Training Outline

• Brain injury overview
• Behavior and brain injury
• Strategies
• Resources
MINDSOURCE

BRAIN INJURY NETWORK

- Administrator of Federal Brain Injury Grants
- Brain Injury Technical Assistance and Consultation across State Agencies
- Administrator of the TBI Trust Fund

- CLIENT SERVICES (55%)
- ADMINISTERED BY BIAC
- RESEARCH PROGRAM (25%)
  - FORMAL RFP - MULTIPLE RECIPIENTS
- Community Grants (5%)
- GRANTS – MULTIPLE RECIPIENTS
Brain Injury 101

https://biacolorado.org/what-is-a-brain-injury
Hierarchy of Neurocognitive Development

- Overall Functioning
- Higher Order Processes
- Intermediate Processes
- Fundamental Processes

Achievement/Cognitive Ability/Reasoning
- Social Emotional Competency
- Executive Functions
- Language Processes
- Learning Processes
- Visual-Spatial Processes
- Memory
- Processing Speed
- Attention
- Inhibition
- Sensory-Motor

Complexities Increase with Maturation

CO Brain Injury Steering Committee: Adapted from Miller, 2007; Reitan and Wolfson, 2004; Hale and Fiorello, 2004
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Impaired Attention

What it looks like:
- Fidgets, squirms in seat, can’t sit still
- Interrupts conversation
- Low frustration tolerance
- Talks Excessively
- Off topic
- Impulsivity (inability to inhibit)
Accommodations for Impaired Attention

- Check to make sure there is good eye contact
- Work on only one task at a time
- Keep instructions brief, simple, & to the point
- Have client participate in discussion & development of plan
- Reduce distractions, meet in quiet environment
- Use cue words to alert the client to pay attention ("look", "listen")
- Establish nonverbal cueing system (eye contact, touch)
Delayed Processing Speed

What it looks like:

• Slow to respond to questions
• Appears to not be paying attention
• Looks confused
• Doesn’t follow instruction
Accommodations for **Delayed Processing Speed**

- Provide additional time to review information
- Speak slowly, making sure client understands – ask them to rephrase back to you what they heard
- Offer assistance with completing forms
- Utilize checklists and a written schedule of routines
- Provide written cues for organizing (“first do this, then do this”)
Short Term Memory Loss

What it looks like:

• Can’t remember more than one thing at a time
• Can’t remember details
• Appears disorganized
• Appears to have an “attitude” problem
• Appears manipulative
Accommodations for Short Term Memory Loss

• Repeat information and summarize
• Provide written summary – cue them to record important information (dates, action items)
• Review new information frequently
• Teach client to use reminder system like planner
• Teach “chunking” as a way to aid in retention
• Stick to routine as much as possible
• Keep information tangible and relevant
• Practice & reinforce strategies until they become automatic
Impaired Sensory Motor Skills

What it looks like:

• Appear overwhelmed
• Emotionally melt down
• Irritable, short fused
• May appear oppositional
• Shuts down
Accommodations for Impaired Sensory Motor

- Keep environment quiet
- Keep noise and lights to a minimum
- Keep sessions short to minimize onset of headaches and fatigue
- Schedule rest periods and breaks from planned activities
Language

What it looks like:

Social pragmatics
• Do not interpret body language
• Inappropriate eye contact
• Personal bubble
• Say too little or too much
• Little awareness of inappropriate behavior

Receptive
• Say “huh” frequently
• Confused
• Followers
• Struggle with abstract language/sarcasm
• May withdraw

Expressive
• Poor grammar or immature speech
• Difficult to follow in conversation
• Difficulty staying on topic
• Difficulties navigating social rules
• May withdraw
Accommodations for Social Pragmatics

• Provide direct, structured and concrete feedback
• Do not rely on body language to convey a message
• Role play
• Videotaping interactions
Accommodations for Receptive Language

• Be direct
• Avoid abstract humor, sarcasm, metaphors, colloquialisms, etc.
• Allow wait time for person to process what has been said
• Provide instructions/directions slowly and one at a time
• Ask if it would be helpful to repeat or rephrase your message
• Let the individual know that you value their input, thoughts, and feelings
Accommodations for Expressive Language

