

Concussion - Pathway to Recovery Program

Session 11 - Patient guide TBI, assertiveness, and memory

Memory therapies

- We all use a variety of strategies to help with remember things whether or not we have a brain injury. Many people make notes, keep a diary, uses a calendar, keep a filing system, or use at routine.
- After traumatic brain injury, we often have to improve our organization and environment to maximize our memory abilities.
- Some common approaches include:
 - **Adapting our environment.** Leave a note pad and pen by the telephone or on our person. Label cupboards or doors.
 - **A place for everything, and everything in its place.** Have a key ring by the door where the keys are always placed. Keep a special place for wallet or glasses. Place items strategically such as organization of letters or bills.
 - **Improving our routine.** Routines and good habits are vital for patients with memory difficulties. Pay bills on time if possible. Schedule activities on certain days. Keep a daily schedule.
 - **Improve well-being in general.** Better sleep and anxiety improve the ability of the brain to stay organized. Stay physically active and fit. Stay assertive when needed: remember to say no. Manage time including with breaks and relaxation.
- *See attached memory exercises*

Assertiveness: A Great Way to Communicate

- Problems with communication are very common and not specific to individuals with concussion or TBI!
 - There are three types of communication styles: passive, aggressive, and assertive.
 - **Passive communicators** tend to take a back seat in terms of their preferences: they put others' needs first and are hesitant to express their own needs directly.

They may hope that others will care enough to know what they want or need, and will provide it without their having to ask. This style avoids confrontation and rejection, but it can make you feel like a doormat. The problem is that when someone is passive, communication breaks down and relationships suffer. Others, even loved ones, really cannot read our minds!

- **Aggressive communication** involves demanding what you want in a hostile, angry, or accusatory manner. People who use this style of communication avoid getting pushed around, but others steer clear of them, or worse, get angry and hostile themselves. An aggressive communication style is not helpful for promoting healthy relationships and in fact is often a factor in ending relationships. Sometimes people switch back and forth between being passive and waiting for others to figure out what they need (and feeling resentful if others don't do this) and being demanding in a way that makes others defensive. It's not that we use these two modes all the time, but we use them often enough for communication difficulties to be common.
- The third type of communication is **assertive communication**. Using assertive communication, you can talk about problems directly, without making others feel attacked, and ask for what you want in a way that increases the likelihood of success but does not drive others away in the process. Others actually appreciate assertive communication,
- Why should people with TBI care about being assertive?
 - As we all know, there is a big difference between short-term pain, like a broken leg, and chronic TBI symptoms. With short-term pain, health care professionals are excellent at finding out what is wrong and fixing the problem. Healing takes place, and pain usually subsides. With short-term pain or illnesses, loved ones are usually eager to help us with daily activities and give us emotional support. Those around us might even guess what our needs might be and go out of their way to be helpful and attentive. However, as pain drags on and becomes a chronic, ongoing problem, the health care system has less to offer us in terms of a "cure," and loved ones may grow weary of the daily pain reports and distress. We may begin to feel that others are abandoning us. To make matters worse, when our distress is really high, we might withdraw from others and quit asking (passive communication). This is especially true if we feel that we have already burdened our family with our illness. Or we might fly off the handle and express ourselves in a negative emotional manner (aggressive communication). In either case, we will be unlikely to get the support we need and want.

- Since the pain doesn't go away just because others get tired of hearing about it, people experiencing chronic pain are in a real bind. They still need emotional support and understanding. They may also sometimes need others to help them with daily responsibilities. Additionally, people with pain, just like everyone else, have general (non- pain-related) wants and needs, and they have a right to be able to ask for what they want. They also have the right to say no without having to use their illness or pain as an excuse for not doing something they don't wish to do.

- SO, HOW DO YOU "DO" ASSERTIVENESS?

- Assertiveness involves asking for what you want or saying no to something in a simple, direct, and honest manner. Sometimes, it's hard to know what it is that you want. We often have an easy time figuring out what is bothering us about another person, but we may have a harder time figuring out what we want instead. You have the right to express your feelings, to ask for what you want, and to say no. Assertiveness involves the skill of doing that without disrespecting others, but at the same time, standing up for yourself without guilt or apology. People often respond very favorably to assertive communication because it's clear where you stand and what you want. However, if assertive communication is a new skill for you, others may need some time to get used to it (and you will probably have to patiently repeat yourself more than once). The easiest way to practice being assertive is to look for opportunities to state your feelings simply and directly, ask for what you want, or say no to something you do not want. A key here is to avoid the tendency to justify why you are asking (or saying no). Just ask (or say, no thank you). You may not get what you want, but people will know where you stand, usually without feeling overwhelmed or defensive.
- Other situations requiring assertiveness take a little bit more finesse. Let's say there is a problem in your relationship that has been bothering you. We don't recommend starting with a really big problem, but one that causes some periodic irritation or concern. For example, perhaps your partner (and/or your kids) leave their dirty dishes around the house wherever they've eaten. The basic "recipe" for problem-focused assertive communication is pretty straightforward: First, state the problem; second, say how it makes you feel; third, state what you would like to have happen; and fourth, say how would getting what you wanted make a difference to you and/or the relationship (or without issuing a threat, stating the natural consequences of not getting what you have requested). When you are practicing assertiveness, try to stick to "I" statements rather than using "You"

statements because “You” statements can come off as accus- ing and may promote defensiveness on the part of the listener. The Assertiveness Worksheet in Client Handout 9.3 walks you through the problem-focused assertiveness steps, providing an example under each step.

- A very important point is that you will likely have to repeat yourself. We call this being a broken record. It is easy to lose patience when you’ve said the right thing and the listener has agreed, but the same old thing happens again. Expect that you will have to be a broken record and repeat the process without giving up (passive) or lashing out (aggressive). Keep calm . . . and repeat yourself!

- *Do Assertiveness Worksheet*

Homework

- Assertiveness worksheet
- Memory worksheets
- Continue mindfulness therapies