



# Assessing and Building Insight

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# What is a lack of insight?

- More than denial of injury or cognitive impairment
- An *inability* to recognise injury and subsequent difficulties with current brain processes.
- The brain's internal monitoring system for the brain and body has been damaged
- Formally called Anosognosia
- One of the most complex areas of neurological impairment to work with and rehabilitate because engagement and motivation become very difficult

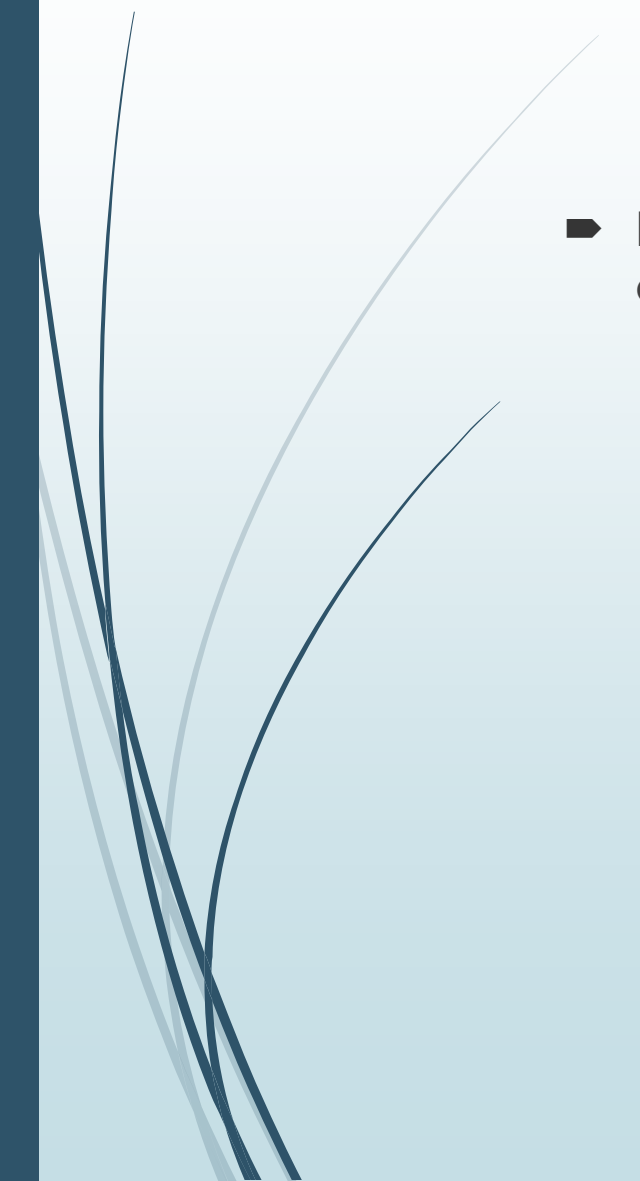
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# Common signs of lacking insight