- Redirect if the individual is off topic
- Provide opportunities to practice expression
- Role play common real life conversations
- Teach individual to rehearse silently before replying
- Be patient and allow person time to respond
**Initiation Deficits**

**What it looks like:**
- Appears lazy or spacey
- Appears unmotivated
- Follower
- Needs constant cuing
- Lags in independent living
Accommodations for **Initiation Deficits**

- Encourage client to focus on one step at a time
- Ask client to repeat instructions to ensure comprehension
- Use underlining and highlighting for significant parts of directions. Checklists & calendars can help organize.
- Break complex directions into simple steps and assign action items
- Utilize color-coding
- Help the person get started
- Repeat instructions or interventions multiple times in different ways
Executive Functioning

What it looks like:

**Initiation**
- Appears lazy or spacey
- Appears unmotivated
- Follower
- Needs constant cuing
- Lags in independent living skills

**Reasoning**
- Concrete thinkers
- Can’t think of alternative solutions
- Difficulties answering open ended questions
- Difficulties learning from experience, cause and effect

**Mental Flexibility**
- Difficulties taking feedback
- Perseverate
- Resistant
- Can appear stubborn or argumentative
- May appear to lack empathy
Accommodations for **Reasoning Deficits**

- Point out possible consequences of decisions, short- & long-term (‘Is this a good idea? What might happen? Is this consistent with your goals?’)
- Teach step by step approach to problem solving
- Avoid open-ended questions
- Speak concretely
- Be clear on expectations and consequences of risk taking behaviors
- Be supportive and continually identify strengths
Accommodations for **Mental Flexibility Deficits**

- Develop and practice routines & plan ahead for changes in routines
- Prepare for transitions
- Help develop alternative plans
- Assist in prioritizing goals, breaking them down into smaller tangible tasks
- Provide respectful feedback to potential or obvious problem areas
Emotional/Behavioral

What it looks like:

- Over/under reaction
- Difficulties with anger management
- Melt down
- Can appear emotionally “flat”
- Difficulties making friends
- Can appear argumentative
Accommodations for Emotional/Behavioral Challenges

- Minimize anxiety with reassurance, education, and structure.
- Avoid focusing only on individual’s deficits
- Promote self awareness by stopping and addressing undesired behavior immediately
- Don’t interpret lack of emotion as a sign of lack of interest.
- Suggest breaks if the individual becomes irritable or agitated.
- Mindfulness exercises to aid clients in accurately identify internal emotional states: progressive relaxation, body scans, deep breathing exercises
- Practice positive social interactions. Provide alternative comments or choices that could have been made
Skill vs. Will

T-Rex trying to hang curtains...
Can’t

Won’t
Behavior Management

Behavior management techniques can be classified into two categories:
(1) **antecedent strategies**, which are used before a behavior occurs in an effort to prevent or elicit a behavior, and

(2) consequent strategies, which are used after a behavior occurs in an effort to prevent the continuation and recurrence of a behavior or to reinforce a behavior.

Although both can be effective ... in their own way, when applied at the right times.

*Crisis Prevention instead of Crisis Management*
Look For: The Function of the Behavior

Problem Behavior

Obtain/Get Something

- Obtain/Get Something
  - Stimulation/Sensory
    - Adult
  - Social
    - Peer

Escape/Avoid Something

- Escape/Avoid Something
  - Tangible/Activity

Get away with something...
We feel manipulated

Get $, get social status...
We feel manipulated
Executive DYSFUNCTION:
- Inability to delay gratification (wait)
- Inability to manage time – no future thinking which results in poor planning, organization or initiation

Social INCOMPETENCE:
- Inability to make better behavioral or social decisions.

