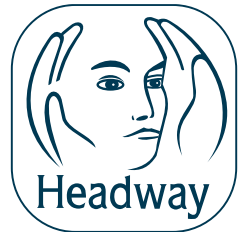



Managing anger

after brain injury



the brain injury association

 This booklet has been written for people who have had a brain injury and are now having trouble managing their anger. It is also intended for their families and carers.

■ Managing anger after brain injury

This e-booklet is an adaptation, created in November 2016, of the Headway print booklet *Managing anger after brain injury*.

published by



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Reprinted 2007, 2009, 2011 & 2014. Revised 2016.

ISBN: 978-1-873889-46-6




This booklet received a Commended Award
at the British Medical Association Patient
Information Awards 2012.

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Introduction



This booklet has been written for brain injury survivors who are now having trouble managing their anger. It is also for their families and carers. It looks at what anger is, why brain injury survivors may experience more anger and suggests ways of managing it from day-to-day.

You will find some terms in **bold** type. These are defined in the [glossary](#), along with some other technical terms that you may hear from medical professionals or read in books.

The information in this booklet does not replace clinical guidance from medical professionals. If you feel that you or someone you know has a problem with managing anger then we would advise consulting a **GP** or rehabilitation professional. It may be possible to seek referral to a specialist. More information on specialist support is available further on in this booklet.

Remember, anger is a normal, natural emotional response and managing anger isn't about taking it away. It is about learning to control it rather than letting it control you. We hope that after reading this booklet you will have a better understanding of anger and brain injury, and will have learned some new ways of coping.

What is anger?



Anger is an emotion. It can change what we think, what we feel and what we do. Like all emotions, anger is normal and healthy. However, when it gets out of control, it can become destructive and lead to problems.


All emotions cause changes in our bodies. You can tell when you get angry because your heart beats faster and you may feel hot and restless. This is because your body is pumping out energy hormones (like **adrenaline**), physically preparing you in case you have to react. These hormones act as signals when you feel frustrated or unfairly treated. The feeling of anger will tell you that something is not quite right.

Anger can be healthy if managed properly. This involves noticing that you are angry in the first place, keeping calm, and solving the problem in an assertive way. If you manage your anger in this way, other people may not even realise that you were angry at all.

Inevitably there are times when things are out of our control and it is natural to feel frustrated. However, if we start to shout and blame others, it is important to be able to identify that this type of anger is unhelpful, and we should try to make a conscious effort to calm ourselves down.

Some people are more likely to become angry than others. This is because we all make sense of situations differently, which is part of our individual personalities. Past experiences, family values and ways we have learned to cope will all affect how we view things.

Anger and aggression




Anger and aggression are two different things, although they can be linked. Anger is an emotion that is only experienced internally by the person themselves, while aggression is a behaviour that others can see, feel or hear. Feelings of anger can therefore lead to aggressive behaviour.

People can learn to think of anger as a warning sign of aggression. However, this is not always the case – not all anger results in aggression. We can all feel angry at times, but it does not always lead to aggressive behaviour. Similarly, some people can be aggressive when they are not angry. They may have learnt that being aggressive can get them what they want.

It is important to remember that there can be other medical reasons for aggression. In rare cases, outbursts of aggression can happen with little or no trigger. It is important that this is properly looked into. In some instances, it may be diagnosed as ‘**episodic dyscontrol syndrome**’, which can require drug treatment.

Anger after brain injury



Most brain injury survivors are left with some form of emotional and behavioural change. This is because the brain controls all of our emotions and behaviours, and damage to the **frontal lobes** and **limbic system** can affect this. If these parts of the brain are damaged it is likely that someone who has suffered the injury will experience sudden swings of emotion which they cannot control.

Anger is one of many emotions that someone is likely to feel after brain injury. Others include anxiety, depression, grief and loss. It is not only the brain injury survivor who will feel these emotions, but their family and carers as well. Out of all of these emotions, anger is probably the most confusing, hurtful and concerning for both the survivor and their family and friends.

In the early stages of recovery, the brain injury survivor may shout, swear and hit out at things and people. This is not likely due to anger, but because they are confused and not making sense of the world. Even if someone tries to help them wash or move, they could lash out at the helper. This kind of behaviour is particularly characteristic of a person who has just emerged from a period of unconsciousness and is experiencing **post-traumatic amnesia** (PTA). More information on PTA is available in the Headway factsheet *Post-traumatic amnesia*.

As the person recovers, their more lasting effects of brain injury will start to become apparent. Anger in particular is a common problem for brain injury survivors. It can lead to unpredictable behaviour, which can be destructive and aggressive. While some people feel at the mercy of this powerful emotion, others barely notice its presence or impact.

