Behavioral & Psycho-social Changes Following Brain Injury: Tips, Strategies & De-escalation

Wendy Ellmo MS CCC/SLP, BCNCDS, CBHP
Brain Injury Specialist, Brain Links
Certified Brain Health Professional
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Brain Links

Who we are  Statewide team of brain injury specialists

What we do  We equip professionals to better serve people with TBI with current research-based training and tools.

- Family-friendly educational materials
- Resources for return to school and work settings
- Toolkits for Healthcare Providers, School Nurses, Survivors and Families, and Service Professionals: tndisability.org/brain
- YouTube Training Channel: youtube.com/@brainlinks830/playlists
Agenda

- Psycho-social Issues
- Behavioral Issues
- Behavioral De-escalation
- Trauma-related Behavior
- Tools

Info will apply to others (not just those with Brain Injury)

From a Cognitive-Communication Perspective
Psycho-social Issues

Involving both psychological and social aspects and relating social conditions to mental health

- Social Cues
- Social Environment
- Social Interactions
- Impulse Control/Behaviors
- Mood/behavior
Psycho-social

1. Social cues
2. Overly stimulating environments, low frustration tolerance
3. Mood swings or emotional lability
4. Self-esteem
5. Lack of awareness of deficits
6. Emotional adjustment to injury (anxiety, depression, anger, withdrawal, egocentricity, or dependence)
7. Behavior not age-appropriate
8. Impaired self-control (verbal or physical aggression, impulsivity)
9. Restlessness, limited motivation and initiation
10. Intensification of pre-existing maladaptive behaviors or disabilities
(something they already had is now worse)
11. Inappropriate sexual behavior or disinhibition
   • Understand what the behavior is attempting to convey
   • Teach them how to convey it in an appropriate way
   • May require repeated role play

(PO Eghwrudjakpor, AA Essien, 2008)
Hyper-sexuality

12. Hyper-sexuality: Increased need or intense pressure for sexual gratification

- Occurs in **57%** of people with bipolar disorder.
  
  (2007 text by Frederick K Goodwin, MD, and Kay Redfield Jamison, PhD)

- Is a **primary symptoms** of bipolar disorder in the DSM-IV.
  
  (Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition)

- Is generally associated with **hypomania and mania**.

“Hyper-sexuality with bipolar disorder **isn’t a separate condition** or problem that needs its own treatment - it is a symptom of bipolar disorder. Once the bipolar disorder is successfully treated and mood swings and symptoms are managed and stabilized, hypersexual feelings will dissipate. You have to treat the illness, not the symptom.”

The Barbara Schneider Foundation, 2419 Nicollet Ave S., Minneapolis, MN 55404, (612) 801-8572
**Hyper-sexuality De-escalation**

**De-escalation Response**

- Recognize hyper-sexuality as a symptom of the manic phase of bipolar disorder.
- Do not be judgmental about inappropriate language, dress, or actions.
- Do not take suggestive or offensive talk personally.
- Understand that the person does not usually act this way and is in a medical crisis (is not in control of actions, is very vulnerable and could end up getting hurt.)

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Hyper-sexuality De-escalation

Active Listening

• Separate person from problem (hyper-sexuality)
• Open ended questions- “Tell me more about what happened here before I arrived. ”
• Don’t allow person to continue to steer conversation back to sexual topics.
• Clarify your understanding of the person’s mental and physical state:
  • Have you been drinking?
  • Are you taking any drugs or medications?
  • Have you been diagnosed with a mental illness?
• Do you have a family member or friend I can contact?
• Do you have a doctor or clinic I can call?

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Hyper-sexuality De-escalation

**Empathy and Building Rapport**

- Be careful of what you say and how you say it so it is not misinterpreted.
  
  For example, don’t say: “I understand how you feel.” “Can I help you get what you need?” “You can stop in any time you want.” “Anything I can do to make you feel more comfortable?”

- Set boundaries and give clear directions.
  
