

Neuro behaviour in the community -
How to involve clients and treating teams
in cohesive team working

ABIL Presentation
14th March 2017

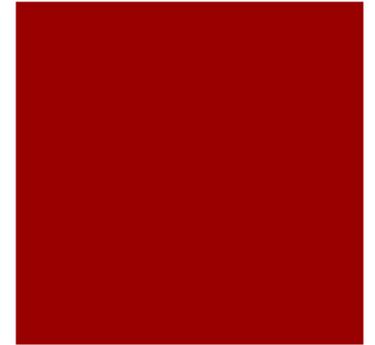
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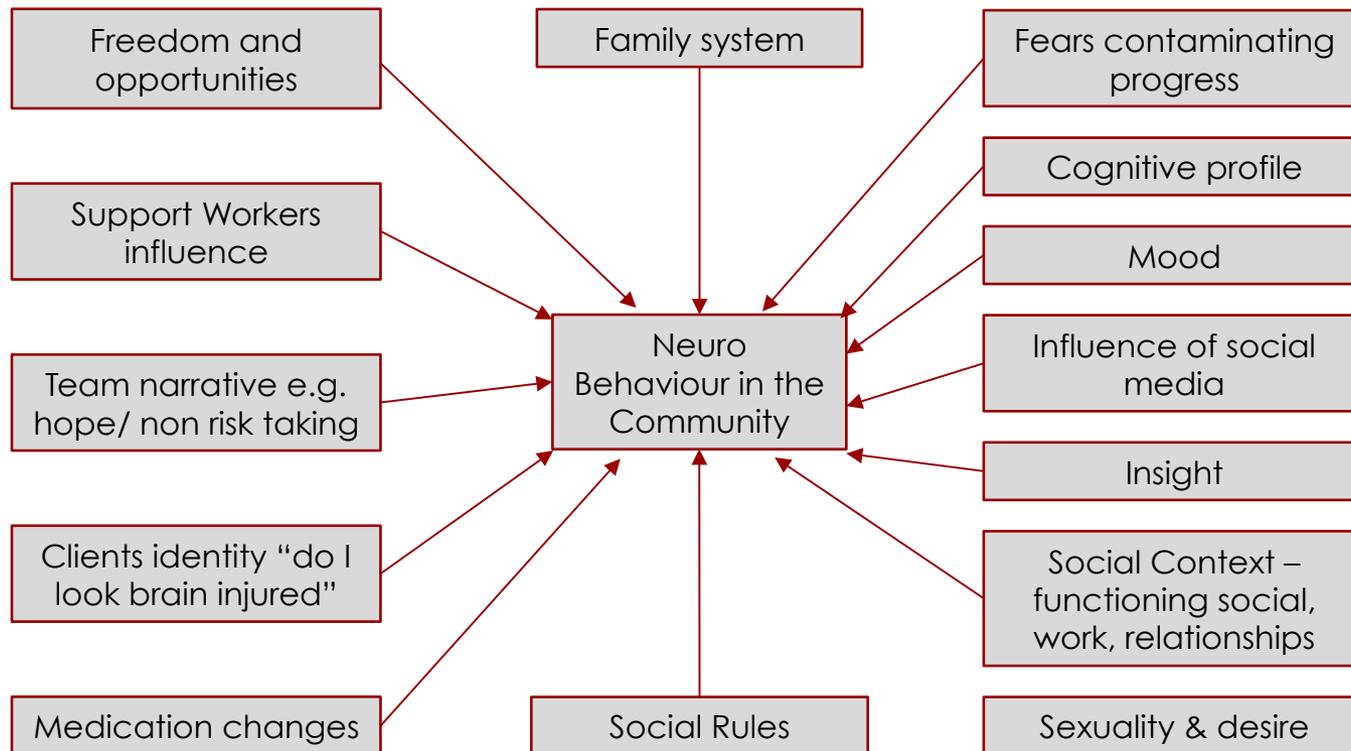


Objectives



- Describe emotional self control
- Impact on everyday life in the community
- Vignette
- Multi-factorial formulation of inappropriate laughter in the community
- Intervention approaches
- Narratives – treating team beliefs & individual differences
- Where is the joy? Transformation
- Conclusions

What to consider?



