ADDRESSING GRIEF AND LOSS AFTER ACQUIRED BRAIN INJURY

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THANK YOU
OBJECTIVES
1. DESCRIBE FACTORS THAT INCREASE GRIEF
2. EXPLAIN THE NATURE OF GRIEF AFTER BI
3. UNDERSTAND HOW TO HELP CONCEPTUALIZE BI

Grief and Loss are Normal
MOST PEOPLE DO NOT SEEK TREATMENT MOST OF THE TIME

GRIEF AND DEPRESSION

GRIEF IS NORMAL AND SHOULD BE AN ANTICIPATED RESPONSE TO LOSS
DEPRESSION IS A PSYCHOPATHOLOGICAL MOOD DISORDER

53.1% met criteria for MDD during the first year after TBI.

23.3% experienced MDD for the first time after the injury.

Only 44% of those with MDD received antidepressants or counseling.


SUICIDE

BRAIN INJURY INCREASES RISK

DEPRESSION PROBLEM SOLVING IMPULSIVE CHEMICAL USE
Epidemiological research in the United States found that people with TBI (all severity levels) had an 8% lifetime rate of suicide attempts, compared with 2% for the population as a whole.

People with severe TBI are four times more likely to commit suicide compared with the general population.

Cited by and Quotes From:


CATASTROPHIC REACTION

POOR PERFORMANCE WITH INABILITY TO FIGURE OUT WHY [NOT ATTRIBUTE TO BRAIN INJURY]

RESULTS IN LACK OF SELF ACTUALIZATION

EXPERIENCE OF BEING UNCERTAIN AS TO WHO YOU ARE

AMBIGUITY AS TO YOUR HISTORY, SKILLS, VALUES

THE PRESENT IS INCONSISTENT AND SCARY

THE FUTURE LACKS ANY KNOWNS AND IS MURKY

PASSIVITY

- WITHDRAWAL
- FLAT AFFECT

MASK CONCERNS

- HIDE ANXIETY
- SUPERFICIAL ACQUIESCENCE
- CONCEAL PROBLEMS

FOUR SYMPTOM PATTERNS

NOT MUTUALLY EXCLUSIVE

OVERWHELMED

- SHAME
- ANXIETY
- HOPELESSNESS
- FRUSTRATION

AGGRESSION

- ACTING OUT
  - (e.g., alcohol/drug abuse)
- HOSTILITY
- RESENTMENT

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### POST TRAUMATIC STRESS DISORDER

- Longing for what was lost
- Crying for what was lost
- Wishing for the time before loss
- Sad at loss
- Dream of not having loss
- Upset by reminders of loss
- Need to talk about loss
- Angry or anxious at loss

**NORMAL GRIEF SYMPTOMS**

### DEPRESSION & GRIEF SEEM SIMILAR

**DEPRESSION WARNING SIGNS**

Almost every day:

- Feel depressed
- Agitated or slow
- Little pleasure
- Noticeable weight change
- Noticeable sleep change
- Worthless/guilt feelings for no reason
- Cannot make decisions/concentrate
- Suicidal thoughts/think of death

**NIEMEIER & KAROL, 2010**

**OVERCOMING GRIEF AND LOSS AFTER BRAIN INJURY**

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**OVERCOMING GRIEF AND LOSS AFTER BRAIN INJURY**
WHY IS GRIEF SO HARD AFTER BRAIN INJURY?

1. CHRONIC CONDITION
2. HEALTH CARE EXPECTATIONS
3. NATURE OF REHABILITATION

BRAIN INJURY IS UNKNOWN
CELEBRITY SPOKESPERSON
TV/MOVIE PORTRAYALS
SILENT EPIDEMIC
ACUTE ILLNESS

NORMAL ONSET TRAD ROLES CURE NORMAL

KAROL 2009

CHRONIC ILLNESS

NORMAL ONSET TRAD ROLES CHRONIC CHRONIC CHRONIC

KAROL 2009

SOCIETY DOES NOT PREPARE PEOPLE FOR CHRONIC CHANGES
FRUSTRATION WITH HEALTH CARE

CARE MODELS

DR. KILDARE
MARCUS WELBY, M.D.
HAWKEYE PIERCE
DR. Mc DREAMY

INSTEAD…
“IT APPEARS THAT EVEN A SMALL AMOUNT OF TRAINING ON ISSUES OF DISABILITY MAY BE ASSOCIATED WITH SIGNIFICANTLY LESS BIAS IN CASE CONCEPTUALIZATION AND TREATMENT PLANNING.”


