

## Brain Injury Association of America: Your National Organization At Work October 16, 2018

### **Mission**



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

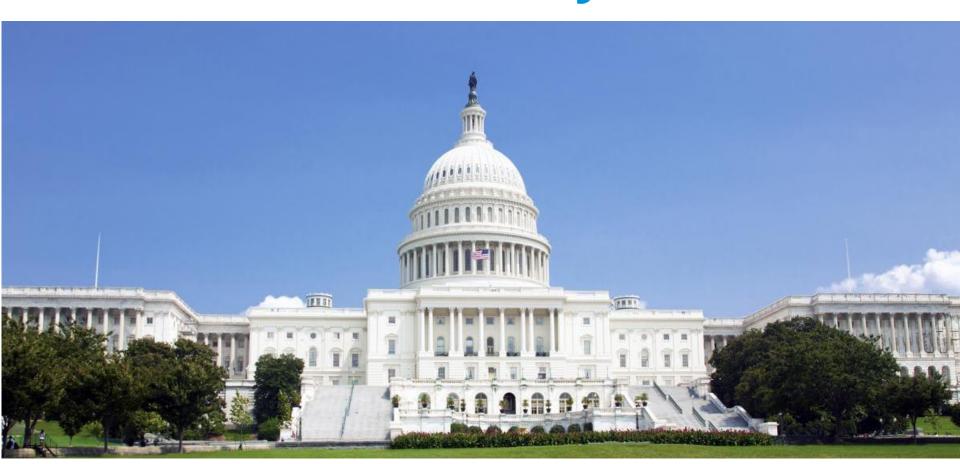
## **Acquired Brain Injury Facts**

- 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



#### Have you or your loved one had a brain injury?

(also known as a head injury, concussion, or coma):

Call our toll-free number to speak with a brain injury specialist. Monday through Friday 9:00 am - 5:00 pm

1-800-444-6443



Receive individualized, confidential resources and support.

#### 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**



### **Academy of Certified Brain Injury Specialists**



#### Brain Injury Fundamentals



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
- · 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
- Refusals or resistance
- Verbal aggression
- Physical aggression
- \*Elopement
- Disinhibition
   Denial that anything is wrong or different
- Destroying property
- Crying or laughing at the wrong time
   Diminished initiation
- · Diminished initiation
- Making bad or questionable decisions
- Mood swings



Brain Injury Fundamentals

<ul> <li>What is impulsivit</li> </ul>	19
--	----

What	is c.	lopem	entr

What	isc	lisin	hih	irio	n?

-		_	_	_	
	Wh	ar is	ini	riari	ion?

						۰
00000			exampl	es of ar	y of these	
	behavio	12.				


When we discuss behavior, we are referring to all kinds of skills and actions, not just "misbehavior." Effective approaches reflect the understanding that unwanted behavior is the product of brain dysfunction and environmental influences.

> Behaviors are every action we take, good or bad.

Practical Training Workbook



#### 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 interaction skills.

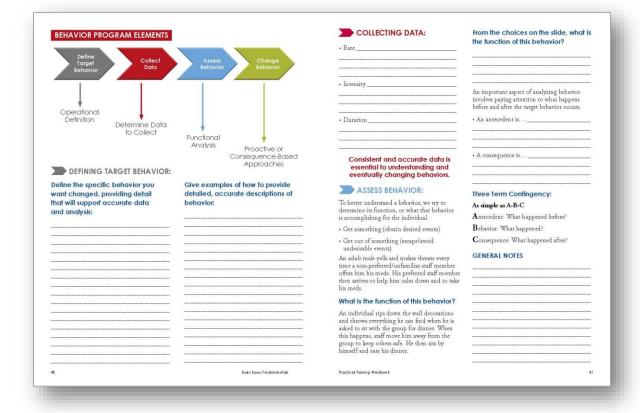
Behaviors of any kind may be the result of our interactions in the moment or over time.

#### INTERPRETING BEHAVIOR

Individuals with brain injury may not respond to others in typical ways. Consider these questions:

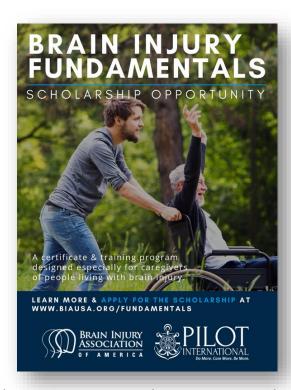
- Are they really resistant or could they be hard of hearing?
- Are they really refusing or could they still be processing the information?
- Are they confused about what is expected of them?

