

SNS COLLEGE OF PHYSIOTHERAPY COIMBATORE-35

COURSE NAME : BPT., Physiotherapy IV Year
SUBJECT : Rehabilitation
UNIT : II
TOPIC : Behavioral Problems
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- Disability often leads not only to physical impairment but also to behavioral and emotional disturbances.
- These may arise due to neurological damage, psychological stress, social isolation, or poor coping skills.
- Management requires early identification, counseling, family support, and rehabilitation strategies.

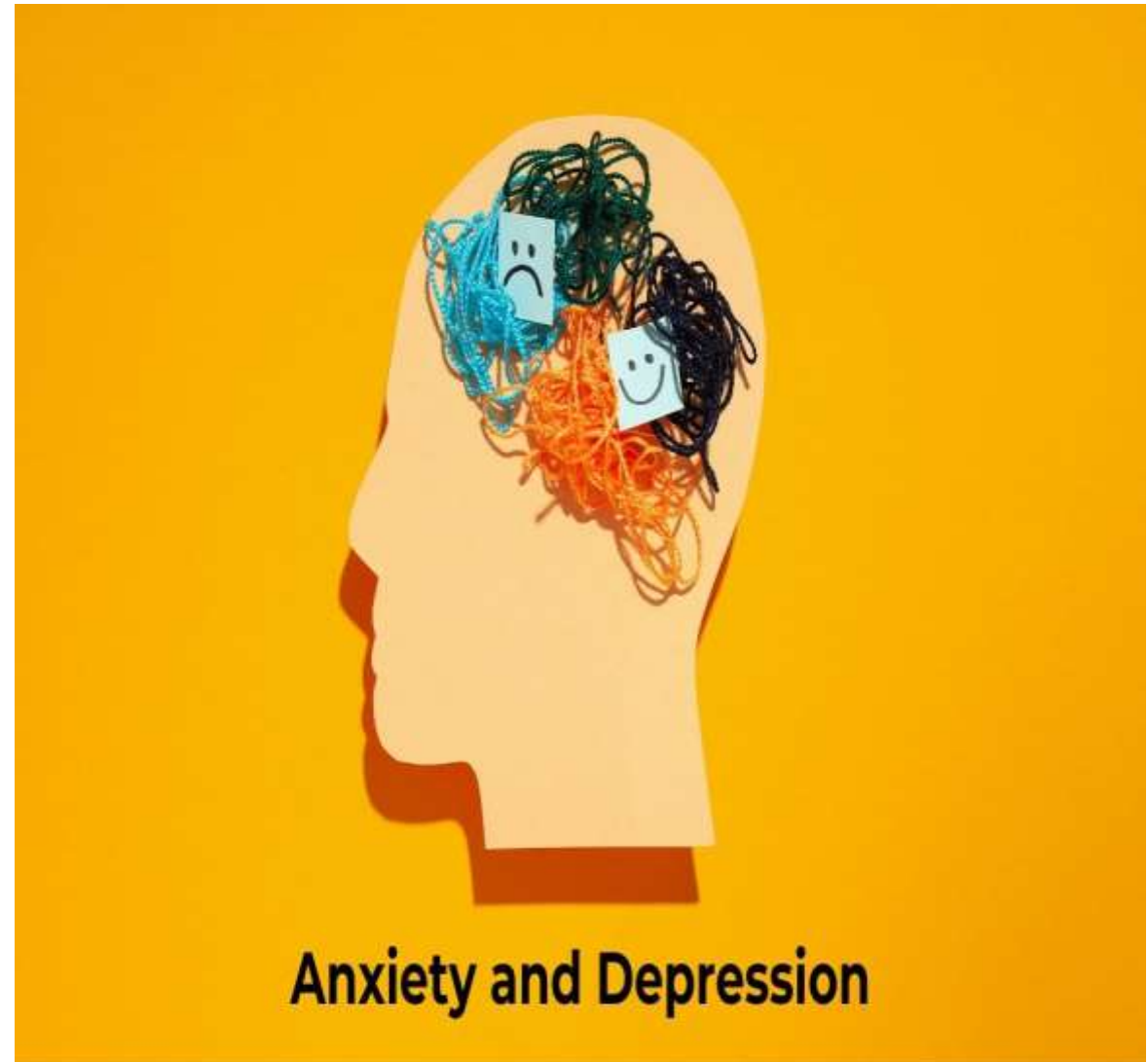


a. Depression

- * Features: sadness, hopelessness, loss of interest, suicidal thoughts.
- * Causes: loss of independence, chronic pain, social isolation.
- * Impact: reduces motivation and compliance with rehabilitation.

b. Anxiety

- * Features: restlessness, fear, worry, insomnia, autonomic symptoms (palpitations, sweating).
- * May worsen functional disability.



c. Aggression & Irritability

- * Seen in traumatic brain injury, dementia, frustration with disability.
- May result in poor cooperation during therapy.

d. Denial

- * Patient refuses to accept disability or limitations.
- * Leads to unsafe behavior, non-compliance with treatment.



e. Dependency

- * Over-reliance on caregivers, refusal to attempt independent activities.
- * Hinders rehabilitation progress.



f. Withdrawal & Social Isolation

- * Avoidance of family/friends, loss of confidence.
- * May progress to depression.



g. Cognitive & Personality Changes

- * Especially after brain injuries, stroke, dementia.
- * Problems include poor judgment, impulsivity, apathy.



1. Early Detection – screening for mood and behavioral problems.
2. Counseling & Psychotherapy – individual or group therapy.
3. Cognitive Behavioral Therapy (CBT) – for depression, anxiety, maladaptive thoughts.
4. Medication – antidepressants, anxiolytics, mood stabilizers if prescribed.
5. Family Education – caregivers trained to manage challenging behaviors.
6. Reinforcement of Positive Behavior – reward participation and effort.
7. Structured Rehabilitation Program – predictable daily routines reduce stress.

- * Build rapport and trust with patients.
- * Use positive reinforcement to encourage participation.
- * Incorporate enjoyable activities into therapy.
- * Modify goals according to patient's mood and tolerance.
- * Communicate with psychologist/psychiatrist regarding observed behavior changes.
- * Encourage group therapy sessions for social interaction.



Patient: 35-year-old male with traumatic brain injury showing aggression and poor cooperation.

Intervention:

- * Structured therapy with short, clear instructions.
- * Involvement of psychologist for anger management.
- * Family educated on consistent responses and calm reinforcement.

Disability → Emotional stress → Behavioral Problems →
Early Identification → Counseling + Therapy + Family
support → Better Rehabilitation Outcome

- Which of the following behavioral problems most commonly reduces motivation and compliance with rehabilitation programs?
 - A. Anxiety
 - B. Aggression
 - C. Depression
 - D. Denial

- Denial in a disabled patient is BEST described as:
 - A. Excessive dependence on caregivers
 - B. Refusal to accept disability or limitations
 - C. Avoidance of social interactions
 - D. Presence of impulsive behavior

