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**GRIEF AND LOSS
AFTER BRAIN INJURY**

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ORAL PRESENTATION AND
ALL SLIDES © KAROL 2024

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PLEASE NO
AUDIO/VIDEO RECORDING
OR
COPYING/REPRODUCTION/PHOTOS
OF SLIDES.
THANK YOU




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OBJECTIVES

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



3



4



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6



7



8




9


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.



Charles H. Bombardier, Jesse R. Fann, Nancy R. Temkin, Peter C. Esselman, Jason Barber, Sunweya S. Dikmen, Rates of Major Depressive Disorder and Clinical Outcomes Following Traumatic Brain Injury, JAMA, May 19, 2010—Vol 303, No. 19, pages 1938-1945.



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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



HEIDI HALL, M.D., M.P.H. DIRECTOR, KAROL



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WHY IS GRIEF SO HARD AFTER BRAIN INJURY ?



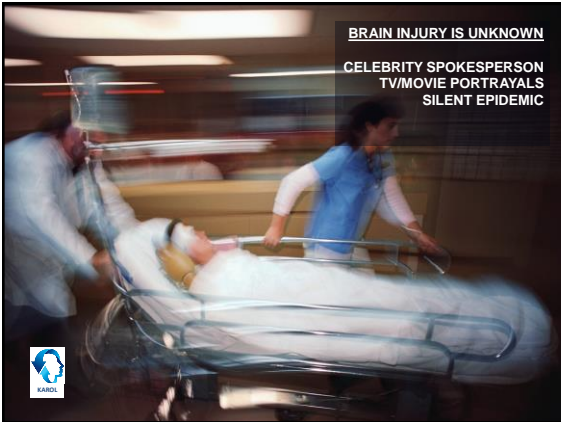

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1 CHRONIC CONDITION
 2 HEALTH CARE EXPECTATIONS
 3 NATURE OF REHABILITATION



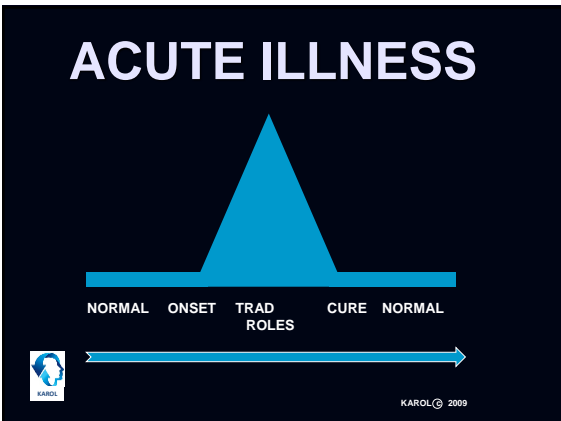
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BRAIN INJURY IS UNKNOWN
 CELEBRITY SPOKESPERSON
 TV/MOVIE PORTRAYALS
 SILENT EPIDEMIC



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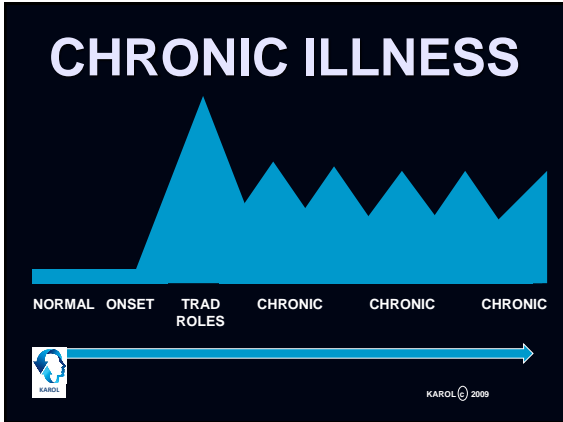
ACUTE ILLNESS

