

The Child Brain Injury Trust is a national charity supporting anyone affected by childhood acquired brain injury. The following information has been developed to help the reader understand more about brain injury and some of the associated issues. Every effort has been taken to ensure the information is accurate and up to date.

The following E-Learning sessions which families and some professionals can access free of charge may also be beneficial:

[Understanding Childhood Acquired Brain Injury](#)

[The Realities of Socialising Difficulties](#)

[Sleeps Issues Following Childhood Acquired Brain Injury](#)

[Transition to Adulthood](#)

[Sexuality and Relationship Transitions](#)

Changes in Behaviour

Changes in behaviour after an acquired brain injury (ABI) may not be the first thing a parent or carer notices in their child but it is these changes, if and when they occur, which many parents find the most difficult to cope with.

First of all it is important to realise that most behaviours are normal and appropriate at some time in a child's life. However, the changes in behaviour after a brain injury may be subtle or an exaggeration of a child's behaviour before the brain injury. Sometimes a child's behaviour may not change at all.

Ways of looking at changes in behavior:

Behaviour difficulties can sometimes be described as "positive" or "negative".

Examples of "positive" behaviour difficulties are when there is excess or a distortion of normal function, such as:



- Frequent irritability, anger and temper tantrums.
- Increased distract ability along with poor attention and concentration, which can be mistaken for attention-seeking behaviour.

- Impulsive behaviour causing accidents or untidy work at school.
- ‘Disinhibited behaviour’ - children may speak or do something without thinking because they have mistaken or ignored the consequences, causing them to become immediately upset or embarrassed. This is not about being naughty, but about being unable to stop themselves. This can give rise to all sorts of difficulties, particularly, if the behaviour is sexual.

Being unable to see another person’s point of view or understand how others may feel so that the child becomes very argumentative and appears uncaring.ⁱ

“Negative” behavioural difficulties are when there is a loss or reduction of normal function, such as:



- Loss of “get up and go” - sitting around all day.
- Not being able to start anything. Children may keep asking what to do and fail to initiate or get started with anything, from getting dressed to doing their homework to doing something they usually like.
- Losing interest in anythingⁱⁱ.
- Losing the ability to focus on something in school.
- Finding it hard to take things in, such as instructions, so that they forget what to do etc.

There may be a wider effect to these changes in behaviour. Children may have difficulties with friendships because of the way they behave. Some children may find it easier to relate to younger children or be with older children who "look after" them. Some children might not pick up on the subtle social rules that are around us every day. Some children give away private information or ask inappropriate questions. All of these things might make it difficult for a child to ‘fit in’ and things can be misunderstood.

Causes of behaviour difficulties

One important thing to bear in mind is that there is very rarely just one cause for any behaviour, so simple solutions often do not work. The reasons behind a particular kind of behaviour can be as varied and complicated as the behaviour itself. Our brains are the most sophisticated part of our bodies and an injury to it may be just as complex. As well as this, behaviour is influenced by circumstances and experiences and these will be different for everyone.

Problems may occur: as a direct result of a brain injury

- Because children begin to think and feel differently about themselves
- Because adults and other children are behaving differently towards them following the brain injury. For instance, if parents are feeling anxious, depressed or overburdened because of what has happened, children will pick up on this and may react.
- Because the environment they are in affects them, for example noisy environments like swimming pools, or family gatherings, or flashing lights at a disco/party.

Children may be seen as 'naughty' and their parents may feel unfairly judged by others and this is very hard for parents to cope with. If children are misunderstood, and thought of as 'naughty', there is the risk that their challenging behaviour may increase. The key is in communication. The more people know and understand about a child and their particular strengths and difficulties, the easier it should be for everyone.

Where do these behavioural difficulties come from?