Causes and triggers

Anger problems can either be the result of damage to the parts of the brain that control emotion, or because the brain injury survivor is frustrated with the effects of their injury. Below are some examples of how the effects of brain injury can make someone feel frustrated:

- Communication difficulties: not being able to find the right words, or express them clearly or quickly enough can be a source of frustration. Taking the wrong meaning from a conversation or reading facial expressions incorrectly, therefore misinterpreting the information they are receiving, can also lead to frustration. More information on communication problems is available in the Headway booklet *Coping with communication problems after brain injury*.
- Attention, concentration and information processing: many brain injury survivors need longer to make sense of what they see or hear. They may have problems understanding written or spoken information. When they realise that they are not keeping up with a conversation, they may feel upset or angry.
- Memory problems: difficulties with memory can cause brain injury survivors to get angry and frustrated with themselves. They may forget important things, or remember being upset with someone but not remember why. More information on this is available in the Headway booklet *Memory problems after brain injury*.
- Problem solving: some brain injury survivors will have lost their ability to solve problems, so that even a simple problem becomes a large challenge. Being unable to complete simple tasks or things that the survivor did before their injury can lead to feelings of frustration and low self-esteem.
- Personality change: a brain injury can exaggerate part of the person's personality. Their beliefs and values may become more intense and they may be less forgiving of themselves or others.

Loss of inhibition

The brain injury survivor may lose their sense of inhibition and say things about people which would be best kept as thoughts. This can often lead to embarrassing social situations, as the survivor may say or do things that are socially inappropriate. Unfortunately many people in society do not have an understanding of brain injury so will not easily make allowances for such inappropriate remarks or actions.

Example: a brain injury survivor with a lack of inhibition comments on the weight of the person in front of them in a queue, not understanding that this is inappropriate. This provokes the person in front, and causes an argument between them and the survivor.

Often as a person becomes angry, it can make those around them feel angry. It is almost like ‘catching’ the anger. The two angry people may then start blaming each other and it will be difficult to calm the situation down. Furthermore, if a brain injury survivor lacks insight (awareness) into their inhibition they may not understand why they have upset someone in the first place, and this can cause further anger. More information on this is available in the Headway factsheet [*Lack of insight after brain injury*](#).

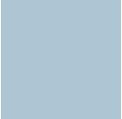
Anger on a scale

It can be helpful to view anger on a scale that varies in intensity. This can start at irritation, and move to higher intensities of annoyance, frustration, anger, fury and rage. People may use their own words to describe each stage.

The image of a thermometer is often used by rehabilitation teams to describe and visualise anger, with the different levels of anger on

each point of the thermometer. This visual representation can raise a person's awareness of their own anger and help them to describe how they are feeling. Being aware of anger is the first step towards understanding, and therefore managing it.

Understanding anger: think, feel, do



In order to cope with our own and other people's emotions we must first understand them. We need to think of anger as an emotion that involves changes in our thoughts, bodily feelings and actions. This can be remembered using the following guide:

Think (our thoughts) → **Feel** (our bodily feelings) → **Do** (our actions).

Example: Fred goes to the cash machine and puts his card in. It doesn't work, and his card gets stuck. There is a queue growing behind him.

Thinks – “Why did this happen to me? Now I can't go out tonight! This is so annoying! I have the worst luck!”

Feels – his heart is going very fast. He gets hot, flushed, and his muscles start to get tense.

It is natural for Fred to feel angry in this situation. However, up until this point Fred's anger is an internal experience and the people in the queue behind him are unaware of it. The way Fred behaves next demonstrates whether he is able to control his anger or not.

Does manage his anger – Fred sighs, takes a deep breath and thinks, “oh well, these things happen. I'll speak to someone in the bank, and they will sort it out.” He goes into the bank and speaks to the cashier.

Does not manage his anger – Fred hits the machine, swears, and shouts at the people in the queue behind him. In this case

Fred has not managed his anger. The people behind him may feel afraid, and someone may call the police if his behaviour becomes aggressive.

Brain injury survivors may struggle with the think-feel-do process because they may not even realise when they are getting angry. They may also be unaware of the effect that their anger is having on those around them. This could be because:

- They have lost the ability for ‘**self monitoring**’.
- Their physiological arousal (changes in the body, the way they feel) is so sudden and extreme they have no time to notice the warning signs such as heart rate increasing.

Many people view anger as a negative emotion and something they should not feel. So if they feel their body getting fired up, they may be reluctant to label it as anger. Words such as stress or frustration can be felt as more acceptable.

Anger and anxiety

Remember that the think-feel-do process also applies to other emotions like anxiety. Yet, whereas most people make allowances for a person with anxiety, they are less likely to feel sympathetic when someone is angry. This is because angry behaviour can be a problem. It can cause people to become upset and hurt. In some serious cases, it can lead to issues such as damage, trouble or abuse. However, there are instances in which anger starts off with anxiety.


