Mission

To advance awareness, research, treatment and education and to improve the quality of life for all people affected by brain injury.
Acquired Brain Injury Facts

- 3.5 million children and adults acquire brain injuries each year.
- Nearly 10 million live with brain injury-related disability (1 in 60).
- On average, caregivers spend 84 hours per week assisting loved ones.
- The estimated lifetime cost of care for a person with brain injury exceeds $4 million dollars.
- The cost to society for medical care and lost wages for people with traumatic brain injury is $76.3 billion per year.
- A brain injury happens every 9 seconds.
Strategic Goal

Improve care and support for individuals with brain injury and their family members.
Advocacy
Research

- Treatment Guidelines Project
- Redman Research Fund
- Research Program Support
  - Federal Appropriations
  - Letters of Support
  - Advisory Board Services
  - Subject Recruitment
  - Findings Dissemination
National Brain Injury Information Center
1-800-444-6443

We understand.
We know what can happen when someone experiences a blow or jolt to the head. Perhaps the injury was caused by a fall, motor vehicle crash, sports mishap, or violent behavior. No matter the scenario, a brain injury is not simply an event or an outcome - it is often a misunderstood diagnosis. A person with a brain injury may have physical problems or trouble remembering things. Sometimes, there is a change in the person’s behavior and it may be hard for him or her to think clearly.

We can listen.
You need accurate and reliable information regarding brain injury. You are not alone.

We can help.
The National Brain Injury Information Center is a toll-free telephone service for getting information, resources, and services in your community. We provide information about:

- Local treatment and rehabilitation options
- Funding for services
- Legal issues
- Resources for veterans
- Living with brain injury
- Returning to school and work
- Coping with changes
- Planning for your future

For general information about brain injury, visit www.biausa.org.
Preferred Attorneys

GET JUSTICE.
BIAA PREFERRED ATTORNEYS
UNDERSTAND BRAIN INJURY

LEARN MORE AT WWW.BIAUSA.ORG/ATTORNEYS
Academy of Certified Brain Injury Specialists
Brain Injury Fundamentals

Practical Training Workbook

Brain Injury Association of America

Section 4
Brain Injury and Behavior

Learning Objectives
- Identify and define common behavioral complications of brain injury.
- Discuss common behavioral principles.
- Discuss common behavioral approaches and strategies.
- Understand de-escalation techniques used when working with individuals with brain injury.

Introduction
There may be many changes in how a person thinks, feels, and acts after a brain injury. These changes can greatly affect:
- A person's ability to live independently
- A person's ability to work
- A person's ability to maintain relationships with others
- Every aspect of a person's daily life

GENERAL NOTES

Changes in behavior after brain injury present special difficulties.
Common behavioral and emotional issues following brain injury include:
- Becoming easily frustrated
- Irritability and agitation
- Impulsivity
- Refusal or resistance
- Verbal aggression
- Physical aggression
- Elision
- Disinhibition
- Complaining that anything is wrong or different
- Destroying property
- Crying or laughing at the wrong time
- Diminished initiative
- Making bad or questionable decisions
- Mood swings

What is impulsivity?
What is disinhibition?
What is irritability?

Do you have examples of any of these behaviors?

YOUR INFLUENCE ON BEHAVIOR

Many unwanted behaviors are low in intensity or frequency and can often be tolerated, ignored, or redirected.
In these cases, behavior is best managed by the right approach, i.e., using good therapeutic intervention skills.

Behaviors of any kind may be the result of our interactions in the moment or over time.

INTERPRETING BEHAVIOR

Individuals with brain injury may not respond to others in typical ways. Consider these questions:
- Are they really resistant or could they be hard of hearing?
- Are they really refusing or could they still be processing the information?
- Are they confused about what is expected of them?

In many cases, more frequent or intense problem behaviors require more thoughtful interventions.
Brain Injury Fundamentals

**Behavior Program Elements**

- Define Target Behavior
- Collect Data
- Assess Behavior
- Change Behavior

**Defining Target Behavior:**

Define the specific behavior you want changed, providing detail that will support accurate data and analysis.

**Collecting Data:**

- Data
- Intensity
- Duration

Consistent and accurate data is essential to understanding and eventually changing behaviors.

**Assess Behavior:**

To better understand a behavior, we try to determine its function, or what the behavior is accomplishing for the individual.

- Get something (obtain desired events)
- Get out of something (seek avoidance of undesirable events)

An adult male yells and makes threats every time a non-preferred or unfamiliar staff member offers him his meds. His preferred staff member then suitees to help him calm down and take his meds.

**What is the function of this behavior?**

An individual sits down the wall, down, and throws everything he can find when he is asked to sit with the group for dinner. When this happens, staff moves him away from the group to keep others safe. He then sits by himself and eats his dinner.

From the choices on the slide, what is the function of this behavior?

- A consequence is...
- A consequence is...
- A consequence is...

Three Term Contingency:

- As simple as A-B-C
- Antecedent: What happened before?
- Behavior: What happened?
- Consequence: What happened after?

**General Notes**
Brain Injury Fundamentals

CHANGE BEHAVIOR:

Some unwanted behaviors can be managed or avoided by changing circumstances. For example, if an individual plays game on a computer when consolidated or tired, consider changing the schedule to promote better pacing or timing of activities.

We are thoughtful about the demands we make on individuals who may experience cognitive fatigue or confusion that can produce upset.

When a behavior’s consequence makes that behavior more likely to happen again, that is reinforcement. Reinforcements can be sales and unlimited.