NORMAL ONSET TRAD CURE NORMAL
 ROLES



KAROL © 2009

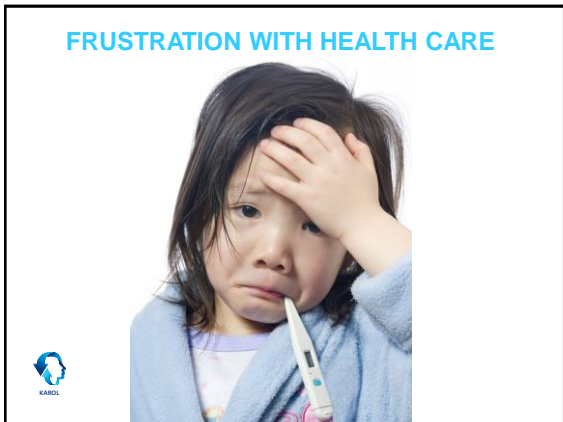
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CARE MODELS

DR. KILDARE

MARCUS WELBY, M.D.

HAWKEYE PIERCE

DR. Mc DREAMY



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INSTEAD...



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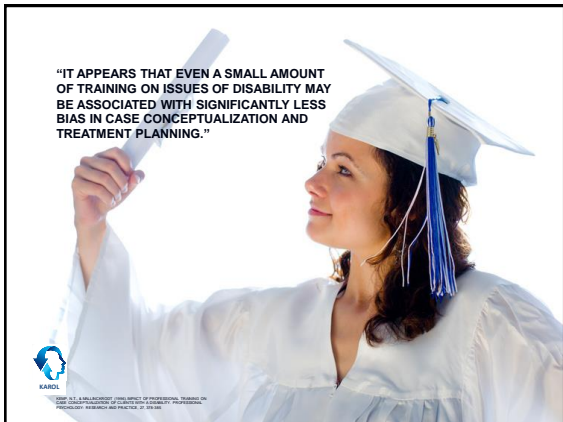
OR THIS !!!



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REHABILITATION GOAL

**FACILITATE FUNCTIONING,
NOT CURE INJURY**



NEUMEIER & KAROL, 2010
OVERCOMING GRIEF AND LOSS AFTER BRAIN INJURY



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REHABILITATION PROCESS

REQUIRES ACTIVE PARTICIPATION



KAROL

NEUMEIER & KAROL, 2010
OVERCOMING GRIEF AND LOSS AFTER BRAIN INJURY



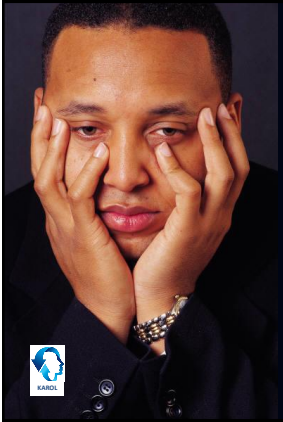
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ACUTE CARE	REHABILITATION
PASSIVE	ACTIVE
DO TO YOU	TEACH YOU TO
PARTICIPATION UNIMPORTANT	PARTICIPATION CRUCIAL
GOAL: CURE	GOAL: IMPROVE

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NEUMEIER & KAROL, 2010
OVERCOMING GRIEF AND LOSS AFTER BRAIN INJURY

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TYPICAL MODEL OF GRIEF COPING

GRIEF TENDS TO BE THOUGHT OF AS A PROCESS WITH STAGES

KUBLER-ROSS → DENIAL, ANGER, BARGAINING, DEPRESSION, AND ACCEPTANCE

BUT THESE WERE CONCEIVED AS STAGES FOR DEALING WITH DEATH: [1] KNOWN [2] SINGLE EVENT

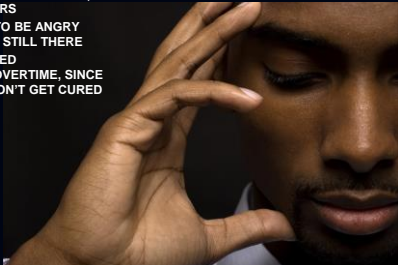

BRAIN INJURY IS GENERALLY [1] MISUNDERSTOOD AND [2] ONGOING



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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