  - “You are too close. You have to stand there.”
  - “Pace in this area if you must pace.”
  - “You have to go the hospital because I am concerned about your health and safety.”

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“Breaking Mechanism”

- Self-control
- Judgement
- Self-monitoring
- Inhibition of Behavior

Frontal Lobe
- Initiation
- Problem solving
- Judgment
- Inhibition of behavior
- Planning/anticipation
- Self-monitoring
- Motor planning
- Personality/emotions
- Awareness of abilities/limitations
- Organization
- Attention/concentration
- Mental flexibility
- Speaking (expressive language)

Parietal Lobe
- Sense of touch
- Differentiation: size, shape, color
- Spatial perception
- Visual perception

Occipital Lobe
- Vision

Temporal Lobe
- Memory
- Hearing
- Understanding language (receptive language)
- Organization and sequencing

Cerebellum
- Balance
- Coordination
- Skilled motor activity

Brain Stem
- Breathing
- Heart rate
- Arousal/consciousness
- Sleep/wake functions
- Attention/concentration
Psycho-social Strategies

- PLAN
- ACT
- EVALUATE

TIME TO PLAN

ACT
General Psycho-social Strategies

1. Practice new behaviors
2. Help them to interpret social cues
3. Plan ahead speaking topics
4. Help them to understand what their behavior is conveying
5. Help them to control the environment (reduce distractions)
General Psycho-social Strategies

6. Maximize healthy food, exercise and sleep

7. Increase awareness of deficits; increase conscious awareness of strategies

8. Help with emotional adjustment


10. Maybe meds for mood stability
DISCLAIMER

Brain Links’ Focus: TBI-influenced behavior

Behavior

For Autism-specific interventions, three TN resources:

• **AutismTennessee HELPline**: (615) 270-2077 or support@autismtn.org

• **Janet Shouse**, Program Coordinator, IDD Toolkit, Vanderbilt Kennedy Center, janet.shouse@vumc.org, 615-875-8833

• **TRIAD (Treatment & Research Institute for Autism Disorders)**, part of the Vanderbilt Kennedy Center, [https://vkc.mc.Vanderbilt.edu/vkc/triad/home](https://vkc.mc.Vanderbilt.edu/vkc/triad/home)
The Brain is Causing the Behavior

- **Change** the **behavior** and we **change** the **brain**
- **Change** the **brain** and we **change** the **behavior**
Behavior is the Symptom

Cognition and Communication Are the Underlying Problem

Take Away Points from Behavior Section

Understand this and you can:

1. Help not punish
2. Help them understand and control their behavior
Support the communication and cognition...

And you *change* the behavior
behavior following TBI

- Up to 50% are at risk for behavioral problems/disorders
- Likely to worsen with time (unless there is some intervention)
- Family/living environment contributes
  - Need positive environment and positive parenting/teaching styles

(Li & Liu, 2013)
Behavior Following TBI

- Verbal outbursts
- Physical outbursts
- Poor judgment and disinhibition
- Impulsive behavior
- Negativity
- Intolerance
- Apathy

- Egocentricity
- Rigidity and inflexibility
- Risky behavior
- Lack of empathy
- Lack of motivation or initiative
- Depression or anxiety
Things that Make Cognition & Behavior Worse

- Tired
- In Pain
- Stressed
- Sick
- Emotional
- Under the Influence of Drugs or Alcohol

See Personal Guide to Everyday Living w/ a Brain Injury
Behavior Following TBI

More likely to:

- Have another injury
- Become obese
- Be incarcerated
- Abuse substances
- Become depressed
- Be socially isolated
- Become homeless
Behavioral Issues

Always look at communication and cognitive demands of the situation

- Understand their communication strengths and weaknesses
  - Speech & Language Evaluation

- Understand their cognitive strengths and weaknesses
  - Neuropsychological Evaluation
  - Brainstorming Solutions Tool

- Help identify triggers
Behavioral Issues

Behavior is Communication

What are they Communicating?