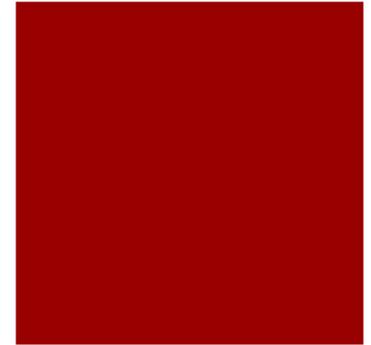
The mechanics of emotional self control



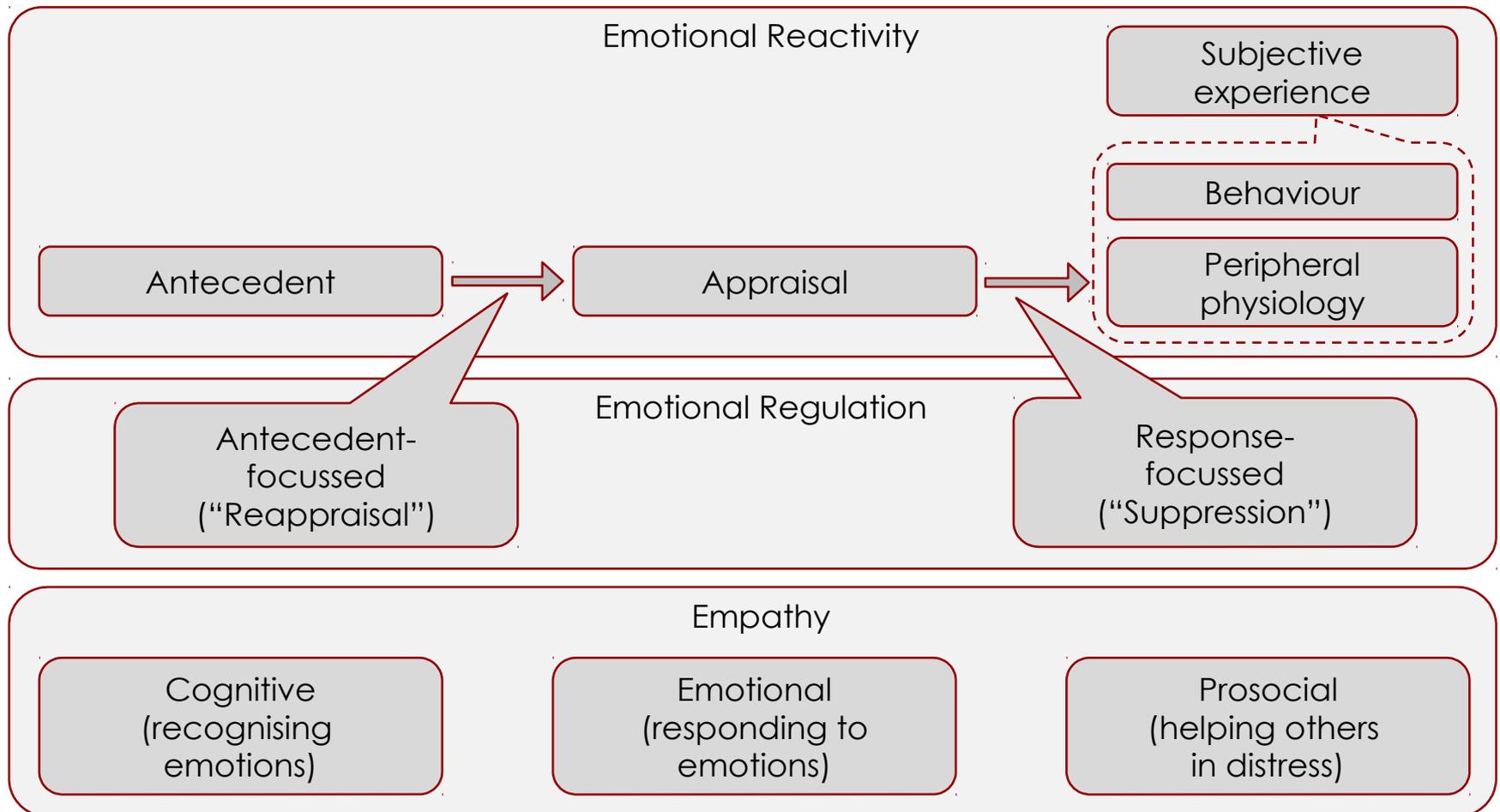
- Emotional regulation “the process by which people influence their emotional experience and expression” (Gross, 1998)
- Link to understanding of self-control over affective processes.
- Explicit & intentional OR implicit & unintentional.
- Focus on clients who are required to actively regulate their emotional experiences and expressions.

