Brain Injury Training Manual

Violence and Aggression in the Context of Brain Injury Session

NeuroTriage CIC















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Materials Required:

* Sign-in sheet
* Feedback sheets
* Flipchart and pens
* Power-point presentation
* Laptop
* Handouts:
  + Power-point slides
  + Angry Cogs Handout
  + Five Systems Handout
  + Cycle of Anger Handout
  + Impacts of violence and aggression activity sheet

Welcome and Session Overview (5 minutes)

*Introduce facilitators, the organisation they are representing (including referral process).*

*Ask people’s names (if group small enough).*

*Go over aims and overview of the session.*

Session Aims

* To gain an understanding of violence and aggression in the context of brain injury.
* To gain knowledge about what can cause an individual experiencing a brain injury to display violent or aggressive behaviour.
* To gain an understanding of the impacts of violence and aggression on an individual and those around them.
* To gain an understanding of what services can do to help reduce and respond to violence and aggression in the context of brain injury.

Overview of the Session

* This is a one-hour long violence and aggression in the context of brain injury training session.
* This aims to give you an overview of the potential causes of violent and aggressive behaviour in the context of brain injury, how these behaviours can impact individuals and those around them and how we can help.
* This will cover:
  + What is violence and aggression?
  + How does brain injury contribute to violent and aggressive behaviour?
  + How do violent and aggressive behaviours impact an individual and those around them?
  + How can services help to reduce and respond to violence and aggression in the context of brain injury?
  + Resources and further sources of information.

*Does anyone have any questions before we get started?*

Introduction to Violence and Aggression in the Context of Brain Injury (15 minutes)

What is violence and aggression?

Violence and aggression are two different things, but they can be linked. The term violence has been defined as a behaviour involving physical force intended to hurt, damage or kill someone or something. Whereas, the term aggression has been defined as feelings of anger or antipathy resulting in hostile or violent behaviour; readiness to attack or confront. Therefore, feelings of aggression may lead to violent behaviours but they can occur independently of each other.

Violence and aggression usually stem from feelings of anger, although anger doesn’t always lead to aggression and violence. If manged effectively anger is a healthy emotion to experience. However, when angry emotions are not managed and regulated these can lead to aggression and violence.

There are different forms of aggression, these include:

* Aggressive language
  + I.e. threats of violence, hostile responses, swearing and shouting etc.
* Aggressive body language
  + I.e. threatening or intimidating posture, mimicking violent actions, gesticulating etc.
* Aggressive actions
  + I.e. slamming doors, banging items, taking things without asking first etc.

There are different forms of violence, these include:

* Physical assault
  + I.e. hitting, kicking, slapping etc.
* Physical damage
  + I.e. smashing property, breaking windows, throwing objects etc.
* Use of weapons
  + Using weapons to injure or damage someone or something.

The areas of our brain that are thought to be associated with violence and aggression are the frontal lobe and limbic system. These areas are associated with emotion and behaviour management, therefore, any damage occurring to these areas of the brain will make it more difficult to manage and regulate emotions and resulting behaviours. Anger is the most common emotion experienced following a brain injury, these feelings of anger can lead to aggression and violence in some situations.

Impacts of brain injury on violence and aggression

The effects that a brain injury has upon an individual’s potential to display violence and aggression will depend upon the type of injury the individual has sustained. As with any brain injury, the effects will be different for different people, however, there are some similarities.

Individuals who have experienced injury to their frontal lobe or limbic system (located in the temporal lobe) may have trouble regulating their emotions and behavioural responses to these emotions. This can include managing feelings of anxiety, anger, stress and frustration. The frontal lobe is responsible for organising and planning actions and disruption to this area can mean daily tasks can be harder to do, increasing feelings of stress, frustration and anger. Increasing levels of anxiety can trigger the fight/ flight/ freeze response, meaning an individual may feel more threatened and ready to respond with aggression to escape the situation. The combination of these increased feelings and decreased mechanisms of managing these mean that aggressive and violent responses may be more likely.

*What do you think the impacts of violent and aggressive behaviours may be on someone’s life? - Ask group members to shout out answers and add these to flipchart.*

Experiencing aggressive and violent behavioural responses can cause different impacts for an individual. It can affect different aspects of individual’s life such as:

* Emotions – depression, shame, guilt, etc.
* Relationships – breakdown of relationships with relatives, friends, colleagues etc.
* Self-esteem – due to their changing sense of self.
* Identity – responses may be out of character for the individual.
* Social life – due to anxiety, self-esteem and relationship difficulties.
* Housing – due to relationship breakdown, issues with neighbours or housing providers.
* Employment - due to issues with colleagues, incidents in workplace etc.
* Legal – Involvement with police/ criminal justice system due to violent/ aggressive behaviour.