- Confusion
- Frustration
- Anger
- Pain
- “I feel stupid”, etc.

With help, they may be able to put words to what they are feeling, want or need.
Brainstorming Solutions Tool

Use:
- Speech and Language Evaluation
- Neuropsychology Evaluation
- Other Evaluations
- Brainstorming Solutions Tool (BST)
Brainstorming Solutions Tool

Cognitive Areas:

- Attention
- Memory (storage & retrieval)
- Processing speed
- Initiation
- Awareness
- Impulse control
- Flexibility

- Understanding language
- Speaking
- Organization
- Planning
- Problem solving
- Judgement
Brainstorming Solutions Tool

Vision
Hearing
Motor Ability
Fatigue

Social
Emotional State
Environment

Recent Changes

| Medication |
| Injuries/Illnesses |
| Other |
| Did a problem start or get worse when the change was made? |
# Brainstorming Solutions Tool

<table>
<thead>
<tr>
<th>Behavior</th>
<th></th>
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<tbody>
<tr>
<td>Helps have appropriate behavior (consider environment, people, way of</td>
<td></td>
</tr>
<tr>
<td>speaking to the person, sleep, eating at set times, access to fun</td>
<td></td>
</tr>
<tr>
<td>activities)</td>
<td></td>
</tr>
<tr>
<td>Triggers (what sets off unwanted behavior, consider environment, people,</td>
<td></td>
</tr>
<tr>
<td>way of speaking to the person, poor sleep, not eating, not getting to</td>
<td></td>
</tr>
<tr>
<td>do what they want)</td>
<td></td>
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<tr>
<td>Helps calm when triggered (no words/quiet, specific words or way of</td>
<td></td>
</tr>
<tr>
<td>interacting, an object, a person, an activity, a distraction)</td>
<td></td>
</tr>
<tr>
<td>What is the person’s behavior attempting to communicate</td>
<td></td>
</tr>
<tr>
<td>How can I help the person communicate in a different way</td>
<td></td>
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</tbody>
</table>
### Brainstorming Solutions Tool

#### Solutions (Things to try) / Strategies

<table>
<thead>
<tr>
<th>Description</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>What I need to do to support them? (Ex: cue the person when they forget, point to a picture reminder, do the step they can’t)</td>
<td></td>
</tr>
<tr>
<td><strong>Internal Strategies the person can use</strong> (repeating it to themselves, asking themselves a question when they get stuck, a rhyme)</td>
<td></td>
</tr>
<tr>
<td><strong>External Strategies the person can use</strong> (a calendar, a checklist, pictures, a timer, an app, their phone, a notebook, organizing bins)</td>
<td></td>
</tr>
<tr>
<td><strong>Environment Changes</strong> (close doors, get rid of noise, get rid of clutter, put what they need near the door)</td>
<td></td>
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</tbody>
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#### Evaluation Plan for next time

- Share the proposed solutions/strategies with the person, listen to their suggestions and concerns and get their okay to try the new approach.

| The person’s thoughts, ideas and concerns | The child should always be included in developing a plan- esp. a behavior plan. |
Strategies & Accommodations Tool

- Used along with the Brainstorming Solutions Tool
- Matches area for area plus Assistive Technology
- Initial Key – who can help
- Lots of choices of strategies to try
Behavioral Interventions

Establish clear boundaries with a neutral tone

**Family/House Rules:** (Examples)

- Daily chores have to be done before the TV is turned on
- No loud noise is allowed after 9 pm / the lights are out
- We can only go to the park after three days of good behavior
- Here’s where the daily/weekly routine is posted
- Here are pictures of how your room is supposed to look
Behavioral Interventions

- **Anticipate Behaviors**
  - Review strategies
  - Ask people to walk away
  - Avoid people, places, or situations that trigger inappropriate responses.