Individual behaviour is not just a matter of electrical signals flying around the brain. Sometimes, behaviour has a specific purpose and it is often a way of communicating feelings. It can offer clues about what's going on beneath the surface. Children may realise certain behaviour gets them attention. They might display certain behaviour to avoid a situation they find challenging or confusing. A child's environment may also be an important factor. If a child is sensitive to noise, for instance, there may be an increased likelihood of challenging behaviour in noisy situations. It's also important to consider the emotional difficulties many children with an acquired brain injury experience. They may feel anxious, depressed, frustrated or 'down on themselves'. Some children may be experiencing grief or trauma. Children may also be struggling with fatigue or their sleep patterns. They may be uncomfortable, in pain, or experiencing side effects from medication. All of these things have an impact on a child's behaviour (as they would an adult's behaviour!).

So what can parents do?

There are many things which parents can do to help, although it is easier to give advice than to put it into practice. Essentially look at what the behaviour means to the child, what rewards they get from it (even if negative) and what sets things off. It may not always be easy to spot what behaviour is the result of an acquired brain injury and what isn't. But it may be helpful to think about some of a child's challenging behaviour as part and parcel of their injury.

Here are some ideas:

- Try talking to your child and finding out "what is wrong". Psychologists talk about the importance of understanding the person. What things does the child struggle with? What motivates them? Of course

this isn't always easy in real life. But considering these things may make a difference. For instance, they may feel left out socially and feel sad, so show this sadness through difficult behaviour

- Evidence suggests a supportive, positive family environment can make a difference to a child's progress. A family's attitude to their circumstances can be an important influence on the child. A positive, realistic approach may well be helpful for everyone.
- Being positive towards the child themselves can also be useful in 'reinforcing' good behaviour rather than focussing on what is difficult behaviour (easier said than done). Praising a child when they are good can go a long way.
 - Be specific about what the praise is for. For example: "You picked up all your clothes without being asked – that's great".
 - Try to give praise as soon as possible after the good behaviour.

Try to reward the behaviour, rather than the child. "It makes a big difference to me when you help me wash up", rather than: "You're a good boy/girl".

- It can be useful to plan ahead to avoid what triggers a behaviour and think about where they are going and what they are going to do. For instance:
 - If a child cannot cope with lots of things going on at once and noisy backgrounds (e.g. supermarkets) it may be best to avoid these places, or only go for a short time at first and remove them immediately they begin to get distressed to somewhere quiet and calm.
 - Other situations where there may be emotional tension, ie large family gatherings, might be reduced in size initially or families might like to ensure there is a quiet retreat somewhere for their child.
 - If the trigger seems to be mess and disorganisation, then ensuring their room and things are tidy and slowly helping them to organise this themselves can be helpful

Separating behaviour from child

It's easy to 'fall into the trap' of blaming the child – it's a natural human response. But it may be useful to try to keep the emphasis on the behaviour itself. What has caused it? What can we do to prevent it?

- Routine and structure

Most children with acquired brain injury benefit from structure, consistency and predictability in their daily lives.

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The Child Brain Injury Trust relies on grants and donations to enable us to continue our work supporting families affected by childhood acquired brain injury.

Please help us to continue our work by making a donation today – [CLICK HERE](#) to make a one off donation or set up a monthly gift.

Thank you – your donation does make a difference.



<i>Document Control</i>	<i>Document ID</i>	<i>34</i>
	<i>Issue Date</i>	<i>April 2009</i>
	<i>Last Reviewed</i>	<i>August 2017</i>
	<i>Next Review due by</i>	<i>August 2019</i>
	<i>Version Number</i>	<i>1.4</i>

Ylvisaker, M., Turkstra, LS., and Coelho, C (2005) Behavioral and Social Interventions for Individuals with Traumatic Brain Injury: A summary of the Research with Clinical Implications. In “Evidence-Based Practice for Cognitive-Communication Disorders after Traumatic Brain Injury” A.I.Holland, N.B. Ratner and LS. Turkstra (Eds) (pp.256-267)ⁱ

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