

# Brain Injury & Behavior: Are There Lasting Effects?

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1

## Objective of Training:

- \*Learn how BI effects behavior
- \* Discuss positive strategies to decrease problem behaviors
- \*Discuss resources and cost of resources following BI.

2

## BI & Behavior

- \* Brain injury effects 13.5 million Americans.
- \* Brain injury is the 2<sup>nd</sup> most prevalent disability in the US yet it remains a largely unrecognized public health problem.
- \* Behavior is one of the most limiting factor following a brain injury.
- \* There is little compassion for behavior issues following TBI in the community.
- \* Intervention and interactions matter.

3



Be mindful of:  
Tone of voice  
Body language  
Volume

4

## Positive strategies to decrease problem behaviors

5

### Positive strategies:

- \* Keep instructions short, simple and specific.
- \* Use gestures to increase comprehension.
- \* Instead of stating what the individual is doing wrong, state what they SHOULD be doing.
- \* Make no assumptions.
- \* Recognize effort.
- \* Honor personal space. Pre-teach when you do enter personal space.

6

## Positive strategies con't:


- \* Ensure there is only ONE VOICE. This decreases confusion and over-stimulation.
- \* State contingencies (ex: “when you finish on the bike then we can listen to music for 5 minutes.”)
- \* Establish routines. Always start with the same task, in the same way.
- \* Allow the individual to “earn escape” from challenging situations by completing a set task or number of tasks and then being permitted to escape you or the environment.

7

## Positive Strategies con't:

- \* Use redirection – distracting in order to temporarily shift attention away from something that is upsetting or distressing.
- \* Actively ignore inappropriate behaviors – don't ignore the individual.
- \* Provide the individual with an incompatible behavior to engage in to diminish an undesirable behavior. Ex: the individual in picking at a tube/scab – provide them with something to do with their hands that is desirable.

8



But what do I do with someone who is agitated???

9

## Agitation following TBI:

- \* Allow them to move. When possible walk. If they are in a wheelchair have them self-propel or push them.
- \* Change environments.
- \* Stop trying to reason with them.
- \* Remove harmful items from the area.
- \* Get more information: are they eating, are they sleeping, are they having bowel movements, what medications are they on?
- \* Limit stimulation.
- \* Let them vent without responding.

10

## Confusion and behavior modification:

- \* Treat each day as a new day. Do not bring up past problem behaviors.
- \* Start with a positive, uplifting affect even if yesterday was a challenging session/interaction.
- \* Keep tasks simple and functional. Individuals do better with meaningful tasks than table-top or “silly” tasks.

11

## Confusion con't:

- \* End sessions/activities on a “high note”. Often performance decreases with fatigue and the duration of a session.
- \* Play into the individual’s likes. Ex: dancing, painting, gardening, bird watching.
- \* Try to limit confusion with frequent orientation, posted information, labels (discontinue if this seems to cause an increase in agitation).
- \* Pick your battles.

12



**Integrated Experience:**  
**Behavior influences  
behavior.**

13



**Intervention & Support Matter**

- \* Join a TBI support group – this is FREE. (Contact your local hospital, local Brain Injury Association, FB)
- \* Get in-home help through a company such as, Home Instead.
- \* Get specialized in-home help through BACB.com (approximately \$75-100/hour). Be mindful that few are trained in TBI.
- \* Seek Supported Living placement at NeuroRestorative. Published rate = \$1750/day for active rehab or \$900/day for Supported Living

14

## Intervention & Support Con't

- \* When long-term placement isn't an option (or not desired by family) seek "tune-ups" to give family respite. This can last for 2-4 weeks.
- \* Support systems such as family and friends often dwindle over time. Organize the resources you do have.
- \* Seek volunteer options (library, church).
- \* Use technology – video monitoring systems, apps, smart watch, etc.

15

## Intervention & Support Con't

- \* Send family/care giver to Nonviolent Crisis Intervention Training (through CPI). Cost = \$1300 for a 1 day virtual course focusing on verbal de-escalation. ([avance@crisisprevention.com](mailto:avance@crisisprevention.com))
- \* Webinars on Brain Injury Association website (\$30-50 per webinar) [biausa.org](http://biausa.org). There is FREE info on the website as well.
- \* Ensure a doctor well-versed in TBI is following the case to make medication adjustments.

16



## Life Long Journey

- \* Progress will continue...and so will challenges.
- \* Healing doesn't stop.
- \* There is no set time frame.
- \* Aging with a brain injury and pre-existing health issues can complicate the process.
- \* The "learner" is always right. Adjust, modify and grow as you go.

17

More than surviving –  
**THRIVING!**

Questions or comments?  
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18