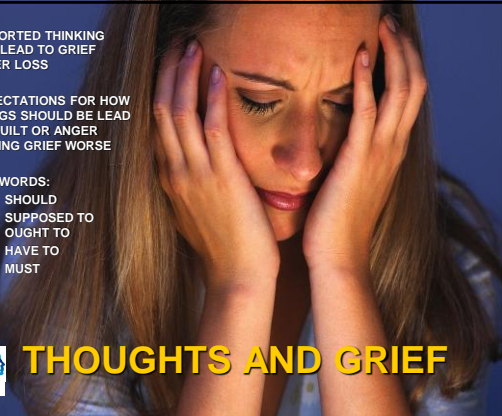




See MUIR, HAFEEY, 1984

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- 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

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ORIGIN OF ANGER

EVENT/ACTION
OF OTHERS




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ORIGIN OF ANGER

EVENT/ACTION
OF OTHERS

→

THOUGHTS
STANDARDS
OR
EXPECTATIONS



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ORIGIN OF ANGER


EVENT/ACTION
OF OTHERS

→

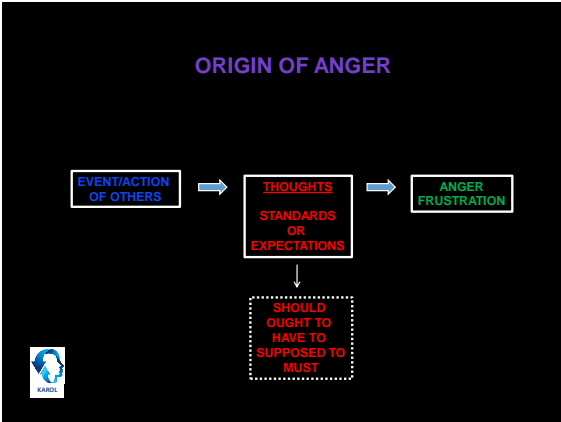
THOUGHTS
STANDARDS
OR
EXPECTATIONS

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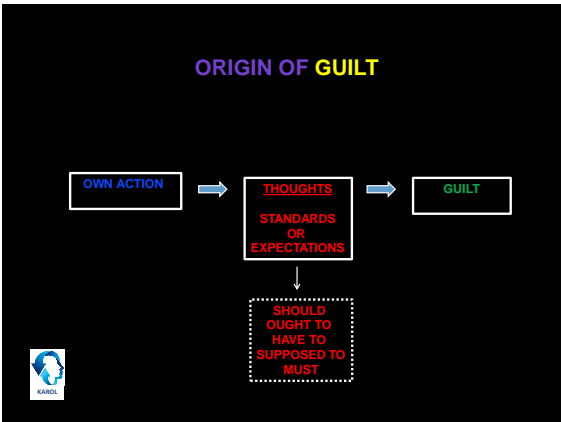
SHOULD
OUGHT TO
HAVE TO
SUPPOSED TO
MUST



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PITFALLS IN THINKING

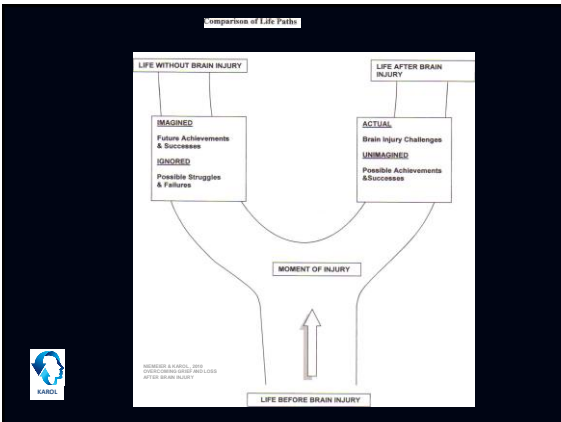
- NEGATIVE SELF TALK
- MAKING EVERYTHING MORE AWFUL THAN IT IS
- COMPARE YOURSELF WITH OTHERS
- UNREALISTIC EXPECTATIONS
- COMPARE PAST WITH PRESENT