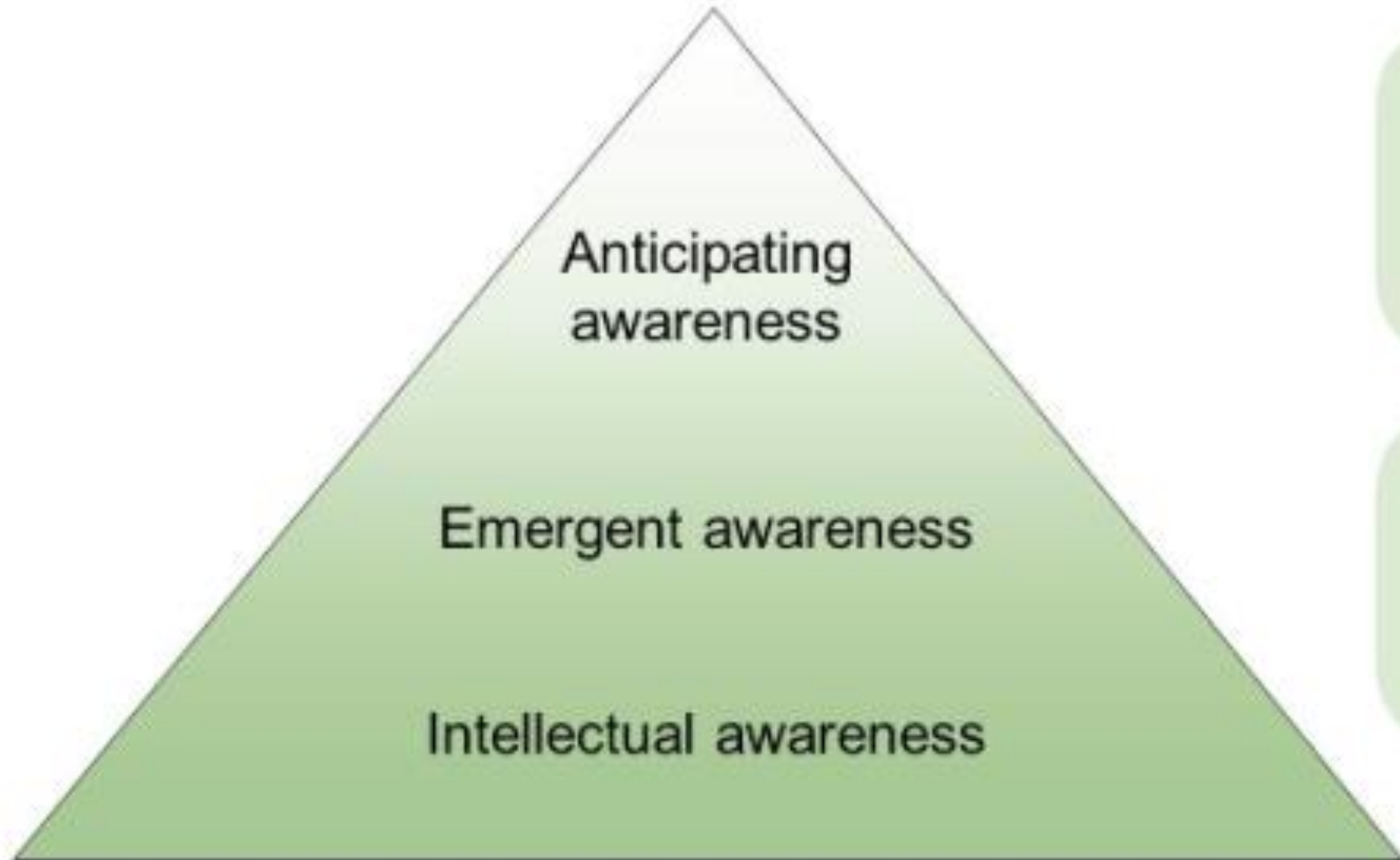
- Denying obvious difficulties seen by professionals
- Frequently minimising or avoiding discussion about difficulties (be cautious or premorbid behaviour)
- “I never would have been good at that”
- “My memory has never been good”
- “I know myself better than anyone else knows me”
- “It doesn't matter if I can't do it now, when I go home I will be fine”



# Assessing Insight

- ▶ Based on clinical judgement as to what stage on insight a person is able to demonstrate.
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# Hierarchy of Self-Awareness