To decrease unwanted behavior, consider an alteration behavior that would achieve the same result, but what to do, instead of what not to do.

Positive Reinforcement Example:

Getting attention:

Carl is sitting alone in the living room. A staff member walks by and makes small comments to the staff member. Staff discuss the comment with Carl for five minutes.

- What is the Antecedent?
- What is the Behavior?
- What is the Consequence?
- Is his behavior more or less likely to happen in the future?

Negative Reinforcement Example:

Getting Out of Something:

Staff asked Carl to complete his shower routine. Carl gets out of the shower and avoids staff. Staff walk away and avoid Carl’s shower routine.

- What is the Antecedent?
- What is the Behavior?
- What is the Consequence?
- Is his behavior more or less likely to happen in the future?

Review:

- Describe examples of antecedent, behavior, and consequence you may have experienced.

- Describe examples of reinforcement and explain how you may have contributed to someone’s behavior.

- What behavioral interventions have you seen implemented and what was the outcome of those interventions?

- What approaches can resolve some of these behaviors?
Brain Injury Fundamentals

Crisis Intervention

Expectations
- Staff should be trained in de-escalation skills and crisis intervention.
- Anticipating the "escalation" is important.
- Training should include guidelines for effective and supportive non-verbal behavior.

Which of these techniques have you used? Have they been successful?

De-escalation Techniques
- Active listening
- Clarification
- Redirection
- Setting limits
- Asking directions
- Controlling

If you are unsure of the reason for an approach or how to execute it, ask the clinician.
Your input is an essential part of the rehabilitation process.

Case Study
Carl had a rough day. During the family meeting, he learned his son to the program was not temporary, as he had thought. He was unable to verbally express his feelings. That evening, he showed an art class at the program's center. He grabbed Stephanie's paint and insisted her artwork. Later that evening, he continuously talked about going home. He finally announced he was leaving and started to cry.

What strategies can be used in Carl's behavior plan?

Case Study Questions:
Should Carl have been allowed to attend the art class?

What interventions should be implemented as Carl escalated?

What intervention have you used with another patient?

Role of the Caregiver

Which of these techniques have you used? Have they been successful?

Sample Quiz Question:
1. How can we avoid a problem behavior in someone who is overwhelmed or sad?
   A. Change the schedule and demands on the person
   B. Speak loudly to the person
   C. Stick to the published schedule
# Brain Injury Fundamentals

A certificate & training program designed especially for caregivers of people living with brain injury.

**Learn More & Apply for the Scholarship at**

[www.biausa.org/fundamentals](http://www.biausa.org/fundamentals)

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**AN EXCLUSIVE SCHOLARSHIP OPPORTUNITY FROM PILOT INTERNATIONAL**

**BRAIN INJURY FUNDAMENTALS**

<table>
<thead>
<tr>
<th>Applicant Name:</th>
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</thead>
<tbody>
<tr>
<td>Permanent address</td>
</tr>
<tr>
<td>Telephone and e-mail</td>
</tr>
<tr>
<td>Relationship to brain injury survivor:</td>
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<tr>
<td>Spouse</td>
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<tr>
<td>Date of brain injury:</td>
</tr>
<tr>
<td>Type of brain injury:</td>
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<tr>
<td>Major medical event:</td>
</tr>
<tr>
<td>Other (please specify)</td>
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<tr>
<td>Marital status:</td>
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<tr>
<td>Single</td>
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</tbody>
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**Annual Income Level: |

| $5,000 or less |
| $5,001 to $10,000 |
| $10,001 to $20,000 |
| $20,001 to $50,000 |
| Over $50,000 |

If this is your first time applying, please complete the following form. If you are a returning student, please provide your updated contact information.

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https://www.biausa.org/professionals/acbis/acbis-fundamentals/acbis-fundamentals-certification
Strategic Goal

Increase awareness and understanding of brain injury and the Brain Injury Association.
The Voice of Help, Hope and Healing

Brain injury is not an event or an outcome. It is the start of a misdiagnosed, misunderstood, under-funded neurological disease.

Donate
Call Us: 1-800-444-6443
Educational Webinars
Social Media

https://www.facebook.com/BrainInjuryAssociationofAmerica

https://twitter.com/biaamerica

How to prevent more e-scooter accidents

September 25, 2018 at 5:39 PM

Thanks to The Post for shining a spotlight on severe brain injury, fatality and concussion risks associated with electric-scooter sharing. Seeking compromise between personal responsibility and community safety can be difficult, especially when companies are seeing soaring profits as the e-scooter trend becomes more and more popular. The risk, however, is death or extremely serious brain injury, as we witnessed this month in Dallas in the fatal accident reported on in the article. The Brain Injury Association of America begs city leaders throughout the country to swiftly require all operators of e-scooter sharing platforms to attach and mandate use of helmets.

Susan H. Connors
The writer is president and CEO of the Brain Injury Association of America, Vienna, Va.
Publications

Brain Injury & Stroke
RESOURCE DIRECTORY
MAINE
First Edition
The Voice of Help, Hope and Healing

Moderate to Severe Brain Injury:
A Practical Guide for Families

The Journal of Head Trauma Rehabilitation
Knowledge Enhancing Care
Volume 24, Issue 5
September-October 2017
Awareness Month

With thanks to American Association for Justice TBI Litigation Group
Strategic Goal

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November 28, 2017

Here’s to 37 Years of BIAA!
Won’t you celebrate our birthday with us?

Brown-Bag-It for Brain Injury
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Thank You!

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https://www.biausa.org/find-bia/maine