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

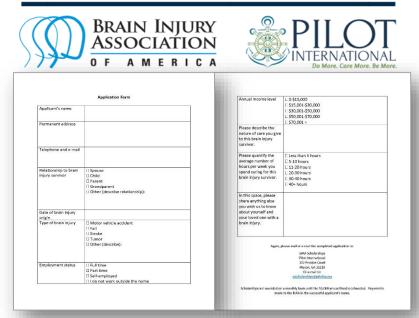


CHANGE BEHAVIOR: Some unwanted behaviors can be managed	• What is the Consequence?	Review:	STRATEGIES AND APPROACHES
or avoided by changing antecedents.  For example, if an individual shuts down		<ul> <li>Describe examples of antecedent, behavior, and consequence you may have experienced.</li> </ul>	Prompting and Cueing
for example, it is individual shuts down or shows upset when overwhelmed or tired, consider changing the schedule to promote better pacing or timing of activities.	Is his behavior more or less likely to happen in the future?		
We are thoughtful about the demands we make on individuals who may experience cognitive fatigue or confusion that can produce upset.		Describe examples of reinforcement and explain how you may have contributed to someone's behavior.	VISUAL AUDIBLE
When a behavior's consequence makes that	Negative Reinforcement Example:	someone's benevior.	
behavior more likely to happen again, that is reinforcement. Reinforcement can be subtle and unintended.	Getting Out of Something  Staff remind Carl to complete his shower routine. Carl curses at staff. Staff walk away		(1)
To decrease unwanted behavior, consider an	and avoid Carl's shower routine.		TACTILE ENVIRONMENTAL
alternative behavior that would achieve the same results; focus on what to do, instead of what not to do.	What is the Antecedent?	<ul> <li>What behavioral interventions have you seen implemented and what was the outcome of those interventions?</li> </ul>	Specific Behaviors     Refusal/Resistance
Positive Reinforcement Example:		uiose interventions:	Threatening/Demanding
Getting Something	• What is the Behavior?		Verbal Aggression     Physical Aggression
Carl is sitting alone in the living room. A staff member walks by.	· what is the Denavior		Elopement
Carl makes sexual comments to the staff member. Staff discuss the comment with Carl for five minutes.		GENERAL NOTES	Suggested Approaches     What approaches can resolve some
What is the Antecedent?	• What is the Consequence?		of these behaviors?
What is the Behavior?	Is his behavior more or less likely to happen in the future?		
42	Brain Injury Fundamentals	Practical Training Workbook	43

#### Case Study Questions: What interventions should be Crisis Intervention implemented as Carl eloped? Should Carl have been allowed to De-Escalation Techniques attend the art class? · Staff should be trained in de-escalation · Active listening skills and crisis intervention. · Orientation · Anticipating the "escalation" is · Redirection important. · Setting limits · Training should include guidelines for · Withdrawing attention effective and supportive non-verbal · Contracting behavior. If you are unsure of the reason Which of these techniques have you Sample Quiz Question: for an approach or how to How should staff have intervened used? Have they been successful? execute it, ask the clinicians! when Carl tried to grab Stephanie's 1. How can we avoid a problem Your input is an essential part behavior in someone who is paints? of the rehabilitation process. overwhelmed or fired? Case Study A. Change the schedule and demands on the person Carl had a rough day. During the family meeting, he learned his stay B. Speak loudly to the person in the program was not temporary, as he had thought. He was irritable C. Stick to the published and verbally aggressive, even toward his schedule preferred staff. That evening, he attended an art class at the program's rec center. He grabbed **GENERAL NOTES** Stephanie's paints and insulted her artwork. Role of the Careaiver Later that evening, he continuously talked Demonstrate how Carl's strategies about going home. He finally announced he could have been used when Carl Which of these techniques have you was leaving and started to elope. was grabbing Stephanie's paints and used? Have they been successful? What strategies can be used in Carl's insulted her artwork. behavior plan? Irain Inkey Fundamentals Practical Training Workhook



### BRAIN INJURY FUNDAMENTALS



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.