Example: Melinda is waiting for her husband to pick her up from work. He is ten minutes late. She begins to feel anxious and worried. Melinda **thinks** “where is he? I hope he’s alright. Did I tell

him the wrong time?” She **feels** hot and flushed, and her heart starts to go faster. She **does** start pacing around and looking at her watch constantly.

Ten more minutes go by, and Melinda starts to get irritated. She guesses that he is late because he did not leave the house on time. Blame is now directed at her husband and her anxious thoughts turn into angry thoughts.

When you try to understand someone’s anger, do remember that anger can in fact start off with anxious thoughts. Being able to identify the actual cause of the anger can, in some instances, help with finding appropriate ways of managing it.

Tips for the brain injury survivor



This section has been written for brain injury survivors. It aims to help you with identifying how best to manage your anger. There are two reasons why it is important to control your anger:

1. It can lead to aggressive or impulsive behaviour
2. It can affect your thinking and speaking

All our skills work best when we are calm. As your anger increases, it can affect how you receive information, your memory and how well you speak. This can lead you to becoming frustrated and perhaps even angrier. If you already have problems in any of these areas, your anger will only make them worse.

The following tips can help with identifying and managing anger. Remember that different things work for different people, so while some of the tips below may be helpful to you, others may be less effective, and it is a matter of finding what works best for you.

- Remove yourself from the situation. This is not always easy and you may not like the idea of walking away because it can be seen as 'backing down'. However, physically distancing yourself from the source of anger is the first best step to managing your anger, as it allows you to calm your body and thoughts before you deal with things.
- Remember that if you are calm, you will be able to deal with your problems and explain yourself to others. Try to take time out to decide if it is something worth dealing with. If so, plan your response calmly. Then decide if it is worth getting angry over. If not, let it drop.

- Write down how you are feeling when you are angry. You can show this to someone you trust later and discuss the reason you felt anger, what you did about it, and what can be done next time to prevent you from getting angry again.
- Think about using other ways to calm yourself down, such as listening to relaxing music or writing a poem.
- Practise relaxation and breathing exercises.
- Think of someone who normally calms you down when you feel yourself getting angry. What might they say to you if they were there? Or think of a special, calming place, piece of music, or picture. Try to make this part of a routine that you can use regularly to help you cope.
- Learn to appreciate just how powerful your thoughts are. Remember that they are automatic and something you really believe, so they can make you angry when there is actually no real reason.
- Remember that it is only your interpretation of a trigger (situation) that makes you angry. You may be right, but always think about other interpretations first.
- Practice noticing or self-monitoring how tense and angry your body is feeling. Then relax and see the difference. You will then be able to measure how angry you are, when compared to how you feel when relaxed.
- Try to notice the warning signs of your anger – shoulders rising up, breathing faster, clenched fists, etc. Remove yourself from situations when you feel those warning signs.
- Write down which ideas have helped. This will help you in the future if you have a ‘bad patch’.


Remember: all your skills decrease when you are angry. Remind yourself, “you deserve to keep yourself calm to make good decisions or put your point across.”

Physical activity

Some people believe that they must do something physical to let their anger out. However, while punching a punch bag is better than punching another person, it may cause problems. It will use up some adrenaline, but the thoughts that caused the anger will not have changed. You need to consider what you would do when the punch bag isn't there.

If you do need to do something physical while angry then activities such as running, swimming and gardening can help. However, the problem is still that exercise itself does not take away the angry thoughts. It is important to try and slow down towards the end of the activity in order to allow your body to relax. You will then be more likely to be able to think things through clearly.

Tips for family, friends and carers




Witnessing someone having an anger outburst, or being on the receiving end of someone's anger can be very hard. It can be particularly hurtful if the anger is directed at family members, who are already upset and perhaps angry themselves. The following points can be used by family, friends and carers to reduce the distress of everyone involved.

- Try not to get into an argument with the brain injury survivor. Instead, make a conscious effort to be calm and speak to them gently, even if you think they are wrong. Tell them that you can see they are starting to get angry, and remind them to take deep breaths to calm themselves down.
- Remove yourself from the area if the anger is being directed at you. Explain to the brain injury survivor that you are leaving because you think it will help them to calm down, rather than just walking away.
- Remember that even if the anger is being directed at you, this is not personal. Rather, it is a common effect of brain injury.
- Try to gently direct the brain injury survivor's attention away from the cause of their anger.
- You may feel you already know what 'triggers' their anger. However, rather than tell them what to do or what to avoid, help them to discover it for themselves.
- When you both discover a trigger, help them find another way to look at the situation. Suggest to them that rather than saying, "why have you got that TV on so loud, you are so selfish!", it is better to try, "please could you turn it down a bit? The noise bothers me".
- The cause of their anger may not always be obvious. Therefore, you will need to be patient and observant at times in order to work it out. Even simple things like watching people

chatting freely can bring up feelings of sadness and injustice, which can subsequently lead to anger.