Important structures to consider

- Right Ventro-Lateral Pre Frontal Cortex (rVLPFC)- self control and emotional suppression.
- Other prefrontal regions
 - Medial PFC
 - Anterior Cingulate Cortex (ACC)
 - Dorso Lateral PFC
 - Subcortical structures including amygdala
 - Sometimes Left VLPFC active but not as often as right.



Emotional processes



Impact on everyday life



- Community goals –
 - Voluntary work or employment
 - Maintaining and forming relationships and friendships
 - Leisure activities e.g. gym, book clubs, restaurants, night clubs
 - Shopping
 - Longevity, needing to cope in the long term
 - Behaviour does not happen in isolation
 - Sudden behaviour change

Intervention

- Identification of bodily sensations
- Labelling of emotions
- Cognitive appraisals
- Antecedent focused vs Response-focused
- Individual work plus team involvement
- Client involvement in the writing of guidelines.
- Situational feedback e.g. others smiling or not.
- How to transfer learning from consulting room to community



Importance of cognitive appraisals



- Acquired brain injury can predispose to seeing others behaviour as intentional or hostile (Neumann et al. 2016)
- Can increase likelihood of angry responses.
- Cognitive Bias “They can tell I’ve got a brain injury”
- Attentional focus on self rather than situation and others.
- Intervention - target the bias first.

Inappropriate comments

- What the social rules are for a situation or setting or relationship or friendship
- How to and when to inhibit saying something or doing something which might be inappropriate.
- Difficulty reading facial expressions/voice tone change
- Difficulty recognising jokes/sarcasm
- Understanding of non-verbals/gesture