*(Crosson et al, 1989)*



# Types of Awareness

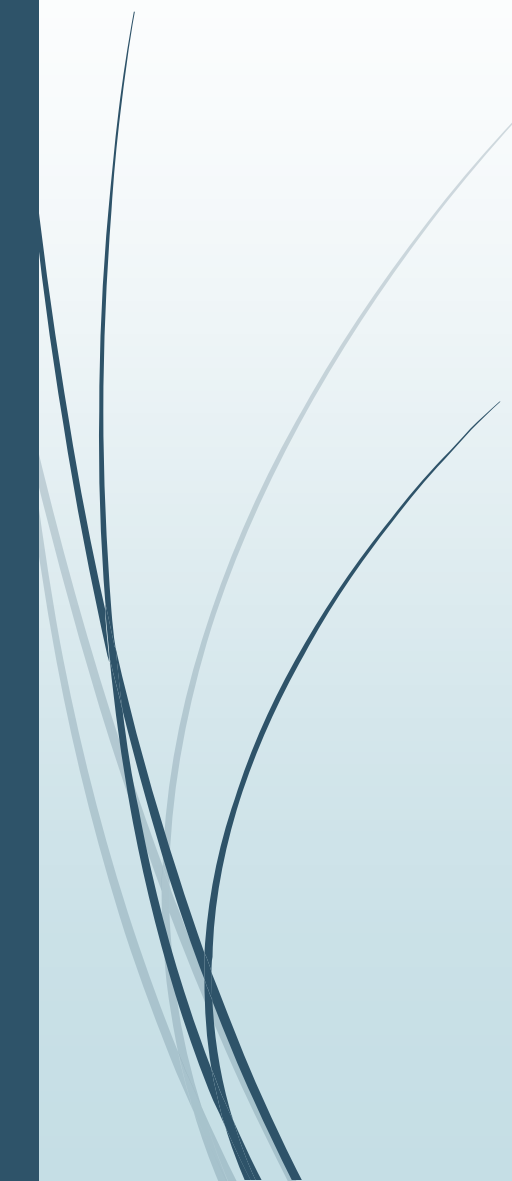



- ▶ Anticipatory Awareness: Patient is able to anticipate when an impairment will affect performance and implement strategies.
- ▶ Emergent Awareness: Patient recognizes when an impairment affects their ability as it occurs.
- ▶ Intellectual Awareness: Patient may be aware a problem has occurred, but is unable to identify it.



# Exercise

Get in to small groups and try to organise these strategies for supporting insight rehabilitation in to whether they would be best for the Intellectual, Emergent, or Anticipatory stages.



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- Concrete language
  - Positive Reinforcement of self-correction of errors
  - Education about personal injuries
  - Staff generated strengths and weaknesses Lists
  - Video recording and evidence building
  - Planned failure of tasks with external monitoring
  - Risk scenario practice
  - Facilitating patient to build lists of strengths and difficulties

- Concrete language
- Discussing known difficulties during an exercise
- High rate of repetitions
- Planning tasks ahead of time
- Planning compensatory strategies for difficulties
- Questionnaires comparing self monitoring of difficulties with family/staff observations
- Planning and completing tasks which will highlight difficulties
- Cued external compensatory strategies



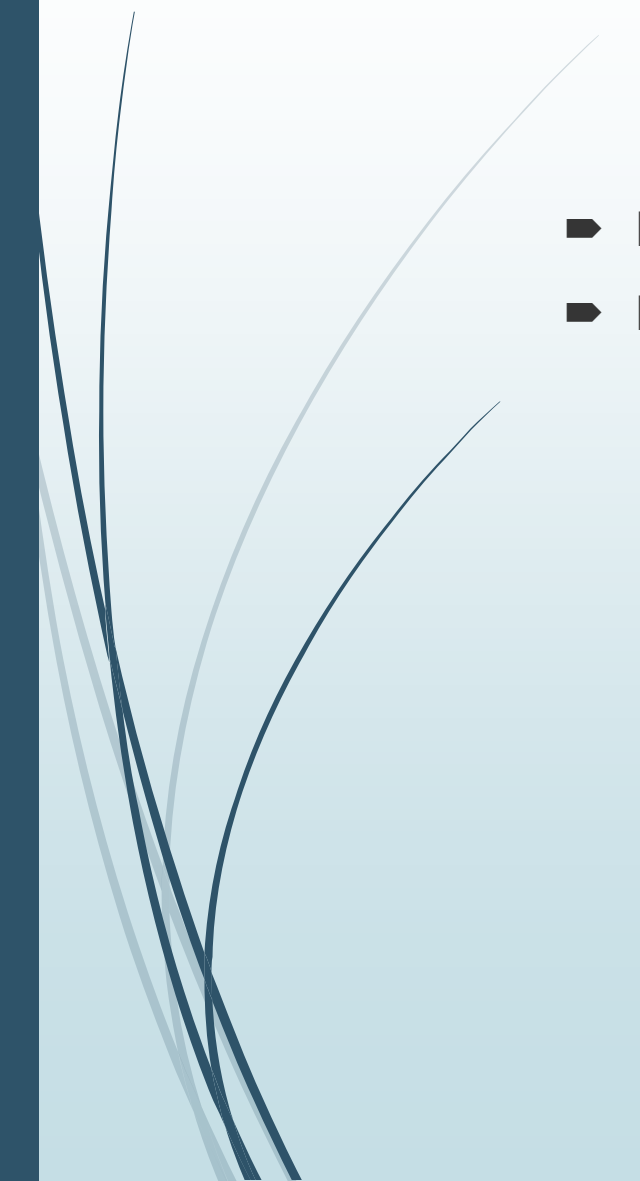
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# Building Intellectual Awareness

