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Difficulties with decision making after acquired brain injury

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Introduction

Having difficulty with making decisions is a common problem after acquired brain injury. It is one element of a broader set of mental skills that have been called 'executive functions' – these are the skills needed to enable us to deal with problems that arise in everyday life and to cope with new situations. Everyday life is full of situations in which we have to make decisions, some minor (which toothpaste will I buy? what will I have for dinner tonight?), some major (will I stay in this relationship? will I change my job?).

Decision making involves many different cognitive functions working together – long-term memory (how have I dealt with similar situations in the past? what choices have I made previously?), working memory (holding information in mind, thinking things through) and emotion (how important is this decision to me? how will the possible outcomes make me feel?) are all involved.

Because decision making involves a lot of different processes, this means that if any one of these processes is affected by brain injury, then decision making may be impaired. People are affected in different ways – some find it hard to make a decision at all, finding that even what seem like simple decisions, such as what toothpaste to buy, become almost impossible. Some people become impulsive, making hasty decisions, apparently acting without thinking things through. Poor judgement in relationships, with money or in business can have devastating consequences for the individual and their family. All of us, with or without brain injury, have difficulty making decisions from time to time, but brain injury can make this much more frequent.

Decision making and following through with plans of action

For some people, a decision about a plan of action might be made, but it is difficult for the individual to follow through with the plan. It is as if a person's intention, or goal, becomes neglected. This can sometimes be because the person becomes distracted by other tasks or activities. The person 'forgets' to do things, not because what has to be done has been completely forgotten, but rather that it is difficult to keep the thing to be done in mind (e.g. take

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medication, go to appointments, give someone a message, carry out daily tasks, watch a favourite TV programme). This type of remembering is often called 'prospective remembering'. It requires alertness to the plans for the day. Psychologists use the concept of a 'mental blackboard' to describe how we keep things we intend to do in mind (written on a mental blackboard). However, the difficulty can be that for a person after brain injury things are easily rubbed off a mental blackboard and temporarily 'forgotten'. Although the person may remember their intention when reminded.

Self-awareness (Insight)

The cognitive problems that cause difficulties with decision making or prospective remembering may also make it difficult for an individual to be aware of their problems. This can be difficult for the person and his or her family and friends and cause conflict. The brain injured person may show what may be considered by others as bad judgement and they may fail to achieve important tasks. However, they may not be aware of these difficulties or share the opinion of those judging this as a difficulty. So, one of the first challenges to overcome is related to the need for the individual to achieve a degree of self-awareness and understanding of the problems they are experiencing. This may require sensitive feedback from family, friends or professionals and for the individual to *want* to learn about possible solutions.

Rehabilitation

Working out how to improve the ability to make decisions, to be better at solving problems, planning, following through with plans, and remembering to do things can be challenging and may be best done with the help of a professional such as an occupational therapist or clinical psychologist. The first step in rehabilitation is understanding the problem, but with something as complex as decision making or problem solving difficulties this may not be straightforward, which is why the help of a professional may be important.

For some people learning to manage impulsivity is important – developing a habit of often stopping and thinking, even if just briefly, about what you are doing and what you have to do can help to interrupt a tendency to act without thinking. The idea is that people become better at using 'self-talk', regulating their own actions or behaviour.

In Goal Management Training people learn to be better at being clear what it is they are trying to achieve, at working out and keeping in mind the steps needed to achieve the goal and then regularly checking their mental blackboard to make sure that important tasks are kept in mind. A recent study by researchers in Cambridge and Glasgow showed that goal management

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training, combined with SMS text message reminders to check the mental blackboard, helped people with brain injury to remember to carry out a task (making a phone call to a voicemail service) that had to be done four times a day at specific times.

Goal management is also discussed in Trevor Powell's 'Head Injury – A Practical Guide'. He suggests individuals should *“Try to create structure out of unstructured situations. Set yourself goals and break these down into specific tasks so that you know what you have to do. Use Checklists (p86)”*. There is some more information available in Trevor's book that can be purchased from Headway.

Although written primarily with the education environment in mind, there is also a very helpful web-site resource prepared by a leading practitioner in the US, Dr Mark Ylvisaker:

http://www.bianys.org/learnnet/tutorials/sr_ef_routines.html

One extract from this includes the following general 'script' that an individual can learn to ask themselves....