*Introduce video clip on experiences of anger resulting from a brain injury:*

<https://www.youtube.com/watch?v=Xs8yqmOpmG0>

*Start at 3.24 until the end.*

*Discuss any reactions to the clip:*

* *Did you notice any ways in which anger had led to violence and aggression?*
* *Did you notice any ways in which this impacted the life of the individual in the clip?*
* *How did these experiences make the individual feel?*
* *Was the individual aware of how his behaviours affected other people?*
* *Did you identify any ways that the individual had learned to cope with these impacts and feelings?*

Small Group Discussion (10 minutes)

*Ask group members to get into pairs or small groups to discuss their responses to the following questions: - 5 minutes*

* *Are there any assumptions people may make regarding an individual’s aggressive/ violent behaviours?*
* *In what ways do people usually react based on these assumptions?*
* *What situations usually make us react in an aggressive/ violent manner?*
* *Do you think that the above situations will trigger similar responses for individuals experiencing a brain injury?*
* *How do you usually control your aggressive/ violent responses?*
* *Do you think it will be more difficult for an individual experiencing a brain injury to control these responses?*
* *How would you feel if you were unable to control your responses to the situations above – especially if other people made the same assumptions as discussed?*

*Then ask group to come together to feedback as a larger group. - 5 minutes*

*Prompts for questions:*

* *That they’re behaving this way on purpose and want to be seen as aggressive and or violent!*
  + *I.e. “she acts that way to get what she wants” or “he wants people to fear him”.*
* *Usually either try to avoid or challenge the individual.*
  + *I.e. try to avoid conversation/ ‘tip-toe’ around them or confront the individual; “who do you think you are speaking to me like that” or responding with equally aggressive/ violent behaviour.*
* *There are several situations that can make us all display aggressive/ violent behaviours.*
  + *I.e. defending ourselves/ loved ones, when we feel threatened/ scared, when driving (road rage), when treated unfairly, to vent our emotions etc.*
* *Yes – this is the same for individual’s experiencing a brain injury. Due to their difficulties in inhibiting responses it is much harder to manage these situations and emotions. Therefore, situations that may seem manageable to us may not be to an individual experiencing a brain injury. When combined with other difficulties experienced by individuals experiencing brain injury, such as memory difficulties, reduced processing speed, speech difficulties etc. feelings of anger, frustration and anxiety are more common, leading to more opportunities for these emotions to lead to aggressive and violent reactions.*
* *Most commonly people would feel embarrassed, frustrated and guilty, not being able to control your response to a situation can be incredibly frustrating, especially when people think that you reacted that way on purpose. Seeing the consequences of your actions afterwards can create feelings of guilt and shame, particularly when someone has been injured as a result. Having to face the legal consequences of these actions also brings with it feelings of embarrassment, shame and guilt.*

How can we help with Violence and Aggression in the Context of Brain Injury? – 15 minutes

How should we respond?

*How do you think it would be helpful to respond to an individual who is experiencing aggression or violence because of a brain injury? - Ask group members to shout out answers and add these to flipchart.*

*The way in which we respond can make a big difference to someone who is experiencing aggressive or violent responses. By adapting our communication and responses, we can reduce frustration, improve understanding and remove barriers that may be preventing someone from engaging with the service.*

*Some useful tips for responding to aggressive or violent responses due to a brain injury include:*

* Keeping calm – All skills work best when we are calm, as anger increases it can affect information processing, memory and speech. This can increase frustration and anger potentially leading to aggression or violence. By maintaining a calm environment these effects are less likely to occur.
* Allowing space – Allow the individual space to calm down, if they walk away do not follow them to continue an argument. Allowing physical distance from what caused their anger provides them with the opportunity to calm their body and thoughts before acting on them.
* Allow time – be patient and allow the individual time to think things through before they respond. Rushing an individual can increase their frustration potentially leading to anger, aggression and violence.
* Avoid arguing – Make a conscious effort to be calm and speak gently even if you think they are wrong.
* Encourage them – If they seem angry acknowledge this and remind them to use strategies that help them to keep calm.
* Remove yourself – If the anger is being directed at you then remove yourself from the area. Explain that you are leaving because you think it will help them calm down rather than just walking away.
* Don’t take it personally – Remember that this is a common effect of brain injury.
* Direct attention – Try to gently direct their attention away from the source of their anger/ frustration.
* Avoid triggers – Help the individual to understand their triggers and how they can avoid these.
* Be patient – Observe what can trigger their responses as it may not always be obvious.
* Use strategies – Use any strategies that the individual has developed to identify potential triggers and have plans in place to manage these.

