDICATION YOUR DOCTOR HAS PRESCRIBED WITHOUT TALKING TO THEM FIRST.

## PEER SUPPORT AND OTHER RESOURCES



REMEMBER NOT ALL HELP COMES FROM HEALTH CARE PROFESSIONALS!



PEER MENTORING IS WHEN SOMEBODY WHO IS IN THE SAME SITUATION HELPS YOU COPE WITH PROBLEMS THEY MAY HAVE DEALT WITH THEMSELVES.



A BRAIN INJURY SUPPORT GROUP CAN BE A FANTASTIC SOURCE OF PEER SUPPORT; SOME GROUPS ARE OPEN TO PEOPLE WITH TBI OR THEIR FAMILY MEMBERS; OTHER GROUPS ARE OPEN TO EVERYONE.

## AUTHORSHIP AND ILLUSTRATION

This infocomic was written by Silas James and illustrated by Matthew Cory, in collaboration with the Model Systems Knowledge Translation Center.

This infocomic was adapted from the factsheet titled Emotional Problems after TBI, which was developed by Tessa Hart, PhD, and Keith Cicerone, PhD in collaboration with the Model System Knowledge Translation Center (<https://msktc.org/tbi/factsheets/emotional-problems-after-traumatic-brain-injury>). Portions of the factsheet were adapted from materials developed by the University of Alabama at Birmingham TBI Model System, the Mayo Clinic TBI Model System, the New York TBI Model System, the Carolinas Rehabilitation and Research System, and from "Picking up the Pieces After TBI: A Guide for Family Members", by Angelle M. Sander, PhD, Baylor College of Medicine (2002).

**Source:** The content in this infocomic is based on research and/or professional consensus. This content has been reviewed and approved by experts from the Traumatic Brain Injury Model Systems (TBIMS), funded by the National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR), as well as experts from the Polytrauma Rehabilitation Centers (PRCs), with funding from the U.S. Department of Veterans Affairs.

**Disclaimer:** This information is not meant to replace the advice of a medical professional. You should consult your health care provider regarding specific medical concerns or treatment. The contents of this infocomic were developed under grants from the National Institute on Disability and Rehabilitation Research (NIDRR), Department of Education (grant numbers: H133A120028 and H133A110004). However, those contents do not necessarily represent the policy of the Department of Education, and you should not assume endorsement by the federal government.

**Copyright © 2015** Model Systems Knowledge Translation Center (MSKTC). May be reproduced and distributed freely with appropriate attribution. Prior permission must be obtained for inclusion in fee-based materials.