PROVIDERS FAIL TO MEET EXPECTATIONS
**REHABILITATION GOAL**

FACILITATE FUNCTIONING, NOT CURE INJURY

NIEMEIER & KAROL, 2010

OVERCOMING GRIEF AND LOSS AFTER BRAIN INJURY

**REHABILITATION PROCESS**

REQUIRES ACTIVE PARTICIPATION

**ACUTE CARE**

PASSIVE

DO TO YOU

PARTICIPATION UNIMPORTANT

GOAL: CURE

**REHABILITATION**

ACTIVE

TEACH YOU TO

PARTICIPATION CRUCIAL

GOAL: IMPROVE
TYPICAL MODEL OF GRIEF COPING

GRIEF TENDS TO BE THOUGHT OF AS A PROCESS WITH STAGES
KUBLER-ROSS: DENIAL, ANGER, BARGAINING, DEPRESSION, AND ACCEPTANCE


PERSONAL SYSTEM IS IMPORTANT
UNLIKE DEATH, NO TWO INJURIES ARE ALIKE
PERSON AND FAMILY HAVE PERCEPTION OF INJURY THAT IS OFTEN CRUCIAL

MOBILE MOURNING
UNCERTAINTY IS CENTRAL CONCEPT
EVERYTHING CONTINUES TO SHIFT, EVEN OVER YEARS
HARD FOR OTHERS TO BE ANGRY WHEN PERSON IS STILL THERE
EASY TO GET LEARNED HELPLESSNESS OVERTIME, SINCE DON'T DIE AND DON'T GET CURED

DISTORTED THINKING CAN LEAD TO GRIEF AFTER LOSS
EXPECTATIONS FOR HOW THINGS SHOULD BE LEAD TO GUILT OR ANGER MAKING GRIEF WORSE

KEY WORDS:
SHOULD
SUPPOSED TO
OUGHT TO
HAVE TO
MUST

THOUGHTS AND GRIEF
ORIGIN OF ANGER

EVENT/ACTION OF OTHERS → THOUGHTS: STANDARDS OR EXPECTATIONS → ANGER/FRUSTRATION

ORIGIN OF GUILT

OWN ACTION → THOUGHTS: STANDARDS OR EXPECTATIONS → GUILT

PITFALLS IN THINKING

NEGATIVE SELF TALK
MAKING EVERYTHING MORE AWFUL THAN IT IS
COMPARE YOURSELF WITH OTHERS
UNREALISTIC EXPECTATION:
COMPARE PAST WITH PRESENT

NIEMEIER & KAROL, 2010
OVERCOMING GRIEF AND LOSS AFTER BRAIN INJURY
PEOPLE COMPARE CURRENT PROBLEMS WITH IMAGINED LOST OPPORTUNITIES

IGNORE MISSED DISASTERS AND POTENTIAL FOR GREAT ACHIEVEMENTS

ANTICIPATORY GRIEF
ANTICIPATION OF INJURY EFFECTS THAT MAY OR MAY NOT OCCUR
CAN AFFECT CURRENT BEHAVIOR
DISENFRANCHISED GRIEF
THOSE EXCLUDED CAN HAVE AN EFFECT

GRIEF AMONG OTHERS
YOUNG CHILD OF INJURED PARENT
ADULT CHILD OF INJURED PARENT
PARENT OF AN ADULT CHILD
PARENT OF MARRIED CHILD
PARENT OF YOUNG CHILD
EMPLOYER
PARTNER
SPOUSE
FRIEND
ETC.

POSSIBILITIES
ACCEPTANCE
NOT BOTHERED
INJURY IS NOT A MAJOR CONCERN
HATE IT
INJURY IS AWFUL BUT NOT GOING AWAY BECAUSE THEY HATE IT
SO HATE IT IF THEY WANT AND BE EFFECTIVE

MISTRUST
ANGER AT HEALTH CARE PROVIDERS AND SYSTEM
WORRIED ABOUT BEING CRAZY AND SEEING A THERAPIST
PRE-ONSET ATTITUDES

ADDRESS MISTRUST
* DON'T DEFEND SYSTEM
* THERAPIST ROLE: FLASHLIGHT ANALOGY
* "OWN THE CASE"
* PREPARE THEM: "I'M GOING TO SAY SOMETHING YOU MIGHT NOT LIKE" or "DON'T DECIDE NOW."
* COMBINE ROGERS "UNCONDITIONAL POSITIVE REGARD" WITH "TOUGH LOVE"
PERSON WITH A BRAIN INJURY

LIMITED SUPPORTS...

INTERFERE WITH PARTICIPATION

FOCUS ON CAPACITY, NOT DEFICITS
STRESS RELATIONSHIPS, NOT CONGREGATING PEOPLE
WITH DISABILITIES
CONSUMER DRIVEN, NOT EXPERT DRIVEN

CONSIDER THE INTERDEPENDENCE:
THE ROUTE TO COMMUNITY OR PROSS.
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“INTER-RELIANCE” IS THE NORM

EVERYONE NEEDS HELP

SELF-SUFFICIENCY: MYTH

NO ONE IS REALLY INDEPENDENT

TECHNOLOGY, DRIVING, EATING

SOCIETAL VIEW

VALUING PEOPLE FOR WHO THEY ARE, NOT FOR THEIR ACCOMPLISHMENTS
A MEMBER OF A MINORITY

CONTINUUM OF DISABILITY IDENTITIES

SUPPORT GROUPS

WHO SHOULD USE SUPPORT GROUPS

PERSONS WITH BRAIN INJURY

FAMILY MEMBERS

OTHERS