- Ask them to rate their anger on the thermometer scale (see section [Anger on a scale](#)) when they are close to possible triggers, such as loud noise.
- Agree on a prompt or sign that you can use when you believe they are getting wound up. For example, you could blow over your shoulder, indicating “blow away your anger”, to prompt them that they need to calm themselves.
- Busy places can be difficult for brain injury survivors as they may struggle with processing all of the information around them. If you see them getting ‘worked up’, encourage them to move to somewhere quieter.

Professional support



Anger problems can often be managed through conscious awareness of the anger and with the use of coping strategies, such as those listed in the sections above. However, sometimes it may not be possible for the brain injury survivor to manage their anger through these methods and it might be necessary to consult a professional for support.

The professional best suited to supporting a person with anger problems after brain injury is a **neuropsychologist**. These professionals specialise in the assessment and rehabilitation of cognitive, emotional and behavioural problems after brain injury. You will need to speak to your GP about getting a referral to a neuropsychologist. The [Headway helpline](#) can also help with finding details of private neuropsychologists in your area.

Some people find it beneficial to speak to a counsellor about their anger. Counsellors can help by encouraging the person to talk about their feelings. They can also assist with exploring what causes the feelings, and how to best manage them. Some counsellors may use a form of therapy called **cognitive behavioural therapy**, which looks at the relationship between thoughts and behaviour. **Mindfulness** is another technique that can enable people to train themselves to become consciously aware of their thoughts, feelings and the things around them.

In some instances, you may be able to self refer yourself to a local psychological therapy service. Your GP can help you with finding details of services available in your area, or you can browse through the information available on the [National Health Service \(NHS\) website](#).

Conclusion



Problems with managing anger are common after brain injury. For many brain injury survivors with anger problems, becoming aware of the anger is the first step to managing it. The tips in this booklet can help brain injury survivors to both identify and manage their anger effectively, although for some people it may be necessary to seek professional support as well. Families, friends and carers are often also affected by anger problems, and it is important for them to be aware of how best to support the brain injury survivor with managing their anger.

Anger can sometimes develop when the brain injury survivor is frustrated with the other effects of their injury. Headway has a range of freely downloadable [e-booklets and factsheets](#) that offer information and tips on coping with the different effects of brain injury.

If you would like to discuss any of the issues raised in this booklet, or are seeking emotional support, contact the [Headway helpline](#) on **0808 800 2244** or helpline@headway.org.uk.

Frequently Asked Questions



Will I ever understand why I feel anger so strongly now?

Lots of people ask this question following brain injury. As a natural reaction you may feel anger about your injury, which should lessen over time as you gradually accept any changes. For some people it is actual damage to the brain that causes increased emotions, including anger. As you learn more about the effects of your own brain injury and what triggers it, it will hopefully become easier to manage. The first step to managing your anger is to be aware of when you are becoming angry.

Will I always have to use strategies to manage my anger?

Maybe not. As you practise using them, you will learn new ways of responding to the warning signs of anger. In time, your responses should become automatic. You will not have to think about using them and they will become part of the natural way you think and behave. Also, as your confidence increases, you may find you need them less and less.

My son just seems to ‘go off on one’ unexpectedly. Will it always be like this?

There is no definite answer to this. It is likely that it will be worse in the early stages of rehabilitation because of irritability. Later on there will be frustration and feelings of loss as the effects of the brain injury become apparent.

However, some people do not lose their tendency to ‘ignite’ for no reason. There will always be a trigger for the anger, but it may not be obvious to others. Something that was said, thought about or experienced will have triggered the anger.

It will help you understand if your son can explain to you how he feels. He may not be able to monitor his emotions and so will not

be aware of what happens. He may also have a great sense of urgency that he cannot control. When the reason for the outburst is understood, it can be helped with strategies and prompts. This booklet contains some of these strategies and prompts and your brain injury team will also be able to advise on some more.

My sister doesn't recognise that she has an anger problem and won't see a therapist. What can I do?

It can be very difficult and frustrating if a brain injury survivor does not recognise that they have an anger problem, as this can get in the way of them seeking professional help. The key thing to do in this situation is to try to help them to understand that they have this issue. This could be through constant but gentle reminders and reassurance that there is help available for them. Discuss with them the benefits of getting professional support, and remind them that they are not to blame for their anger problem, it is an effect of their injury.