NEWMER & KAROL, 2010
OVERCOMING GRIEF AND LOSS
AFTER BRAIN INJURY

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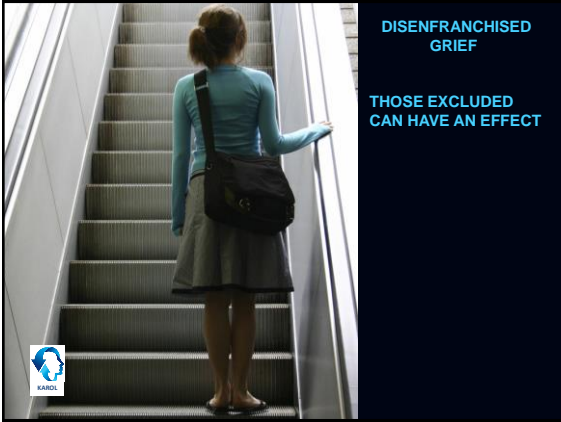
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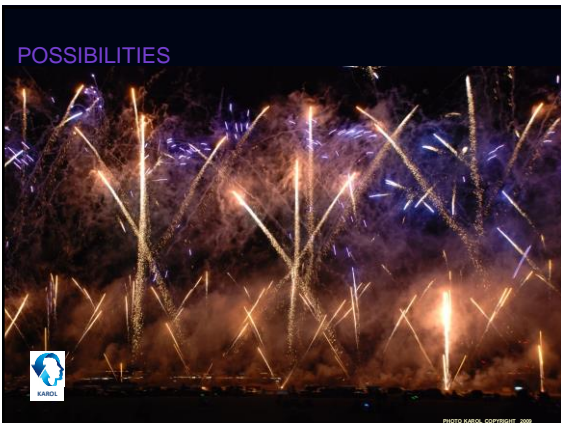
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ACCEPTANCE

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




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MISTRUST

ANGER AT HEALTH CARE PROVIDERS AND SYSTEM

WORRIED ABOUT BEING CRAZY AND SEEING A THERAPIST

PRE-ONSET ATTITUDES



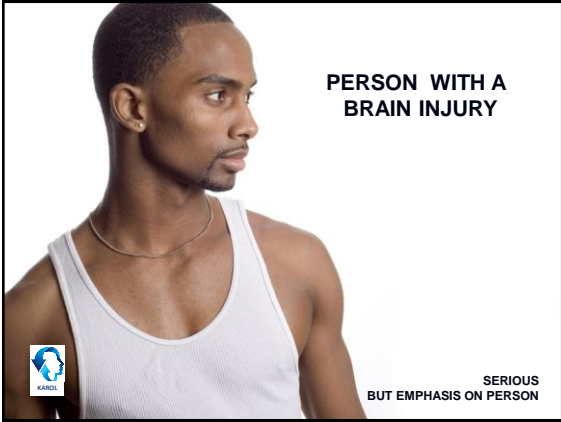

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ADDRESS MISTRUST

- * 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"




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"INTER-RELIANCE" IS THE NORM

EVERYONE NEEDS HELP



SELF-SUFFICIENCY : MYTH

KAROL (2003) NEUROPSYCHOSOCIAL INTERVENTION: THE PRACTICAL TREATMENT OF SEVERE BEHAVIORAL DYSCONTROL AFTER ACQUIRED BRAIN INJURY. WWW.COOPPRESS.COM

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NO ONE IS REALLY INDEPENDENT



TECHNOLOGY, DRIVING, EATING

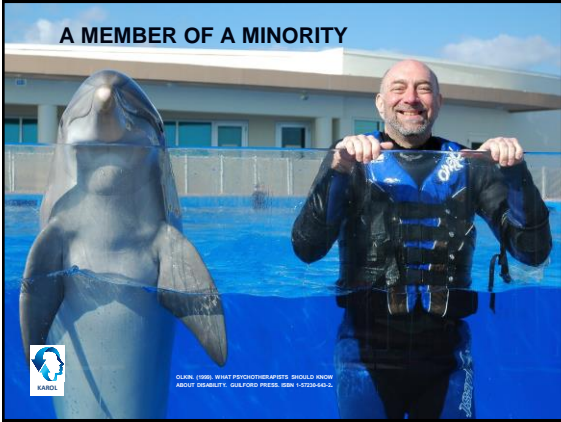
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SOCIETAL VIEW