*It is possible for an individual to develop and use strategies to identify and manage situations which may trigger their aggressive or violent responses.*

*How do you think we can help an individual experiencing aggressive and violent responses because of brain injury to identify and manage situations? - Ask group members to shout out answers and add these to flipchart.*

*Some useful tips for identifying and managing aggressive or violent responses due to a brain injury include:*

* Write it down
  + Ask the individual to write down how they are feeling when they are angry/ frustrated. They can then discuss this with someone they trust later to identify why they felt that way, what they did and what they could do to prevent it in the future.
* Relaxation
  + Ask the individual to think of ways to calm themselves down such as listening to music, writing a poem, doing relaxation exercises or practising breathing techniques.
* Who helps?
  + Ask the individual to think of someone who normally calms them down and ask what they might say if they were here?
* What helps?
  + Ask the individual to think of a special, calming place, piece of music or picture.
* Thoughts
  + Remind the individual just how powerful thoughts can be. Remind them that thoughts are automatic and something they really believe, so can cause anger when there is no real reason.
* Interpretations
  + Remind the individual that it’s only their interpretation of the trigger that makes them want to react. They may be right, but always consider the interpretation first.
* Self-monitoring
  + Ask the individual to notice how tense or angry their body is feeling, then relax and feel the difference. This can help measure how angry they are feeling.
* Warning signs
  + Ask the individual to notice signs of their anger, e.g. clenched fists/ jaw, shoulders rising, breathing faster etc. Ask them to remove themselves from situations when they notice these signs.
* Record
  + Ask the individual to write down techniques that have worked and what is helpful for them to use in the future.
* Rate it
  + Ask the individual to rate their anger on a thermometer scale when they are close to potential triggers.
* Prompts
  + Agree on prompts or signs to use when they are getting angry, to manage the situation before it becomes a problem.

Assault Cycle

By being aware of the different phases of the assault cycle we can identify when situations are likely to escalate, when best to employ strategies such as de-escalation techniques to avoid assaults, and how to manage post-crisis situations.

The different phases of the assault cycle are:

* Trigger phase:
  + An event which is deemed as a serious threat to the individual and starts a series of angry reactions.
  + The individual’s baseline behaviours will begin to change, and they may appear upset, angry, withdrawn or demanding.
* Escalation phase:
  + The individual becomes clearly agitated.
  + Adrenaline is released and the individual’s ability to think and respond rationally may be affected.
  + At this point it is unlikely that an individual will be able to respond to calming and de-escalation strategies as they are preparing for fight or flight.
* Crisis Phase:
  + The individual demonstrates violent acts against the perceived threat.
  + It is unlikely that interventions to de-escalate or calm the individual down will be successful at this stage.
* Recovery Phase:
  + The individual returns to baseline behaviour.
  + The confrontation is thought to be over, however, this may only be temporary as adrenaline remains in the system for at least 90 minutes.
  + The crisis phase can re-occur in this stage, particularly if an inappropriate intervention is attempted.
* Post-Crisis Depression Phase:
  + The individual’s ability to think clearly is returns at this stage and they may experience fatigue, depression and guilt.

De-escalation Techniques

By employing de-escalation techniques at an appropriate time within the assault cycle, this can reduce the likelihood of assault/ violence occurring.

The most effective time to employ these techniques is during the trigger phase, as the individual is more receptive to interventions as adrenaline has not been released and the individual is able to think more rationally.

De-escalation techniques that can be useful in the trigger phase include:

* Assess – Assess the emotional state of the individual.
  + How are they feeling?
  + Are they under the influence of drugs or alcohol?
* Identify – Identify triggers.
  + What has caused the situation?
* Reassure – Reassure the individual to reduce any anxiety.
  + Explain what you will do but do not make promises.
* Talk/ listen – Speak calmly and actively listen to the individual, empathise and check understanding.
* Problem solving – Try to resolve the issue once you have understood it.
  + Explain what you will do, when you will do it and how you will keep them updated on the progress.
* Communication – Be aware of your communication both verbally and non-verbally.
  + Maintain appropriate eye contact.
  + Speak clearly.
  + Open body language and non-threatening stance.

