



The Psychosocial Impact of ABI:

The Brain of the Moment

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The Psychosocial Impact of ABI: The Brain of the Moment

- Identify and describe aspects of living with a brain injury
- Identify and discuss living with the “new normal”
- Identify resources to acclimate living with a brain injury



Medical vs Biopsychosocial Model

- Medical model
 - Narrow focus on medical conditions and problems
 - Problems were intrinsic to the individual (Smart, 2001)
 - Diagnosis driven, emphasized pathology
 - Focus on medical treatments and solutions to control or eliminate the “condition”



Medical Model continued

- Goal – returning the patient to “normal” (Fowler & Wadsworth, 1991; Longmore, 1995; McCarthy, 1993)
- Anyone who needs a cure is therefore abnormal, dysfunctional, or disabled
- Social identity becomes subsumed by the medical label and functional incapacity related to societal norm (Stucki, Cieza, Melvin, 2007)



Challenges of Medical Model

- Difficulty accommodating permanent and long-term chronic illnesses/disability
- Not adequately addressed by service delivery systems
- Relies heavily on measures and tests of the disease process
- Limited emphasize on the patient's experience and subjective reports of health and functioning

Biopsychosocial Model


- World Health Organization (2001) developed new way to classify chronic illness and disability – changed the paradigm
- Classification of *health and functioning* not disease
- First time - emphasis is on the *integration of health conditions and personal, social, and environmental factors*

Biopsychosocial Model

- Disability becomes a social construct:
 - Synthesis of biological, individual and social factors
 - Reflects the interaction between the individual and his/her social and physical environment (WHO, 2001)
 - **The concept of disability is not a problem intrinsic to the person, but is a result of barriers found within the social and physical environment (Peterson & Kosciulek, 2005)**

Psychological and Functional Aspects of ABI

- Experience of health condition and altered functioning
 - Influenced by numerous factors (Teasell & Nussein, 2014)
 - Personal- gender, age, race, coping styles, past experience
 - Social and family relationships/roles, social support
 - Socioeconomic status
 - Culture
 - Environment - physical, social, and political
 - Cognitive changes



Cognitive and Communication Changes

- Lack of awareness of functional implications of the ABI
- Attention, concentration, memory, decision-making impacted
- Communication compromised



Behavioral/Psychological

- Behavioral changes
 - Impulsivity, increased risky behavior, poly drug use (self-medicating)
 - Decreased independence re: self-care or basic needs
- Psychological changes/strength
 - Altered sense of competency, identity, self-concept, and self-esteem (Brewer, et al, 2013)
 - Anger and frustration – emotions right at the surface
 - Mood, emotional lability
 - Perversence



Social and Physical Changes

- Social changes
 - Change in social skills, awareness, reduced socio-economic status
- Physical changes
 - Stamina, strength, mobility, balance
 - Complex skills, motor control
 - Difficulty swallowing,
 - Paralysis or loss of movement, fatigue (both mental and physical)



ADLs and Personal Goals

- Activities of daily living
 - Daily living, recreation, school and work all change
- Personal goals
 - Return to work, family roles, social involvement

Potential Emotional Reactions

- Fear and anxiety
- Grief
- Anger
- Depression
- Guilt
- Denial
- Regression



Fear and Anxiety

- Fear and anxiety
 - Loss of function
 - Loss of independence/control
 - Loss of financial security
- Grief and loss
 - Degree of loss – function, role, social status, ability to work



Anger and Depression

- Anger
 - At self and others
 - Injustice at inadequate or non-existent care
 - Victim or blame themselves –dependent on nature of injury and sociological response
- Depression
 - Feelings of helplessness, hopelessness, apathy, dejection, discouragement (Katon, et al, 2010)
 - Unresolved/untreated depression can result in self-destructive behaviors



Guilt

- Self-criticism or self-blame
- Concern re: family role and increased burden on family
- Family dynamics of resentment and anger of loss of person's role in their lives
- Implications for women

Coping Strategies

- Denial
- Regression
- Compensation
- Rationalization
- Diversion of feelings
- HUMOR




Denial and Regression

- Denial
 - Negates the reality of the situation
- Regression
 - Revert back to earlier stage of development
 - Increased dependence
 - Increased passive behavior
 - Increased emotionality not expected at developmental level




Compensation and Rationalization

- Compensation
 - Works to become stronger or more proficient in another area
 - Question if the new behaviors are self-destructive or socially unacceptable
- Rationalization
 - Finding social acceptable reasons for behavior
 - Uses to excuse themselves for not reaching goals or accomplishing tasks



Diversion of Feelings

- Divert feelings of anger or hostility about circumstances into positive activity



Recovery and Moving Forward: What's Working and What's Not

- Information re: resources and supports from the BI community
- Building identity, roles and relationships (Nauert, nd)
- Optimizing functional abilities and societal roles
- Multi-disciplinary team approach needed
- Assistance with supporting family/significant others' reaction to changes
- Access to assistive technology, as needed
- Option to return to work with modifications, as needed, to reclaim sense of self, productivity, improve socio-economic status and role within family, and maintain access to health care

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