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- Lack of attention to feedback in environment = poor MEMORY & poor LEARNING = repetitive mistakes
Skill Vs. Will

- If think they have the skill but choose to not use it, likely to think punishment

- If think they don’t have the skill, less likely to think punishment, more likely to think of teaching the skill
Function of the Behavior

And what about the setting events? = Internal Interferences

- Can’t remember expectations: Memory
- Doesn’t read visual cues: Visual-Spatial
- No problem-solving skills: Executive Dysfunction
- Is off-task while reviewing expectations: Attention
- Doesn’t feel rules are fair and expresses feelings inappropriately: Expressive /Pragmatic Language
- Doesn’t understand expectations: Receptive Language

Community
Home
Work/school
Function of the Behavior

And what about the setting events? = Internal Interferences

- Make sure you have attention before reviewing expectations
- Can’t remember expectations: Memory
- Doesn’t read visual cues: Visual-Spatial
- No problem-solving skills: Executive Dysfunction
- Doesn’t understand expectations: Receptive Language
- Doesn’t feel rules are fair and expresses feelings inappropriately: Expressive /Pragmatic Language
- Is off-task while reviewing expectations: Attention
- Does’t remember expectations: Memory

Write out/draw out steps to compensate for memory
May need to teach facial cues, non-verbal cues
May need to teach Cog. Beh. Therapy skills CBT

Review expectations in visual, multi-modal fashion
Teach appropriate ways to express verbal discontent

Review expectations in visual, multi-modal fashion
Teach appropriate ways to express verbal discontent

How pervasive? What’s your Body of Evidence?

Be mindful of Rx interactions, family stress, financial stressors, medical/neurological factors

Home
School
Community
FBA – Function of the Behavior?

**Performance Deficit**

- Generalize the skill to other environments
- Practice in various settings and under various circumstances

**Generalization Skill**

- Identify the skill deficit – teach the skill
- Break the skill down to reasonable “chunks” for more impressive acquisition

**Acquisition Skill**

- What are the environmental factors affecting the behavior? Can the environment be changed?
- Antecedent Management

**Environmental**
Skill versus Will

Behavior of Concern

Skill Deficit?

Can but choosing not to?

Teach to the skill deficit – to which ever deficit you determine to be underlying the behavior (treatment)

Testing the limits – Apply an appropriate limit (consequence)

Outcome: Did it have the desired effect on the behavior of concern?

Caveat: If you do not get the desired change in behavior, go back to the question of a skill acquisition problem or a skill generalization problem.
Billy's been in time out 43 times already this month... It must be working really well...
Helpful Tools

- TBI Toolkit
- Cokids with Brain Injury
- Accommodations the Symptoms of TBI Booklet
TBI Toolkit

Free Online Toolkit  http://www.mirecc.va.gov/visn19/tbi_toolkit/

Developed by researchers at the Department of Veterans Affairs, this toolkit is designed to assist providers in identifying TBI and associated co-occurring problems and determining potential need for further evaluation and/or mental health treatment modification.

Click here to access the toolkit. Click here and open the “Training Resources” menu for valuable slides from the initial training on this toolkit.

The goal is to offer providers working with clients who have a history TBI and mental health symptoms the following:

- Background information/Education
- Screening and Assessment Tools
- Interventions and Treatment Modification Suggestions
- Additional resources
Cokids with Brain Injury
www.cokidswithbraininjury.com
Accommodating the Symptoms of TBI
http://ohiovalley.org/informationeducation/accommodatingtbi/

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Resources and Referral
Funds from surcharges on convictions of speeding tickets, DUI, DWAI, & the children’s helmet law

CO Department of Human Services

Community Grants

Services

Research Grants

- Resource navigation for youth & adults with brain injury
- Specialized support & consultation about school-related issues for children/youth with brain injury
- Brain injury specific classes and workshops
- Trainings to community providers about brain injury and resources
Brain Injury Alliance of Colorado

The go-to resource for help and services for survivors of an injury to the brain, their families, and providers.

BIAC is a statewide nonprofit dedicated to helping all persons with a brain injury thrive in their community

- Core service is resource navigation for all ages – this is free, with no income or insurance eligibility criteria
- Brain injury specific conferences & workshops
- Online educational materials for survivors, family, & professionals
- Statewide brain injury professional networking groups
- Adaptive recreation programs, music & art therapy classes
- Emergency utility assistance through Energy Outreach Colorado
- Online resource directory specific to brain injury providers
- Statewide support groups
- Member of United States Brain Injury Alliance
Resource Navigation

Resource Navigation is our foundational support program for survivors, family members, and caregivers. It is intended to be quick and easy to access.