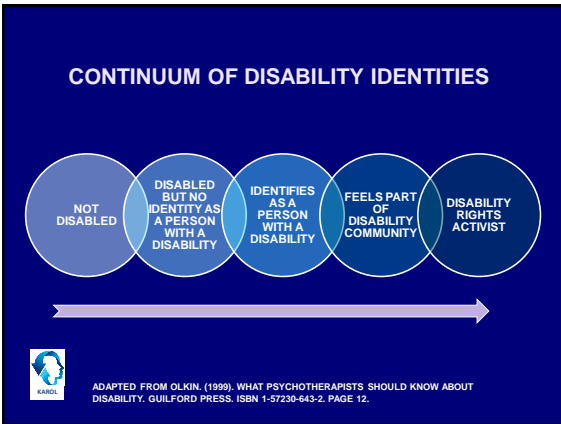


**VALUING PEOPLE FOR WHO THEY ARE,
NOT FOR THEIR ACCOMPLISHMENTS**

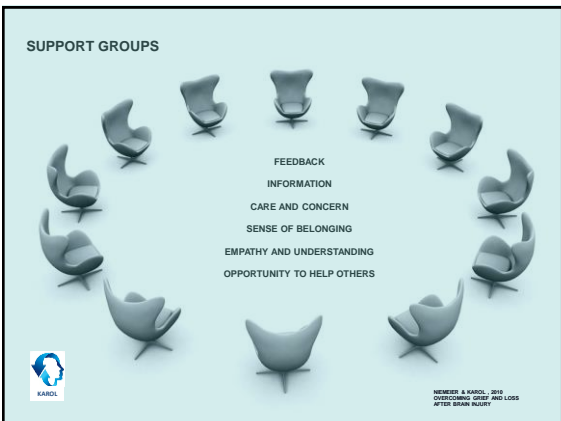
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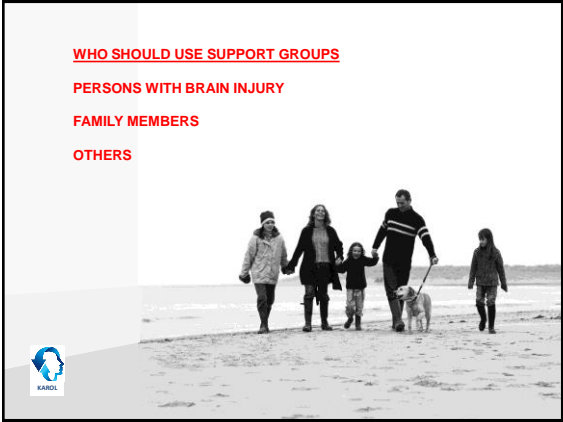
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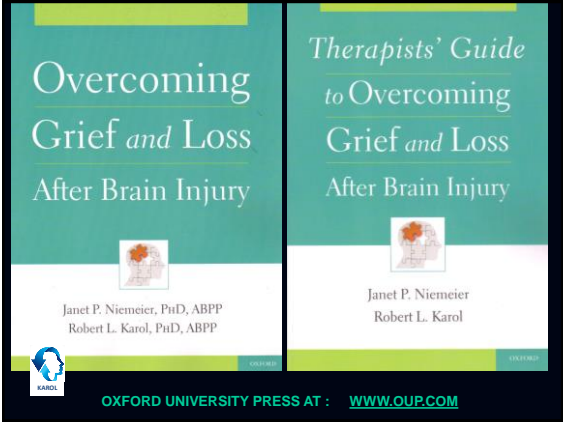
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