**E** Brain Injury

Professionals

Find Your BIA

Public Affairs

**W** Support Us

Log In / Join

Shop

**Donate Now** 

Q

#### 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





I Have a Brain Injury **(+)** 



I Am a Caregiver (+)



I Am a Professional





I Want to Help



CORPORATE PARTNERS



0000000

### **Educational Webinars**





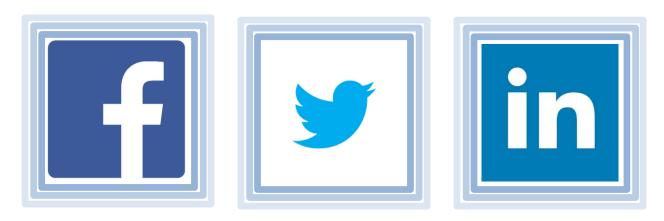








### **Social Media**



https://www.facebook.com/BrainInjuryAssociationofAmerica

https://twitter.com/biaamerica

https://www.linkedin.com/company/brain-injury-association-of-america/

### **Media Relations**

Letters to the Editor | Opinion

#### How to prevent more escooter 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.

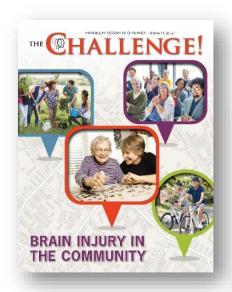
#### Susan H. Connors

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

## The Washington Post



# The Challenge! Magazine

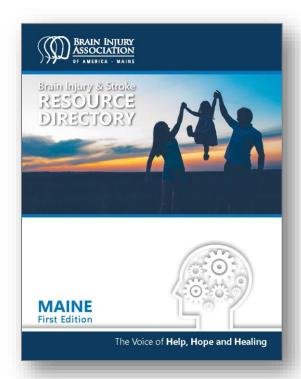


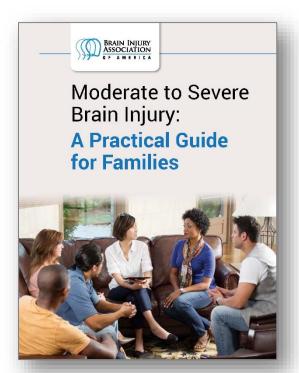


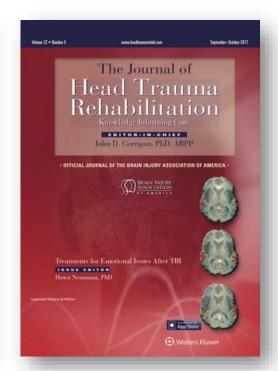




### **Publications**









### **Awareness Month**







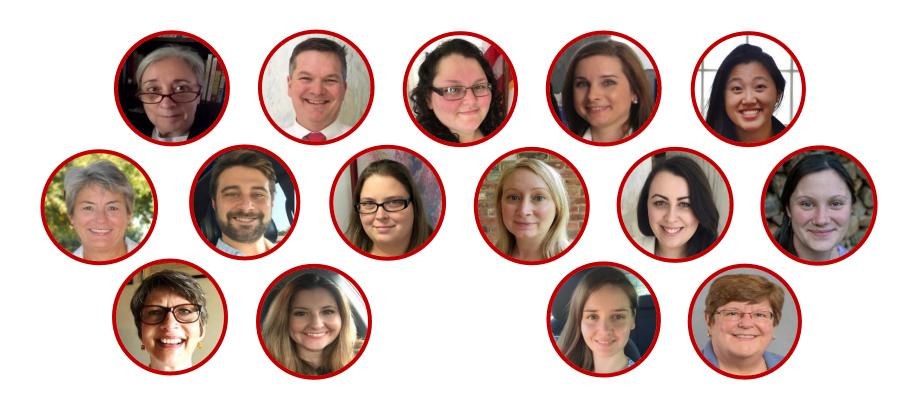


With thanks to American Association for Justice TBI Litigation Group

# **Strategic Goal**

Increase BIAA's capacity to achieve its mission.

## **BIAA Staff**



## **Corporate Sponsors**















Galveston • Lubbock







### **Individual Donors**



### **Thank You!**

This is presentation is available from:

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