All ages can access this free support.

Examples of support:
• Finding medical providers
• Understanding brain injury
• Filling out paperwork
• Connecting to community-based resources
• Problem-solving

How to connect:
• Online Referral Form: https://biacolorado.org/referral/
• Email: info@biacolorado.org
• Phone: 303.355.9969, toll-free 1.800.955.2443
Self-management/Skill-building

• Designed for survivors of a TBI who want to invest time in improving their skills in specific areas that can be challenging after a brain injury.
• BIAC Advisors work one-on-one with each participant to assess their strengths & weaknesses, identify natural supports in their life, & develop strategies for building specific skills with the goal of greater self-sufficiency.
• **Six-month program**, average of **4 hours per month**
• Participants will have regular homework outside of meetings with their Advisor which will be reviewed each time they meet.

**Areas of focus for Self-management:**
• Communication
• Scheduling/Planning
• Prioritization/Organization

**How to apply:**
If you are a survivor interested in participating in the Self-management Program, please contact BIAC to request an application: info@biacolorado.org or 303.355.9969, toll-free 1.800.955.2443
BIAC has a Youth Education Liaison specialist on staff who provides free, statewide consultation and support services to children and youth, aged 0-21, with a documented brain injury.

**Examples of support:**
- Providing parent/guardian education of services and programming options available in schools
- Assisting in the partnership between parents and schools
- Educating parents and school teams on how a student has been impacted by their brain injury
- Collaborating with schools on intervention planning
- Attending transition, IEP, MTSS, and other planning meetings
- Partnering with hospitals to help with transition to school
- Any other student specific educational needs/concerns/questions

**How to apply:**
If you are a parent or professional working with a child or youth with brain injury, please contact BIAC to request an application for education consultation: info@biacolorado.org or 303.355.9969, toll-free 1.800.955.2443
Survivor Referral Form

Individual Making Referral
If you are a survivor filling out this form, skip to the next section.

Name
First          Last
Phone
Email

Relationship to Survivor

Join Our M
Email
First
Last
Classes & Workshops

These activities are **free**, however **space is limited and registration is required**. Clients in services with BIAC have priority access.

**Workshops**
- Financial Health
- Brain Injury Basics
- Mindfulness

**Classes**
- Art
- Music Therapy
- Adaptive Yoga
- Cooking/Nutrition
- Balance (fall prevention)
Recreation & Social Programs

Participants will experience the best of Colorado with caring, professional & highly experienced staff. The activities include hiking, climbing, a ropes course, cycling, and rafting. Winter activities include skiing, snowboarding, tubing, and ice fishing. Survivors of all levels of recovery are welcome to attend.

Partial scholarship funding awarded based on needs and availability of funds.

Multi Day Opportunities:
Winter Sports – March/April
Summer Camps – June through August
Canoe Trip – September
Creative Activities – September

Day Programs:
Obstacle Course – April
Rock Climbing – May
Paddle Sports – July
Zip Line – October

Social Activities:
Movies
Sporting events
Cultural activities

Contact: Linda Heesch
linda@biacolorado.org
303-562-0401
Education for Professionals

What is a brain injury?
Brain Injury Facts & Figures

Would you like to request a training?
Fill out this form and BIAC staff member will be in touch with you shortly

Watch a brief animated video to learn more about brain injuries in Colorado:

For more information, please visit BIAColorado.org

Educational Materials

- Best Practices in Concussion Management – An online tool developed by concussion experts in Colorado
- CoKidsWithBrainInjury – A website for parents, educators, and professionals who serve kids with brain injuries
- REAP – Reduce/Remove, Education, Adjust/Accommodate, Pace – Community Based
34th Annual Brain Injury Alliance of Colorado Conference

Brain Injury & Behavioral Health

Save the Date

November 1–2, 2018
Cable Center | Denver, Colorado

Continuing education credits will be available.

More information to come at

BIACOLORADO.ORG
Thank you for your time!