If the brain injury survivor still refuses to seek professional support, it can be useful for you to attend therapy or counselling sessions alone. You may be able to discuss with the therapist how the survivor's anger makes you feel and how best to look after yourself.

Remember that it is important to protect yourself and anyone else around you if the anger becomes violent. If the brain injury survivor becomes abusive and is at risk of harming themselves or others around them, there may be a need to report this to an adult safeguarding team. The Headway helpline can offer emotional support and information if you need help with this.

Glossary



■ Adrenaline

A chemical produced by the adrenal glands, which triggers the 'fight or flight' response.

■ Amygdala

An area of the limbic system that controls emotions such as fear and rage.

■ Cognition

A general term used to cover all areas of intellectual function

■ Cognitive behavioural therapy

Helps people to understand the relationship between their thoughts, feelings and behaviour. Provides practical help to reduce emotional distress and change problem behaviours.

■ Episodic dyscontrol syndrome

Condition causing outbursts of anger/rage with no obvious trigger.

■ Frontal lobes

Part of the cerebral cortex. Primarily concerned with planning and organising and controlling emotions and behaviour.

■ Limbic system

An area deep in the centre of the brain that houses the hypothalamus, hippocampus and amygdala and is involved in the control of emotions.

■ Mindfulness

A meditation technique in which a person makes a conscious effort to focus on their own thoughts, feelings and the world around them.

■ Neuropsychologist

A specialist in the assessment and rehabilitation of behavioural, emotional and cognitive problems caused by brain injury and other neurological conditions.

■ Post-traumatic amnesia

The period after being unconscious when there may be confused behaviour and no continuous memory of day to day events.

■ Self monitoring

The ability to notice and recognise our own emotions.

Further reading

The following books can be purchased from Headway and provide a good introduction to brain injury and its effects:

- Clare, L. & Wilson, B.A. (1997) *Coping with Memory Problems: A practical guide for people with memory impairments, their relatives, friends and carers.* London: Pearson Assessment.
- Daisley, A., Tams, R. and Kischka, U. (2008) *Head Injury: The Facts.* Oxford: Oxford University Press.
- Hedley, N (2011) *Living with an Acquired Brain Injury: The Practical Life Skills Workbook.* Milton Keynes: Speechmark Publishing Ltd.
- Johnson, J. (2013) *My Dad Makes the Best Boats.* Milton Keynes: Speechmark Publishing Ltd.
- Johnson, J. (2013) *My Mum Makes the Best Cakes.* Milton Keynes: Speechmark Publishing Ltd.
- Johnson, J. (2011) *"My Parent has a Brain Injury..." ...a Guide for Young People.* Self-published.
- Powell, T (2013) *The Brain Injury Workbook: Exercises for Cognitive Rehabilitation.* Milton Keynes: Speechmark Publishing Ltd.
- Powell, T. (2004) *Head Injury: A Practical Guide.* Milton Keynes: Speechmark Publishing Ltd.

Headway also produces an extensive range of booklets and factsheets. For more information, please visit our website at **shop.headway.org.uk**, or telephone **0115 924 0800**. Brain injury survivors and carers can receive free copies of appropriate booklets from the Headway helpline on **0800 800 2244**.

Factsheets and e-booklets are free to download at www.headway.org.uk/information-library.

Headway's Amazon shop sells a wide range of books on the subject of brain injury and brain function. Visit www.headway.org.uk/headway-amazon-shop.aspx.

Other useful resources for managing anger

- O'Neill, H. (2006) *Managing Anger* (2nd edition). London: Wiley-Blackwell.
- Williams, W.H. (2011) *Managing Anger after Encephalitis*. Encephalitis Society (available on the Encephalitis Society website at www.encephalitis.info. Follow the links to 'Information', 'Resources' and 'Factsheets Index').

Useful organisations



Afasic

Helpline: 0300 666 9410

Web: www.afasic.org.uk

ASSIST Trauma Care

Helpline: 01788 560 800

Email: [admin@assist](mailto:admin@assisttraumacare.org.uk)

traumacare.org.uk

Web:

www.assisttraumacare.org.uk

Brain and Spinal Injury Centre (BASIC)

