

Agitation and Restlessness After a TBI



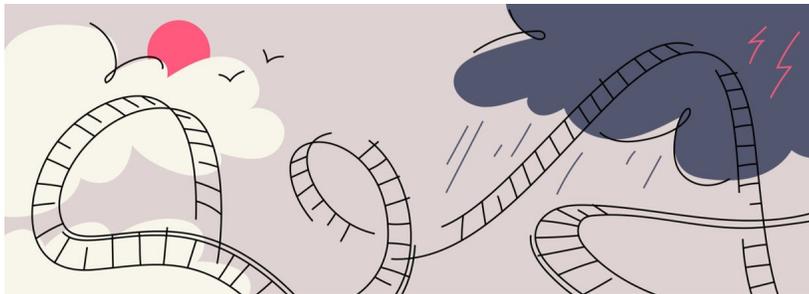
Agitation and Restlessness can often be two of the most problematic and striking behaviors that result following a TBI. They are often considered a phase in recovery from TBI, but you cannot predict if, or for how long, it will be an issue.

Agitation and Restlessness are often not caused by a TBI, but are instead a response to other effects that result from a TBI.

These may include:

- Limited Memory
- Limited Attention Span
- Poor Decision Making

These effects can often make it hard to stay focused on one item, or to know how to handle a problem that arises, which lead to agitation and restless behaviors.



Did You Know?

Both using and stopping the use of drugs or alcohol can increase agitation and restlessness in TBI survivors. If your loved one has a history of substance abuse, please let your AHIF Resource Coordinator know.

Here are some suggestions for coping with agitation and restlessness:

- Try minimizing the amount of stimuli in an environment: look for ways to reduce light, noise, options, smells and crowds.
- When speaking, speak *slowly and calmly*. This triggers an automatic tendency for others to become still to hear what you are saying.
- Try redirecting the individual by changing the topic or finding a distraction.
- The agitation can be due to the individual feeling they are being forced to do something; when possible, give them choices and honor their preferences.

It is impossible to predict how long and how severe the agitation and restlessness will be. It is important to remember to be patient, and seek ways to manage these behaviors.

Please visit www.ahif.org or call the AHIF office at (800) 433-8002 to confirm the appropriate AHIF Resource Coordinator for your location.

How To Determine The Level Of Agitation



Because it is unpredictable and often misunderstood, it can often be hard to determine the level of agitation someone is experiencing. This Agitation Behavior Scale (ABS) can help determine the extent to which agitation might be a problem.

As you think about the survivor's behavior, consider the characteristics below and assign a number to each:

1 = Absent-behavior is not present

2 = Present to a slight degree-behavior is present but does not prevent other behaviors

3 = Present to a moderate degree– individual needs to be redirected from being agitated to an appropriate behavior, but can be redirected

4 = Present to an extreme degree– individual is not able to engage in appropriate behavior due to the presence of the agitated behavior, and attempts at redirecting are not successful

- ___ 1. Short attention span; easy distractability; inability to concentrate
- ___ 2. Impulsive; impatient; low tolerance for pain or frustration
- ___ 3. Uncooperative; resistant to care; demanding
- ___ 4. Violent and or threatening violence toward people or property
- ___ 5. Explosive and/or unpredictable anger
- ___ 6. Rocking, rubbing, moaning or other self-stimulating behavior
- ___ 7. Restlessness; pacing; excessive movement
- ___ 8. Repetitive behaviors; motor and/or verbal
- ___ 9. Rapid, loud or excessive talking
- ___ 10. Sudden changes of mood
- ___ 11. Easily initiated or excessive crying and/or laughter
- ___ 12. Self-abusive; physical and/or verbal
- ___ Total Score



The lowest score is a 12 and the highest is a 48. The higher the score, the more likely agitation and restlessness are a factor for your loved one.

**The Agitation Behavior Scale is the product of Ohio State University*

Still Overwhelmed?

If you are feeling overwhelmed, reach out to your AHiF Resource Coordinator.

You do not have to cope alone.