

“Acting without Thinking” Module

Welcome and Module Overview

This summary reviews the key points discussed in the module on “acting without thinking” following brain injury. It includes some tasks for you to work on. This module focused on the difficulties people with brain injury can have organizing and controlling what they say and do in different situations. Using the ABC model of behaviour change, Ahmed was able to learn why Helima is doing or saying things that are inappropriate or embarrassing to the family. He also learned some strategies to help Helima take control of her actions as well as make changes to the environment, both at home and out and about to help reduce the frequency of Helima’s challenging behaviours.

Your Checklist

Here is a list of the topics we will cover in this summary. Tick these off as you go:

1. Difficulties that arise from “acting without thinking”
2. The Thinking Problems that are associated with “acting without thinking”
 - a. Changes in Communication skills
3. The Psychological Factors associated with “acting without thinking”
4. Examples from Ahmed and Helima and others
5. What Can Families do?
 - a. Encourage self-monitoring techniques
 - b. Provide feedback about the behaviour
 - c. Manage the environment
6. Acting Sexually Without Thinking
 - a. Why does it happen?
7. Summary
8. Your Checklist

1. Difficulties that arise from “acting without thinking”

When the frontal lobes of the brain are damaged, our actions and behaviour are affected. Also, when people with brain injury have to do things that are new or when they are tired, stressed or worried, these become very difficult. One of the difficulties that people have after brain injury is that they often act or say things before thinking them through or worrying about the consequences of their actions. This can lead to risky or problematic behaviour, social difficulties and financial problems.

Below is a list of some of the types of problems acting without thinking causes. Tick those that have been a problem for your family member with brain injury.

- Not being able to stop themselves from doing something that they are thinking about without knowing how it will impact on others
- Saying things that may upset or offend others
- Acting in ways that may upset, offend or hurt others
- Sending emails/texts/letters that are abusive, rude or unjust even if the content is accurate
- Not caring about the consequences of their behaviour or words
- Being banned from certain situations because of what they say or do
- Friends/family not wanting to spend time with them because of concerns about what they might say or do
- Acting/speaking without thinking about the impact this may have for themselves
- Risky behaviour that puts them in unsafe situations
- Loss of finances due to overspending
- Other people thinking that the person is rude and abrupt, which may then cause difficulties:
 - Making new friends
 - Maintaining old friendships
 - Maintaining relationships
 - Forming new relationships
 - In the workplace
- Inability to save money or regulate finances
- Irritability and temper outbursts
- Too familiar with strangers and sharing very personal details
- Asking personal questions that cause discomfort
- Yelling out answers before questions have been completed
- Intruding or interrupting conversations
- Unable to wait patiently for their turn
- Sexual promiscuity.



2. The Thinking Problems that are associated with “acting without thinking”

There are a number of thinking problems that cause or are associated with acting without thinking. These include:

- Not being able to filter out thoughts or ideas that may have a negative impact on themselves or others when having conversations.
- Not being able to stop an impulse even if they know and can say that it is wrong or not a good idea.
- Not being able to remember how the situation turned out last time when they acted without thinking
- Having inflexible thinking: thinking that their opinion is right, being unable to see other people's points of view or not caring about them.

Changes in communication skills can result in:

- inappropriate choices of jokes, comments, questions, or conversations
- misunderstanding social relationships -believing a relationship is closer than it is
- not picking up verbal and non-verbal cues and feedback from others (e.g. not picking up disapproval, dislike or fear)
- awkward expression or inappropriate use of language
- difficulties with social communication skills such as eye contact, social distance, space, and appropriate touching, may also cause social behaviour that makes others feel uncomfortable or threatened.

3. The Psychological Factors associated with “acting without thinking”

When a person with brain injury acts without thinking there can be many negative consequences that affect their relationships and psychological wellbeing. For example, if they do or say something that upsets or offends others, their friends may pull away and spend less time with them. If this continues to become a problem, the person with brain injury may become less confident in social situations and start to avoid spending time with people. This can lead to lowered self-esteem and social isolation.

Another psychological difficulty that can arise when people with brain injury act without thinking is that they often can feel guilty or have remorse when they learn that they have upset or offended someone they care about. If this happens regularly, the person may develop low mood or depression.

4. Strategies for partners & family members

Learn as much as you can about impulsivity and brain injury - the more you understand the more you can respond positively when needed, instead of just reacting negatively and becoming part of the problem.

As with so many aspects of a brain injury, impulsivity often arises when the person is confused or fearful, so predictable daily schedules and routines will help greatly.

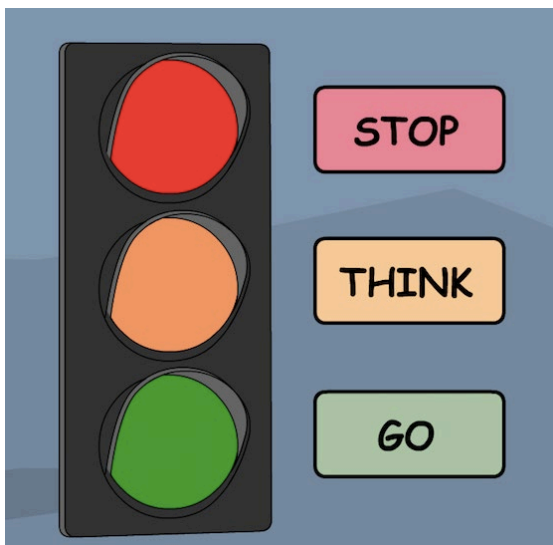
Encourage self-monitoring techniques such as:

- Do I really want to do this, am I ready?
- What are the pros and cons of doing or saying this?
- What will the outcome be?