- ▶ Concrete language
- ▶ Education about personal injuries
- ▶ Staff generated strengths and weaknesses Lists
- ▶ Cued external compensatory strategies
- ▶ High rate of repetitions
- ▶ Video recording and evidence building
- ▶ Planned failure of tasks with external monitoring
- ▶ Questionnaires comparing self monitoring of difficulties with family/staff observations



# Examples of questionnaires

- ▶ Frontal Systems Behaviour Scale (FrSBE)
  - ▶ Patient Competency Rating Scale (PCRS)
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## Family Rating Form

Janet Grace, PhD, and Paul F. Malloy, PhD

### Instructions

Inside this form is a list of phrases that can be used to describe a person's behavior. Please read each phrase carefully. Using the rating scale below, circle the number under each column that corresponds to how often your family member has engaged in the behavior described. Rate your family member's behavior for each point in time—**Before the illness or injury** and **At the present time**. Please try to provide a rating for all of the statements.

1 Almost never	2 Seldom	3 Sometimes	4 Frequently	5 Almost always
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### Examples

If during the time *before* your family member's illness or injury he or she *almost never* felt confused, then you would circle the **1** in the column labeled **Before illness or injury**. If at the *present time* your family member *frequently* feels confused, then you would circle the **4** in the column labeled **At the present time**. See the example below showing how these answers would be marked on the form.

	Before illness or injury	At the present time
1. Is confused.	① 2 3 4 5	1 2 3 ④ 5

If you need to change an answer after you have already circled it, just mark an X through the incorrect number and then circle the correct number. See the example below showing how to change an answer if needed.

	Before illness or injury	At the present time
1. Is confused.	<del>1</del> 2 ③ 4 5	1 2 3 ④ 5

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## Patient Competency Rating (Patient's Form)

Source: Prigatano, G. P. and Others (1986). *Neuropsychological Rehabilitation After Brain Injury*. Baltimore: Johns Hopkins University Press.

### Identifying Information

Patient's Name: \_\_\_\_\_

Date: \_\_\_\_\_

### Instructions

The following is a questionnaire that asks you to judge your ability to do a variety of very practical skills. Some of the questions may not apply directly to things you often do, but you are asked to complete each question as if it were something you "had to do." On each question, you should judge how easy or difficult a particular activity is for you and mark the appropriate space.

### Competency Rating

1 Can't do	2 Very difficult to do	3 Can do with some difficulty	4 Fairly easy to do	5 Can do with ease
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- \_\_\_\_\_ 1. How much of a problem do I have in preparing my own meals?
- \_\_\_\_\_ 2. How much of a problem do I have in dressing myself?
- \_\_\_\_\_ 3. How much of a problem do I have in taking care of my personal hygiene?
- \_\_\_\_\_ 4. How much of a problem do I have in washing the dishes?
- \_\_\_\_\_ 5. How much of a problem do I have in doing the laundry?
- \_\_\_\_\_ 6. How much of a problem do I have in taking care of my finances?
- \_\_\_\_\_ 7. How much of a problem do I have in keeping appointments on time?