Helpline: 0870 750 0000

Email:

enquiries@basiccharity.org.uk

Web: www.basiccharity.org.uk

Brain and Spine Foundation

Helpline: 0808 808 1000

Email: [helpline@](mailto:helpline@brainandspine.org.uk)

brainandspine.org.uk

Web: www.brainandspine.org.uk

Brain Tumour Charity, The

Tel: 0808 800 0004

Email: [support@thebrain](mailto:support@thebraintumourcharity.org)

tumourcharity.org

Web:

www.thebraintumourcharity.org

Cerebra

Helpline: 0800 328 1159

Email: info@cerebra.org.uk

Web: www.cerebra.org.uk

Child Brain Injury Trust

Helpline: 0303 303 2248

Email: info@cbituk.org

Web: www.childbraininjurytrust.org.uk

Connect - the communication disability network

Tel: 020 7367 0840

Email: info@ukconnect.org

Web: www.ukconnect.org

Different Strokes

Helpline: 01908 317 618

Email: [webcontact@](mailto:webcontact@differentstrokes.co.uk)

differentstrokes.co.uk

Web: www.differentstrokes.co.uk

Encephalitis Society

Helpline: 01653 699 599

Web: www.encephalitis.info

Epilepsy Action

Helpline: 0808 800 5050

Email: helpline@epilepsy.org.uk

Web: www.epilepsy.org.uk

Epilepsy Society

Helpline: 01494 601 400

Web: www.epilepsysociety.org.uk

Meningitis Now

Helpline: 0808 80 10 388

Email: info@meningitisnow.org

Web: www.meningitisnow.org

Meningitis Research Foundation

Helpline (24hr): 0808 800 3344

Email: info@meningitis.org

Web: www.meningitis.org

Outsiders (sex and disability helpline)

Helpline: 07074 993 527

Email: sexdis@outsiders.org.uk

Web: www.outsiders.org.uk

Pituitary Foundation, The

Helpline: 0117 370 1320

Email: helpline@pituitary.org.uk

Web: www.pituitary.org.uk

Speakability

Helpline: 0808 808 9572

Email: speakability@speakability.org.uk

@speakability.org.uk

Web: www.speakability.org.uk

Stroke Association

Helpline: 0303 3033 100

Email: info@stroke.org.uk

Web: www.stroke.org.uk

Carers' organisations

Carers Federation

Tel: 0115 9629 310

Email: info@carersfederation.co.uk

Web: www.carersfederation.co.uk

Carers Trust

Tel: 0844 800 4361

Email: info@carers.org

Web: www.carers.org

Carers UK

Tel: 020 7378 4999

CarersLine: 0808 808 7777

E-mail: advice@carersuk.org

Web: www.carersuk.org

Crossroads Caring for Carers (Northern Ireland)

Tel: 028 9181 4455

Web: www.crossroadscare.co.uk

NHS Carers Direct

Helpline: 0300 123 1053

Web: www.nhs.uk/carersdirect

Disability aids and equipment

There are several companies that supply specialist aids and equipment direct to the public through their catalogues.

An occupational therapist may also be able to help you obtain any items which you find difficult to locate.

DEMAND

Tel: 01923 681 800
Email: info@demand.org.uk
Web: www.demand.org.uk

Disabled Living Foundation (DLF)

Helpline: 0300 999 0004
Email: info@dlf.org.uk
Web: www.dlf.org.uk

Disability Supplies

Web: www.disabilitysupplies.com

Hearing and Mobility

Tel: 0800 0334 060
Email: enquiries@hearingandmobility.com
Web: www.hearingandmobility.co.uk

Motability

Tel: 0300 456 4566
Web: www.motability.co.uk

NRS Healthcare

Tel: 0345 121 8111
Email: customerservice@nrshealthcare.co.uk
Web: www.nrshealthcare.co.uk

Patterson Medical

Tel: 03448 730 035
Web: www.pattersonmedical.co.uk

Remap

Tel: 01732 760 209
Email: data@remap.org.uk
Web: www.remap.org.uk

Rica

Tel: 020 7427 2460
Email: mail@rica.org.uk
Web: www.rica.org.uk

Rehabilitation and counselling services

The following organisations provide information on rehabilitation or counselling services in the UK. Some have online directories of professionals in NHS or private practice. Headway does not recommend any specific services and it is suggested that you contact more than one before making a decision.

Association for Rehabilitation of Communication and Oral Skills (ARCOS)

Helpline: 01684 576 795
Email: admin@arcos.org.uk
Web: www.arcos.org.uk

BrainNav – The National Brain Injury Service Directory

Web: www.brainnav.info

Association of Speech and Language Therapists in Independent Practice

Tel: 01494 488 306
Web: www.helpwithtalking.com

British Association for Behavioural and Cognitive Psychotherapies (BABCP)

Tel: 0161 705 4304
Email: babcp@babcp.com
Web: www.babcp.com

British Association for Counselling and Psychotherapy

Tel: 01455 883 300
Email: bacp@bacp.co.uk
Web: www.bacp.co.uk

British Association of Brain Injury Case Managers (BABICM)

Tel: 0161 764 0602
Email: secretary@babicm.org
Web: www.babicm.org

British Association of Occupational Therapists and College of Occupational Therapists

Tel: 020 7357 6480
Email: reception@cot.co.uk
Web: www.cot.co.uk

British Psychological Society (BPS)