Encourage the person to develop their listening and social skills again. Role play how to listen, how to introduce new topics and how to politely interrupt two other people talking. Also complete the Module on Social Difficulties and read the supplementary material. These two modules overlap and additional strategies can be found in that module.

If the person engages in attention seeking behaviour such as yelling or interrupting, tell them this is not a good way to get attention and advise on an alternative strategy.

Try to remember it is the impulsivity that is at fault, not your family member. Generally they will not be speaking or acting intentionally to annoy you or hurt your feelings. Separating the person from the behaviour can go a long way to coping with the situation.



Provide feedback about the behaviour

Provide the person with frequent, direct and clear feedback. Feedback should be:

- immediate and early
- direct
- concrete and describe the behaviour
- consistent
- giving direction
- not likely to reinforce or encourage the behaviour
- helpful so the person can learn
- not demeaning or humiliating

- not about imposing your own values

Manage the environment

Some individuals have limited insight and awareness about sexually disinhibited behaviour, and/or very limited capacity to change behaviour due to severe cognitive and behaviour impairments. In this case you may need to find strategies to manage the environment. For example:

- Try to predict situations where the behaviour is more likely
- Work out strategies ahead of time
- Restrict any opportunity to engage in inappropriate behaviour (that is, plan proximity, opportunity and means)
- Limit any "at risk" social activities e.g. crowded clubs or pubs or where alcohol is being consumed
- Provide cues about behaviour - what the person should and should not do - before, during, and after social activities
- Provide alternative activities (e.g. small groups versus large groups)
- Keep a comfortable distance so the person cannot touch, grab or get too close (e.g. when providing personal care).
- Provide supervision and structure
- Provide one-to-one support and supervision in any "at risk" situations
- Provide cues and prompts about appropriate or inappropriate behaviour
- Redirect, distract or divert the person (e.g. more appropriate topics of conversation, or change the activity or task).



5. Acting Sexually without Thinking

Disinhibited sexual behaviour can include:

- sexual conversation or content
- comments and jokes of a personal or sexual nature
- inappropriate touching or grabbing
- sexual propositions
- exposure of genitals in public
- masturbation in a public place
- sexual assault.

Disinhibited sexual behaviour can be defined as a person not following social rules about when and where to say or do something. This means that sexual thoughts, impulses or needs are expressed in a direct or disinhibited way, for example:

- in inappropriate situations,
- at the wrong time
- with the wrong person.

Why does it Happen?

Most people with brain injury do not have increased sexual libido after an injury. In fact decreased sexual libido is more common. There are a number of other reasons for disinhibited sexual behaviour. These can include:

- Decreased awareness and insight, and poor self-monitoring of their own behaviour (e.g. not realising conversation or behaviour is offensive to someone else)
- Impulsivity and disinhibition, resulting in behaviour that is not controlled by the usual social or interpersonal rules
- Thoughts, which are usually private, may be spoken out aloud
- Acting too hastily or on an impulse
- Not thinking about the consequences of behaviour (e.g. impact on relationships).

Much of this impulsive behaviour and lack of self-awareness is particularly common after injury to the frontal lobes which is common after a traumatic brain injury.

Inability to express sexual needs in an acceptable and effective way may mean that:

The opportunity to form or maintain sexual and intimate relationships is reduced even although such relationships are just as important to the persons' identity and self-esteem as to anyone's.

Remember that sexuality is a normal part of life and just because the person has a disability because of their brain injury, does not mean they do not have normal sexual needs.

Encourage the person to access information and advice regarding sexual activity and choices (contraception, STD's, safe sex practices).

Information may be available from:

- Family planning
- General Practitioner
- Rehabilitation services.

Your Checklist

Your tasks to do following this module are:

- Review the Acting Without Thinking module again

- Re-read and print out this module summary (it won't take long!)
- Recognise people with TBI can have problems with saying or doing things without thinking because of changes to the manager of the brain: executive functions
- Recognise why these problems occur: thinking difficulties
- Recognise what can be done to prevent them: changing triggers (antecedents)
- Recognise how to help someone when they act without thinking
- Explore the frequently asked questions and extra resources sections on the website
- Reward yourself for completing this module.

Summary

Congratulations on completing the “Acting without Thinking” module. In this summary we discussed why and how people with brain injury do or say things without thinking about the consequences. We also discussed why these problems can happen, what thinking problems cause them and what are some of the psychological consequences of acting without thinking.

You learned some of the ways you can prevent or change triggers to reduce the likelihood of your family member acting without thinking. You also learned skills on how to respond to your family member when they do or say things that have negative consequences.