GOAL: What's the goal? What are you trying to achieve? What do you want to have happen? What's it going to look like when you're done?

OBSTACLE: What is standing or could stand in the way of you achieving the goal? What is the problem?

PLAN: So what's the plan? What do you need to do? Can you write out a checklist? Do you need help to list the steps? Do you need help for any one of the steps? Do you want to do it as a team? Do you think that plan will work??

PREDICTION: So how well do you think you will do? How many can you get done? On a scale of 1 to 10, how well will you do?

DO: [Perhaps solving problems along the way or revising the plan]

REVIEW: So how'd it work out? What worked? Anything that didn't work? Why or why not? What are you going to try next time?

It is important to edit the script to suit the individual, the language they prefer to use and their needs.

External aids

External aids such as diaries, notebooks, wall charts and calendars are invaluable for people with memory impairment. Also, electronic watches, mobile phones, pagers and Personal Digital Assistants (PDAs) can all be set to provide reminders and cues to do specific tasks, or to check a daily planner. It

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isn't always easy for someone with memory difficulties to use these aids so the help of a relative/carer or occupational therapist may be needed. For more information see the Headway booklet *Memory Problems after Brain Injury*.

Another reminding system that has been shown to be useful for remembering to do things is NeuroPage.

NeuroPage

NeuroPage is a service provided by the Oliver Zangwill Centre in Ely. It uses a simple pager worn by the person with the memory/planning impairment to provide reminders of things to do and other information. The impaired person, or a relative/carer, provides a list of reminders that are entered on to computer by staff at the centre. This computer then automatically sends out the message to the person's pager at the correct time. The pager beeps or vibrates and the person receives their message. This simple system has been shown through extensive research to be effective in helping people with executive and memory problems arising from a wide range of conditions. In conjunction with a checklist, there is good evidence that using a device such as NeuroPage can enable individuals to complete a wide range of complex and personally meaningful tasks.

For more information on the NeuroPage service, including details of cost, please contact:

The NeuroPage Service
Oliver Zangwill Centre
Princess of Wales Hospital
Lynn Road
Ely CB6 1DN
Tel: 01353 652173
Email: janet.beveridge@ozc.nhs.uk
www.neuropage.nhs.uk

A list of NeuroPage research publications is available at <http://www.neuropage.nhs.uk/>

Further help

Sometimes an individual needs training to be able to overcome the difficulties described in this factsheet. In these circumstances it is appropriate to seek the advice of an Occupational Therapist, Clinical Psychologist or Clinical Neuropsychologist. Talk to your GP about how to access further support in your area.

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Further reading

Memory problems after brain injury. Booklet available from Headway

Head Injury: A practical Guide, by Trevor Powell, available from Headway

Coping with Memory Problems: A Practical Guide for People with Memory Impairments, their Relatives, Friends and Carers, by Linda Clare and Barbara Wilson available from Harcourt publishers

Compensating for Memory Deficits: A Systematic Approach, by Susan Kime, available from www.amazon.co.uk and other good book shops.

Useful organisations

Encephalitis Society

7B Saville Street,
Malton North
Yorkshire
YO17 7LL
Tel: 01653 699 599
Web: www.encephalitis.info

The Stroke Association

Stroke House,
240 City Road,
London.
EC1V 2PR.
Tel: 020 7566 0300 Helpline: 0845 30 33 100
Web: www.stroke.org.uk

Brain and Spine Foundation

7 Winchester House, Kennington Park
Cranmer Road
London SW9 6EJ
Tel: 020 7793 5900
Helpline: 0808 808 1000 (Mon - Thurs 9am-2pm, Fri 9am-1pm)
Web: www.brainandspine.org.uk Email: helpline@brainandspine.org.uk

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Fern House
Bath Road
Stroud

Gloucestershire
GL5 3TJ

Tel: 01453 768 000 Fax: 01453 768 001

Helpline: 0800 028 18 28

Web: www.meningitis-trust.org Email: helpline@meningitis-trust.org

Brain Tumour UK

PO Box 27108

Edinburgh

EH10 7WS

Tel: 0845 4500 386

Web: www.braintumouruk.org.uk

Email: enquiries@braintumouruk.org.uk

If you would like to discuss any of the issues covered here, or any other aspects of brain injury, please call our free, confidential helpline on 0800 800 2244. Alternatively, you can email us on helpline@headway.org.uk.

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