Tel: 0116 254 9568
Email: enquiries@bps.org.uk
Web: www.bps.org.uk

Chartered Society of Physiotherapy

Tel: 020 7306 6666

Web: www.csp.org.uk

College of Sexual and Relationship Therapists

Tel: 020 8543 2707

Email: info@cosrt.org.uk

Web: www.cosrt.org.uk

Counselling Directory

Tel: 0333 3447 990

Web: www.counselling-directory.org.uk

Find a Therapist – UK & Ireland Directory of Counselling and Psychotherapy

Web: www.cpdirectory.com

Physio First

Tel: 01604 684 960

Email:

minerva@physiofirst.org.uk

Web: www.physiofirst.org.uk

Relate – the relationship people

Tel: 0300 100 1234

Email: enquiries@relate.org.uk

Web: www.relate.org.uk

Royal College of Speech and Language Therapists (RCSLT)

Tel: 020 7378 1200

Email: info@rcslt.org

Web: www.rcslt.org

UK Council for Psychotherapy

Tel: 020 7014 9955

Email: info@ukcp.org.uk

Web: www.psychotherapy.org.uk

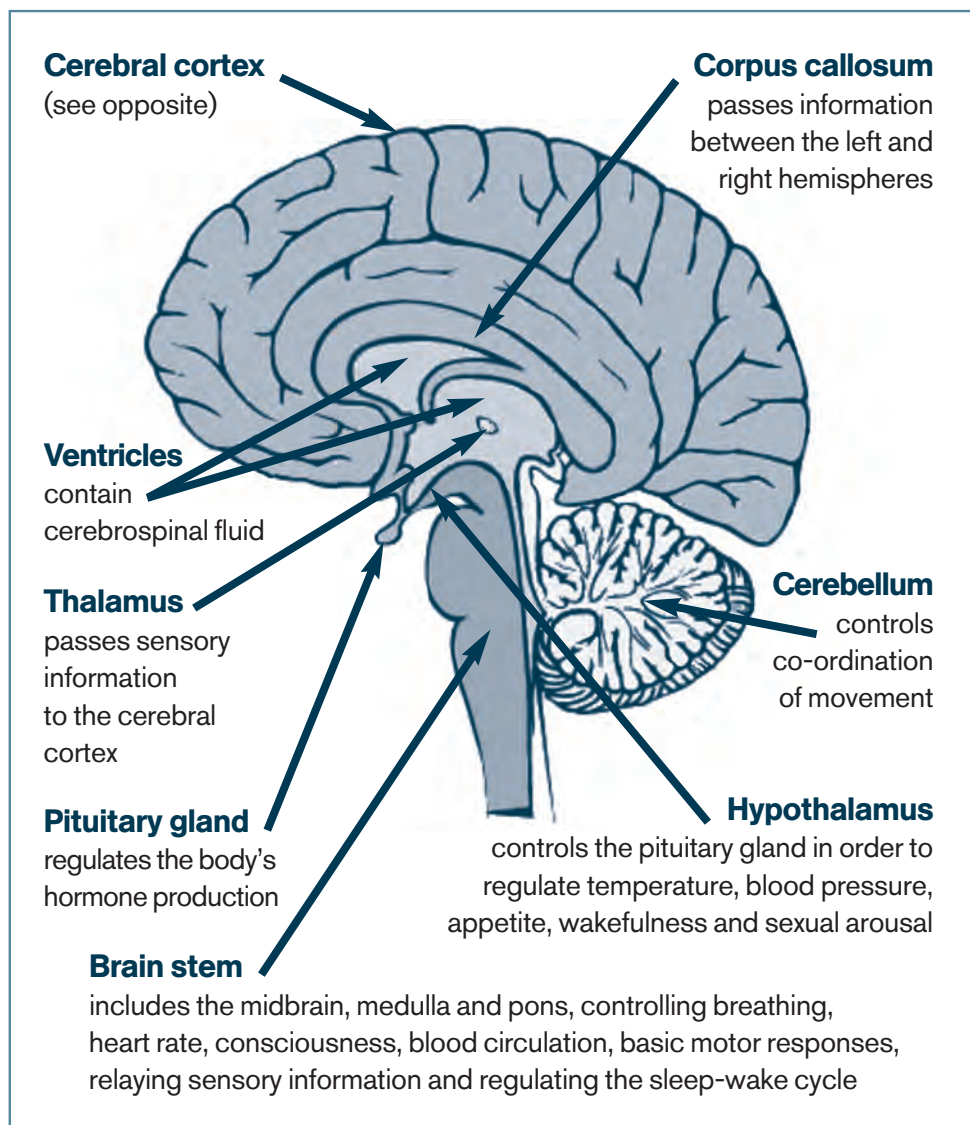
United Kingdom Acquired Brain Injury Forum (UKABIF)