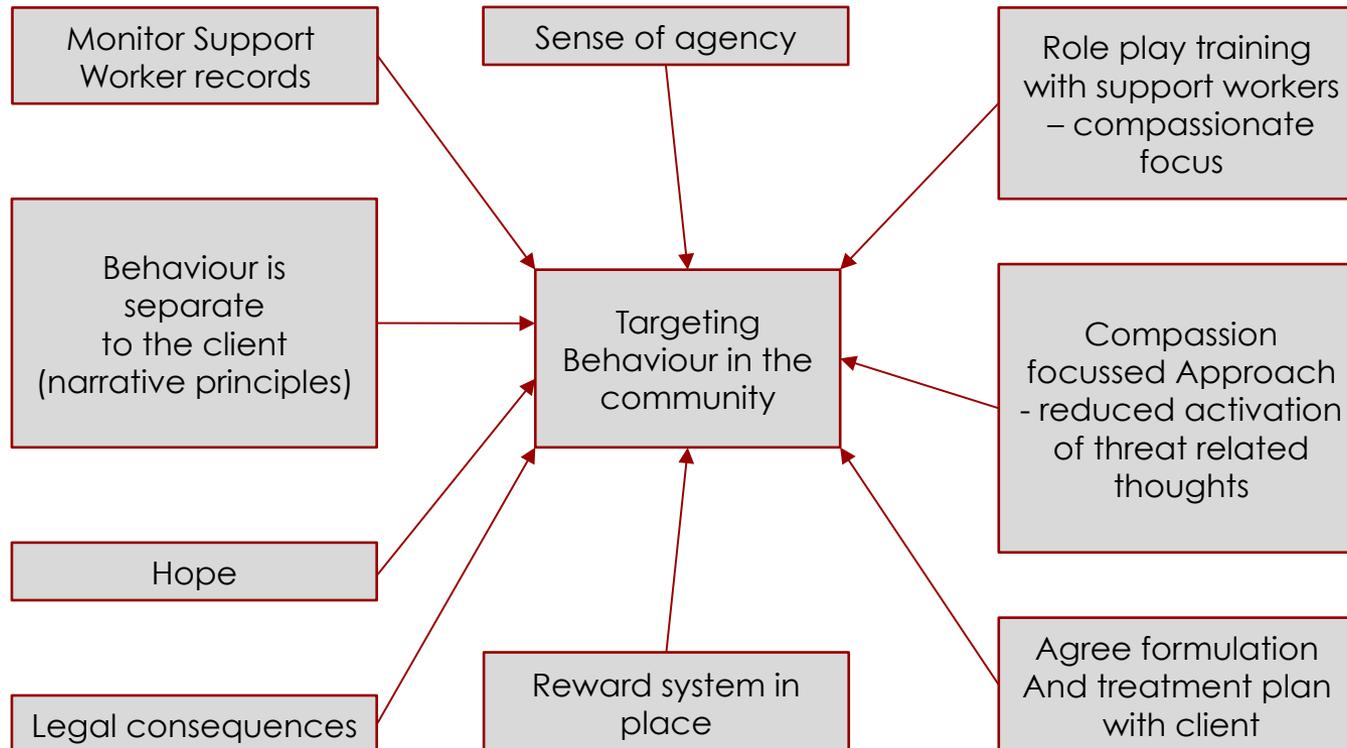


Prevention & Management



- Train support workers in exploring cognitive appraisals.
- Based on a trusting working alliance
- Use individual sessions to model to support workers
- Train support workers to explore bodily sensations, thoughts and feelings.
- Yellow/red card system for clear identification of inappropriate behaviour. Used specifically.
- Training provided to support workers to debrief client. Link to life goals.
- Outcome

Key Considerations



Risk in the community

- Legal issues
- Impact on ability to stay in the country
- Causing offence to general public
- Risk of harm to self or others due to aggravating others or behaviour causing distress.
- Impact on daily activities, work, leisure, relationships.



How can we enable change in the community?



- Clear link to longer term goals e.g. marriage/family/job. Use steps to achievement.
- Goals written in clients words e.g. “I would like to go on a date, more than one with the same person”
- “I would like to have a conversation with a group of people in the pub without laughing at the wrong time”.
- Small cohesive support worker team.
- Support Worker training by treating team, and ongoing coaching.
- Clear formulation shared with team.
- Clear guidance provided to team to ensure consistent approach.

Narratives within the treating team



- Gender, cultural and many other differences in treating team impact expectations and appraisals of behaviour and communication (use of supervision)
- Fear of taking risks and limit setting – potential worst case scenario outcomes (risk assessments)

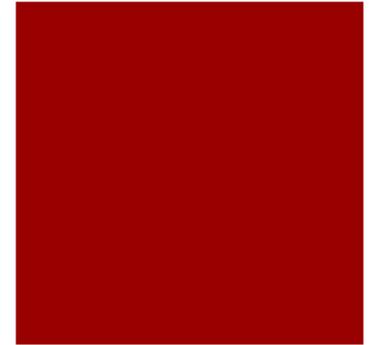
Transformation



- How much can we accept change in behaviour?
- Can we embrace any elements of the consequences of TBI?
- Overwhelming joy – emotional dysregulation and happiness....is this a transformation I don't want to change? Collaborative working with clients.
- Redefining the self/emergence of a new self post TBI
- Identifying the purpose of being

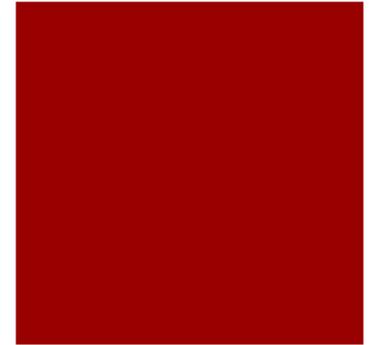
Conclusions

- Activation of compassionate emotions
- Importance of cognitive appraisals.
- Antecedent control plus emotional recognition
- Close intensive team working
- Client sense of agency
- Ongoing collaborative formulation
- Link to life goals



Literature

- Compassion Focused Therapy After Traumatic Brain Injury: Theoretical Foundations and a Case Illustration. Ashworth, F; Gracey, F & Gilbert, P. (2011) Brain Impairment 12 (2) pp.128-139.
- The Influence of Personal Emotional Awareness on Aggression After Brain Injury. Neumann, D. Hammond, F., Malec, J. (2016) Archives of Physical Medicine and Rehabilitation 97 (10), p.23.
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Questions ?



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