Anger Formulation

Once an individual has managed the post-crisis depression phase of the assault cycle, it may be helpful to collaboratively formulate their anger and responses. This will help to identify causes for their behaviour and ways of managing this more effectively in the future to prevent it escalating to a point where violence or aggression occurs.

Some examples of formulation templates include:

* Vicious cogs of anger
* Five systems formulation
* The cycle of anger

Each of these formulation templates provide a diagram that can be worked through with the individual to draw a shared understanding of why the incident occurred. Once this has been identified then finding a way of breaking the cycle can be discussed and techniques employed at an appropriate stage to avoid these behaviours in the future.

*Give out handouts for each of the formulation templates.*

Activity - 10 minutes

*Ask group members to get into pairs. Give out impacts of violence and aggression activity sheet, ask the pairs to complete the impacts to the individual, impacts to those around them and wider impacts based on the situations listed - 5 minutes.*

*Feedback to larger group – complete a larger version of the activity sheet on flipchart using people’s answers. Get reflections on how they found the activity and how these situations and responses can have a much larger impact than on the individual alone.*

* *Potential answers:*
  + *Situation 1:* 
    - *Individual – Feel embarrassed and ashamed afterwards.*
    - *Others – People in the shop may feel threatened, upset or offended by language.*
    - *Wider – The shop may ask security to get involved and the individual may no longer be welcome in the shop.*
  + *Situation 2:*
    - *Individual – Feel guilty, ashamed and may damage the relationship with their partner and children.*
    - *Others – Partner and children will feel upset, hurt and threatened.*
    - *Wider – This could cause a family breakdown, it may be reported to the Police or Social Services and have long-term effects on the family.*
  + *Situation 3:*
    - *Individual – Physical injury, feel guilty and ashamed and may lead to legal repercussions.*
    - *Others – Physical injury to the other person ranging in severity including death, other people in the pub (including friends) may feel threatened, anxious and distressed.*
    - *Wider – Legal repercussions including involvement of Police and Criminal Justice System, impact of rest of family, career and relationships.*
  + *Situation 4:* 
    - *Individual – Feel guilty, ashamed, embarrassed and could lose their job leading to financial implications.*
    - *Others – Colleagues and boss could feel threatened, anxious and distressed.*
    - *Wider – Loss of job can lead to financial and housing problems which could impact family. The distress caused to others could have a negative impact in the workplace.*
  + *Situation 5:*
    - *Individual – Physical injury, feel remorse, guilt, ashamed and legal implications.*
    - *Others – The other driver could be physically injured, witnesses including family could be distressed, feel threatened and anxious.*
    - *Wider – The other driver may be too traumatised to drive again, impacting their independence and daily life. Legal implications including involvement with Police and Criminal Justice System.*

Summary and Close - 5 minutes

What we covered today

Today we have looked at:

* What is violence and aggression?
* How does brain injury contribute to violent and aggressive behaviour?
* How do violent and aggressive behaviours impact an individual and those around them?
* How can services help to reduce and respond to violence and aggression in the context of brain injury?

Further Resources

Further sources of information:

* Headway website: <https://www.headway.org.uk/>
  + Information library: <https://www.headway.org.uk/about-brain-injury/individuals/information-library/>
  + Factsheet on managing anger after brain injury: <https://www.headway.org.uk/media/3994/managing-anger-e-booklet.pdf>
* Brain Injury Toolbox Guide: <http://www.braininjurytoolbox.com/bi/Brain%20Injury%20101%20Guidebook.pdf>
* Formulations:
  + Angry Cogs diagram: <https://www.getselfhelp.co.uk/docs/models/AngryCogs.pdf>
  + Five systems diagram: <http://depressioninnewdads.com/wp-content/uploads/2015/07/DND-Worksheet-1-5-areas-formulation.pdf>
  + Cycle of Anger diagram: <https://www.therapistaid.com/worksheets/cycle-of-anger.pdf>

Further sources of support:

* Health:
  + GP services
  + Adult Neuro/ Community Rehab Services
* Local Authority:
  + Social Services
  + Housing
* Carer’s Support:
  + Carer’s Trust
* Legal Support:
  + Citizen’s Advice Bureaux

Questions

*Ask group members if they have any questions.*

Feedback

*Give out feedback questionnaires regarding today’s session and ask group members to provide feedback on what they found helpful/ unhelpful and ask if there is anything they would change. Highlight the importance of feedback as this is how training can be shaped and improved for future sessions.*

Session End