Tel: 0845 608 0788

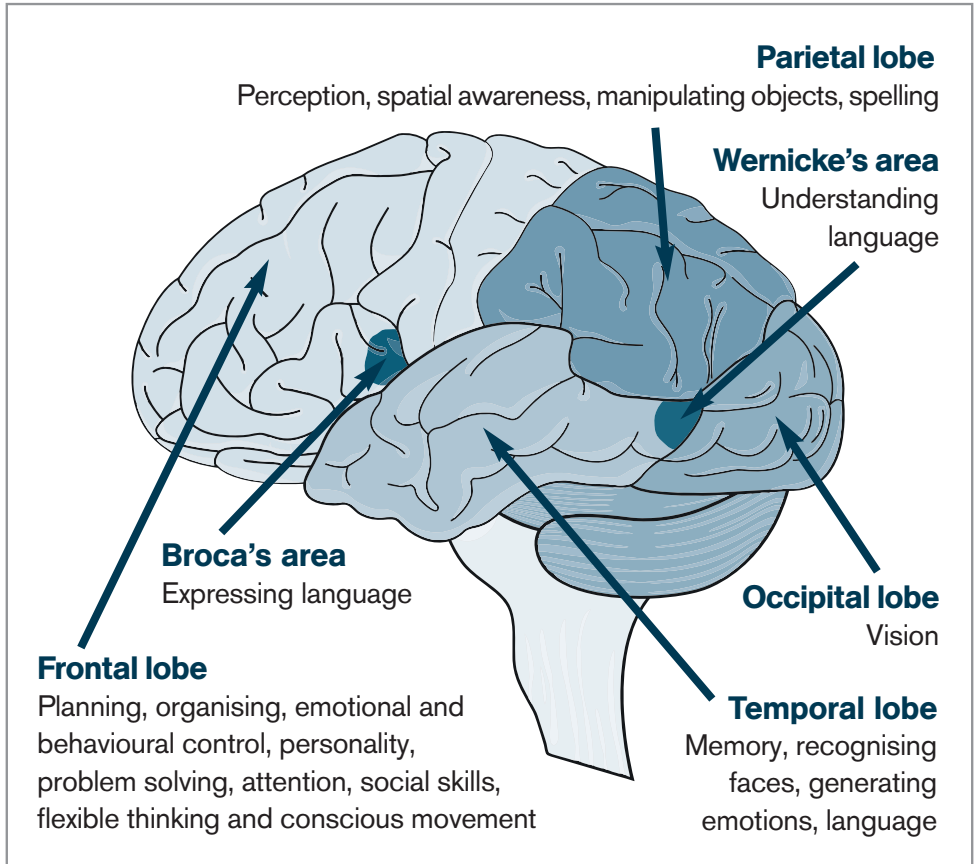
Email: info@ukabif.org.uk

Web: www.ukabif.org.uk

Internal areas of the brain and their function



The cerebral cortex



How to donate




Headway – the brain injury association is a registered charity (1025852) and relies upon voluntary support to fund its work.

If you would like to help Headway by making a donation you can do so by donating online at **www.headway.org.uk**, contacting the Fundraising Team on **0115 924 0800**, or sending a cheque to:

Headway – the brain injury association
Bradbury House
190 Bagnall Road
Old Basford
Nottingham NG6 8SF

About Headway



Headway – the brain injury association is a charity set up to give help and support to people affected by brain injury.

A network of local Headway groups and branches throughout the UK offers a wide range of services including rehabilitation programmes, carer support, social re-integration, community outreach and respite care. The [Headway helpline](#) provides information, signposts to sources of support and rehabilitation services, and offers a listening ear to those experiencing problems. Other services provided by Headway include:

- Supporting and developing local [groups and branches](#)
- Promoting understanding of brain injury and its effects
- An award-winning range of [publications](#) on aspects of brain injury
- Accreditation of UK care providers through the [Approved Provider scheme](#)
- A comprehensive, award-winning [website](#)
- [Campaigning](#) for measures that will reduce the incidence of brain injury
- Providing grants from our [Emergency Fund](#) for families coping with financial difficulties
- [Headway Acute Trauma Support](#) (HATS) nurses to support families with loved ones in hospital

- Freephone helpline: 0808 800 2244
(Monday–Friday, 9am–5pm)
- Telephone: 0115 924 0800
- Website: www.headway.org.uk
- Fax: 0115 958 4446
- Email: helpline@headway.org.uk



Managing anger after brain injury

This booklet has been written for people who have had a brain injury and are now having trouble managing their anger. It is also intended for their families and carers. It looks at why people with a brain injury may experience more anger and suggests ways of managing it from day-to-day.