- **Let friends, family, and coworkers/roommates know about your difficulties with behavior**

- **Reflect after a behavior has presented**

- **Take responsibility and apologize**
Self-Control Strategies

Headache Relief Guide
https://www.youtube.com/watch?v=YKxV07cisPA&feature=youtu.be
Case: Joe

Wants everything clean. Tries to take a bath multiple times a day. Wants 4 towels. Has days and nights mixed up. Sometimes gets up with night shift and tries to take a bath. Last time he did this he left the water on and there was a flood.
Wants sheets changed frequently. If staff won’t change them, he uses the toilet, then goes back to the room and wipes himself on the sheets so they have to be changed.
He has outbursts when he doesn’t get what he wants. He has been violent with night staff, so they often just give him what he wants.

What do you do?
Interventions

Staff knows it’s going to be a bad day

- What does staff see? Signs?
- What does he feel on those days?
- What can we do differently on those days?
- Increase their awareness: “I’ve noticed that...and it seems to help if....”

<table>
<thead>
<tr>
<th>Calm/Happy</th>
<th>Getting Upset/Frustrated</th>
<th>Too Late/I’m Gone</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>
Developing trust
- Honest, caring and consistent interactions

Understanding the behavior
- Internal: lowered self-esteem, tired
- External: Difficult task, others’ behaviors/moods, change in routine, environment

Recognizing and responding to precursors
- Pacing, picking, rocking, decreased attention
Positive Reinforcement – desired
Punishment doesn’t teach
Watch development of a reputation

“This guy is trouble.”

vs

“He had a hard time keeping his hands to himself today. It seemed to help if he has a stress ball.”
General Guidelines

- Include the individual in their behavior plan
  - Developing ways to respond to them, How can I help you?

- Analyze the task
  - Incorporate old learning with new learning
  - Requirements, strengths, accommodations needed, distractions

- Consider learning style
- Consider their willingness to participate
- Look at each strategy for each event
  - Demands and tasks can change each day

White, Seckinger, Doyle, and Strauss (1997)
De-escalation Techniques

FIRST RULE: INTERVENE EARLY TO AVOID ESCALATION

IMPORTANT CONSIDERATION: Staff-Patient interactions found to be major antecedent to assaults

De-escalation Techniques

7 Themes

Theme 1: Characteristics of Effective De-escalators

- Open, honest, self-aware
- Express genuine concern
- Appear non-threatening
- Have a permissive, non-authoritarian manner

De-escalation Techniques

Theme 2: Maintaining Personal Control
- Need to appear calm

Theme 3: Verbal & Non-verbal Skills
- Calm, gentle, soft tone
- Tactful language
- Be aware of body language
- Active listening
- Some eye contact
- Don’t invade personal space

“Remaining calm in the midst of chaos is a superpower.”

Clyde Lee Dennis
Theme 4: Engaging with the Patient (Person Served)
- Attempt to establish a bond
- Focus on promoting autonomy and minimize restriction

Theme 5: When to Intervene
- Early intervention is vital
De-escalation Techniques

Theme 6: Ensuring Safe Conditions

- Need to establish what level of staff presence is necessary.
- Assess the area for weapons and exits
- Encourage patient to move to a quiet area, away from others
De-escalation Techniques

Theme 7: Strategies

Deciding on a strategy is an “instinctive, intuitive process, requires flexibility, creativity and is based on individual needs and characteristics of the patient.”

- Listening, use of empathy and interpretation of non-verbal cues important for assessing situation
- Need to balance support and control
- Interventions need to be proportionate to the risk posed

De-escalation Techniques

4 Types of Strategies

- Autonomy confirming interventions
- Facilitating Expression
- Offering Alternatives to Aggression
- Limit-setting and Authoritative Interventions
De-escalation Techniques

Price’s Summary

“The process of de-escalation is about establishing rapport to gain the patient’s trust, minimizing restriction to protect their self-esteem appearing externally calm and self-aware in the face of aggressive behavior and intuitively identifying creative and flexible interventions that will reduce the need for aggression.”