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# Compensating for Intellectual Awareness Deficits

- ▶ Journals
- ▶ Alarms
- ▶ Written daily schedule
- ▶ Sticky notes
- ▶ Reinforcement
- ▶ Train people in support network



# Building Emergent Awareness

- ▶ Positive Reinforcement of self-correction
- ▶ Facilitating patient to build lists of strengths and difficulties
- ▶ Planning and completing tasks which will highlight difficulties
- ▶ Discussing known difficulties during an exercise

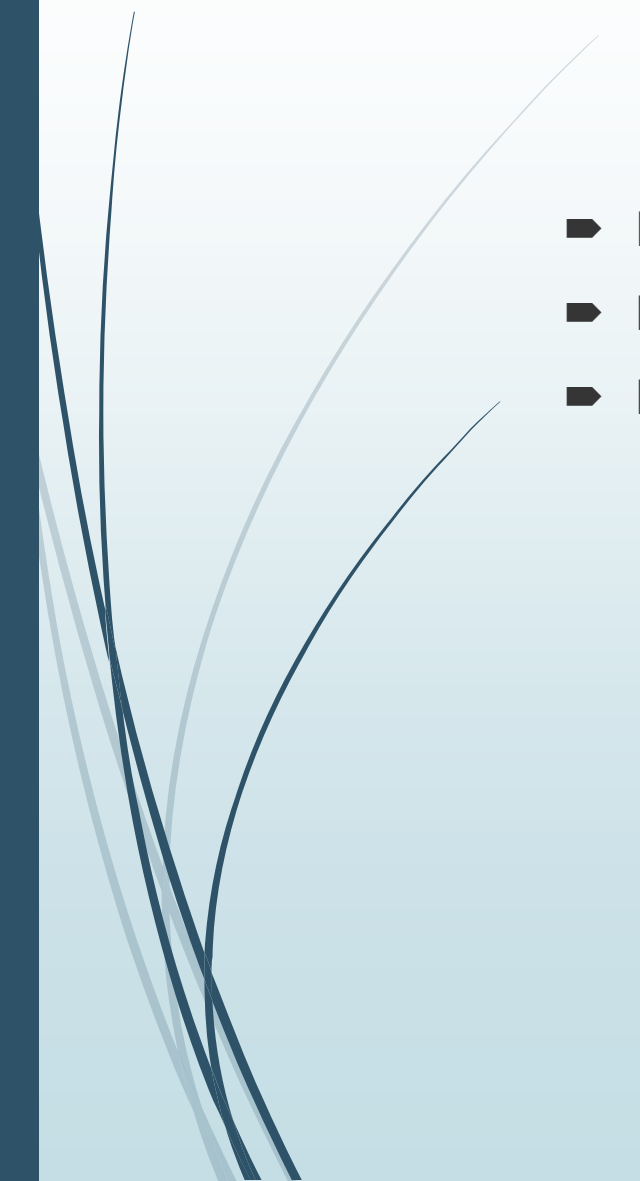
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# Examples of a 'cognitive obstacle course'

- Set-up a pill/medicine box
- Respond to email
- Alphabetical filing
- Timed testing
- Pack a lunch box
- Write a note to a family member or friend
- Navigating automated answering service / website booking
- Pay a bill
- Pack for a given scenario



# Building Anticipatory Awareness

- ▶ Risk scenario practice
  - ▶ Planning tasks ahead of time
  - ▶ Planning compensatory strategies for difficulties
- 



# Group Discussion

- ▶ What tasks do we already do where we could build insight and awareness ?
  - ▶ How do people engage people with low insight (family, friends, effect on others?)
  - ▶ Scenarios?
  - ▶ Supports?
  - ▶ Questions?
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