

# **Frontal Lobe Syndrome: Unmotivated Type**

## **Caregiver/Family Member Handout**

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### **WHY WAS THIS ARTICLE WRITTEN?**

Because people who have this condition are often **inappropriately labeled** as lazy or oppositional. All of them suffer from some extent of frontal lobe brain injury, which makes it difficult to follow tasks that require **multiple steps** to complete.

The frontal part of your brain (forehead area) allows you to plan things that require multiple steps. For example, you need to see a dentist. Therefore, you call the dentist, make an appointment, put it on your calendar, arrange transportation, and attend the appointment. People with FLS don't have the ability to do all the steps required to complete that task.

### **WHAT CAUSES FRONTAL LOBE SYNDROME?**

The answer is any condition that causes damage to the frontal lobe of the brain (forehead area). This condition can usually be seen after a stroke, head injury, broken blood vessel in the brain, a severe mental illness, birth injuries, neurological conditions, and some dementias to name a few of the many causes.

### **EXAMPLES OF FRONTAL LOBE SYNDROME: UNMOTIVATED TYPE (THESE MIGHT SEEM FAMILIAR TO YOU)**

**Example #1:** If you tell Brian, on garbage collection day, to take out the garbage (including garbage in the bathroom and kitchen) he may just take out the garbage from the bathroom and kitchen and **not** older garbage kept in the garage (which he should know about). You may ask yourself: ***Why didn't he take out ALL of the garbage? He knew about the garbage in the garage. Why do I have to tell him to put a new bag in the can after removing the old bag?***

**Example #2:** You told Thomas that you made him an appointment for April 8th at 2:00 p.m. to see a dentist. When you see him again, you ask how the dentist visit went. He tells you that he must have forgotten about it and doesn't seem to care that he missed it. He cannot tell you why he didn't keep his appointment.

**Example #3:** Barbara has body odor so, you asked her kindly to take a shower. After the shower, she still has a body odor. After checking the bathroom, you

find out that there is not any soap in there!

**Example #4:** As a Case Manager/Family Caregiver, you worked hard to get Mike Section 8 housing, however, you got a phone call indicating that he might be evicted. Upon arrival to the apartment, you determine that he is not keeping his apartment clean (i.e., garbage not taken out on the proper day, laundry not done, no laundry soap in the apartment after you check), and he is relaxing, watching TV. Why and how did this happen and what is wrong with him?

**Example #5:** You ask Katie to wash the kitchen/dining room floor. You know that she has FLS, so you give her a mop and soapy bucket of water. ***Katie tells you that she is done with the kitchen floor, however, you notice that the chairs were not moved nor was the floor mopped under the table.*** Again, this is typical of FLS because that task required a few more steps than she could comprehend.

**Example #6:** Greg lives in a nursing home. He used to go to all the activities and was very social. Over time, he isolates himself to his room more and more. Everyone was worried that he was depressed. After an assessment by a psychiatric provider, it was determined that he was **not sad** by any means. It was FLS making him unmotivated.

### **WHAT CAN BE DONE TO HELP THESE PEOPLE?**

—The first way to help these individuals, is to **understand that the condition** is a form of brain injury and that **it is not the person's fault**.

In other words, if the person had not had the brain changes, he or she would not be demonstrating these behaviors. **Even if the person appears to be doing the behavior on purpose or out of spite, that is not the case.**

—Caregivers and loved ones need to give the person one-step directions for tasks (sometimes two steps, depending upon the person). You may have to do the task **with** the person, or do **standby supervision**, to make sure that it is completed. Remember to give praise.

—For medical care, you may have to make the appointment, remind the person the day before the appointment, and/or take the person to the appointment yourself. You will then have to make sure that follow-up recommendations are completed; i.e., blood work or tests ordered by the medical provider.

—An Occupational Therapist might be of help with organizational skills and memory cues. Ask the medical provider for a referral.

—Lower your expectations of what this person can do so that you do not get angry or resentful.

—Keep a sense of humor and treat the person with kindness and respect.  
—Remember that this person is **NOT** lazy, oppositional, doing this on purpose, manipulative, or mean. This condition is due to a form of brain injury.

**\*\*If the person has Medicaid, caregivers who must help this person with routine tasks of living might benefit by getting paid as a “chore provider.” The name of the form varies between states. Check with your local **Department of Health and Human Services**. A copy of the form is online, which you can print for the mental health or medical provider to complete.**

**It is wise to get a neurological workup to determine the cause and possible treatment or prevention of what is discovered in the brain. Then, neuropsychological testing (from a psychologist) can be done, which can confirm this diagnosis and possibly give you more suggestions on how to be of help.**

**Taken from the book: Everything You Should’ve Learned in Psychiatry School: But Didn’t by Dr. Kelly Gardiner**