Need to be creative, flexible and tolerant rather than following a rigid set of rules.
John and Leeza
Trauma-Related Behavior

Signs of Potential Trauma

- Hyperactivity
- Aggression
- Anxiety, Depression
- Unpredictable: self-regulation is difficult, small things can set off a large reaction
- Enthusiastic praise can set them off
- Once upset, difficult to calm, instruct or reassure
- Hard to connect with people – on guard, don’t trust
- Language comprehension may be a problem developmentally
Trauma-Related Behavior

Strategies

• Avoid showing strong emotions – positive or negative
• Stay calm – don’t take it personally – may be testing you
• Slowly develop connections – takes longer
• Little things help build trust – showing up regularly, being calm & genuinely interested
Trauma-Related Behavior

**Strategies**

- Ask self if the behavior seems based in trauma – could be an uncontrollable panic response
- Set firm but flexible boundaries – Establish clear boundaries with a neutral tone
- Change your view of success

**Find something - anything - you can like about the person**
- If possible, work with their team
- Maybe there is an expert - neuropsychologist, counselor, psychiatrist
- What approach do they recommend?
  - Communication is key
  - Consistency is key
Tools & Resources

- Brain Links’ Website: [www.tndisability.org/brain](http://www.tndisability.org/brain)
  - Brainstorming Solutions Tool (BST)
  - Strategies and Accommodations Tool (SAT)
  - Personal Guide to Everyday Living After a Brain Injury

- Brain Links YouTube Channel Training Videos
  [youtube.com/@brainlinks830/playlists](http://youtube.com/@brainlinks830/playlists)

- Brainline info on Behavior and Anger:
Build Knowledge and Skills to Support People with Brain Injury

Staff TBI Skill Builder is a 14-module, on-line training program designed for frontline staff new to working with adults with brain injury across a range of settings (e.g., residential support programs, day programs). Skill Builder can also be used as a refresher course for staff with more experience working with this population.

https://learn.cbirt.org/1/course/view.php?id=15
Other Resources

- Service Coordinators – TN’s TBI Program
  - Will provide help
  - No cost
    - http://www.braininjurytn.org/service-coordination.html

- Virtual Support Groups

- TN Family Support Program
  - https://www.tn.gov/didd/for-consumers/family-support.html
Survivors, Families & Caregivers Toolkit

- Essential Resources
- Signs & symptoms and Fact Sheets
- Mental Health
- Domestic Violence
- Behavior Resource
- Returning to School
- Family Caregiver Resources
- Financial & Residential Resources

https://www.tndisability.org/brain-toolkits
Service Professionals Toolkit

• Tools for developing plans and services
• Mental health information and factsheets
• Domestic violence
• Returning to school and work
• Residential resources
• Family and caregiver resources
• Social media
• Professional development
• Programs and resources

https://www.tndisability.org/brain-toolkits
“Kids are not trying to be your problem today...

They are having a problem today.”
It’s the Brain.
Brain Injuries are REASONS, not EXCUSES

The brain changes make the need for rules, boundaries, requirements, expectations and accommodations even greater...

...because that structure is NOT coming from within the individual.
Thank You and Survey

Wendy_e@tndisability.org
tndisability.org/brain

Take the 1 minute survey!
Get a certificate of attendance
“The Perfect Storm”

- **Memory**
  Amnesia vs. intrusion

- **Sleep**
  Inability vs. avoidance

- **Isolation**
  Social isolation vs. self-imposed

- **Emotions**
  Unpredictable vs. emotional numbness & deadened

- **Fatigue**
  Thinking and learning vs. physical, cognitive, & emotional

- **Depression**
  Common psychiatric diagnosis vs. second most common diagnosis

- **Anxiety, panic & stress**
  Passive behavior vs. panic & stress

- **Talking about trauma**
  Repeated endlessly vs. avoidance and reluctance

- **Anger**
  Volatile behavior vs. controlling abusive behavior

- **Substance abuse**
  Magnified effects vs. creates problems

- **Suicide**
  Unusual in civilians vs. rising among veterans

(Marilyn Lash, MSW)