

Frontal Lobe Syndrome: Inappropriate Behavior Type Caregiver/Family Handout

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This was written for people in nursing homes however, many people in the community have this condition.

Is your patient or loved one afflicted with a condition called Frontal Lobe Syndrome? Some of the symptoms are as follows:

- Socially and sexually inappropriate behavior
- Poor judgment
- Doing things without considering the consequences
- No remorse after doing something inappropriate
- Lack of awareness of the feelings of others
- Verbal Abuse/swearing
- Doing things impulsively

**** Make sure that the person *did not* have these behaviors *before* any brain changes; i.e., *this information does not apply to sexual predators/pedophiles*****

Common examples of these types of behaviors may include the following:

- Urinating or defecating in the corner of a room or place other than the bathroom
- Sexual gestures made at staff, other residents, and family members
- Swearing (if the person was not known to swear)
- Forgetting to wear clothing, flashing people, touching oneself sexually in public
- Grabbing food off someone else's plate
- Repeating inappropriate behaviors after being asked not to do so
- Hitting someone when angered by them

*****Many people with dementia get confused and do socially inappropriate things at times; I like to reserve this diagnosis for people who constantly have “shocking” or “upsetting” behaviors.*****

WHY WAS THIS ARTICLE WRITTEN?

- Help loved ones and caregivers to better understand this frustrating and **misunderstood** syndrome
- Make sure that the afflicted persons aren't judged by caregivers or

loved ones because this behavior is due to an injury to the brain and **not the person's fault**

- Teach ways to help this person with daily life skills to minimize these behaviors

- Protect the person from harm by others

- Protect others from harm by this person

WHAT CAUSES FRONTAL LOBE SYNDROME?

The answer is, any condition that causes damage to the brain's frontal lobe (forehead area). This condition can usually be seen after a stroke, a head injury, a broken blood vessel in the brain, a severe mental illness (Schizophrenia), specific developmental disabilities, some neurological conditions, and sometimes dementia plaque formations in the frontal lobe.

Because a person is afflicted with these conditions **does not mean** that they will get FLS; however, if you notice the symptoms listed above to be uncharacteristic of the person's personality **before** such an event, they probably have FLS.

WHAT CAN BE DONE TO HELP THESE PEOPLE?

AS A CAREGIVER OR LOVED ONE:

- do not take these behaviors personally

- redirect inappropriate behaviors without being condescending or angry (even if the person **appears** to be doing the behavior on purpose or out of spite, that is not the case.)

WHEN INAPPROPRIATE BEHAVIORS OCCUR, TRY TO BE CREATIVE TO PREVENT THEM.

- For example, if someone keeps urinating in inappropriate places, put the person on a toilet schedule where the person is taken to the bathroom every four hours and shown the toilet. Seeing a toilet is a "cue" to use it.

- Rule out any infections or medical problems first

- If someone takes food from other people's trays, sit the person farther than arm's reach from the next person OR put a "fake" tray nearby so items can safely be taken from that tray without offending anyone.

—If touched inappropriately, you can say, “Bob, that’s not appropriate to touch me that way.” Sometimes, it may eventually “sink in” over time. Therefore, staff should be continuing to redirect briefly and then move on to something else.

—**Two staff for personal care** (one doing hand/nail care and one doing other maintenance) for staff safety can be utilized. Giving the person towels to hold, keeping hands occupied, and other distraction techniques such as TV can help.

—If a consumer “flashes” people, exposes him or herself, or masturbates in public, a jumpsuit with a back zipper may be worn so this doesn’t occur. (These can be ordered from shops specializing in clothing for people with dementia.)

Always get a neurological workup to determine the cause and possible treatment or prevention of what is discovered in the brain. Then get neuropsychological testing done with a behavior modification plan; i.e., how to best help this person.

There is a condition called Kluver-Bucy Syndrome that has similar symptoms; hence, the need to see a neurologist and psychologist for clarification and help.

Caring for someone with FLS can teach you patience, kindness, and not to take everything personally, even if someone is socially or sexually inappropriate.

Read about FLS in more detail including case studies in the book entitled, Everything You Should’ve Learned in Psychiatry School: But Didn’t by Dr. Kelly Gardiner