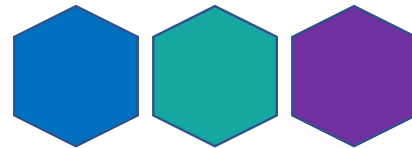


Behavioral & Psycho-social Changes Following Brain Injury: Tips, Strategies & De-escalation



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)



Psycho-social

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)



Psycho-social

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.

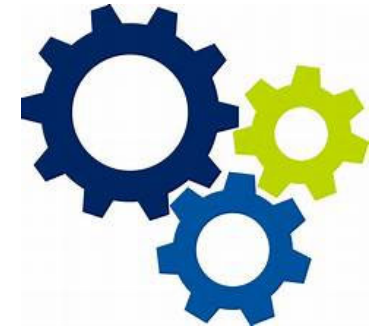
(Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition)

- 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

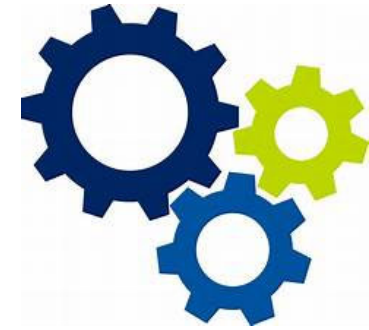


De-escalation Response

- 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.)

The Barbara Schneider Foundation, 2419 Nicollet Ave S., Minneapolis, MN 55404, (612) 801-8572

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?

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."

Frontal Lobe

“Breaking Mechanism”

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

Simplified Brain Behavior Relationships

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)

Temporal Lobe

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

Parietal Lobe

Parietal Lobe

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

Occipital Lobe

Occipital Lobe

- Vision

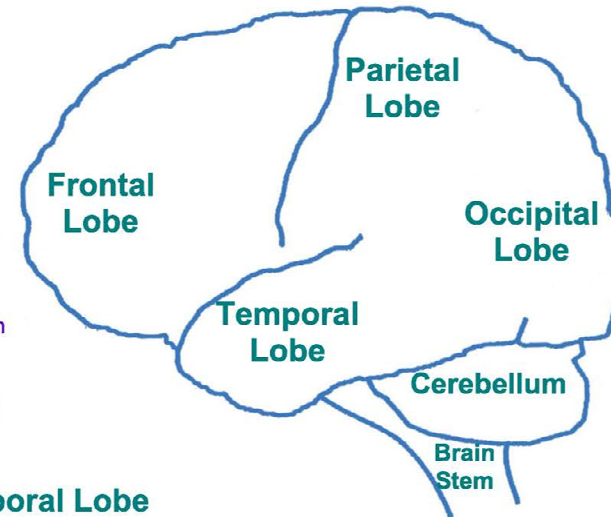
Cerebellum

Cerebellum

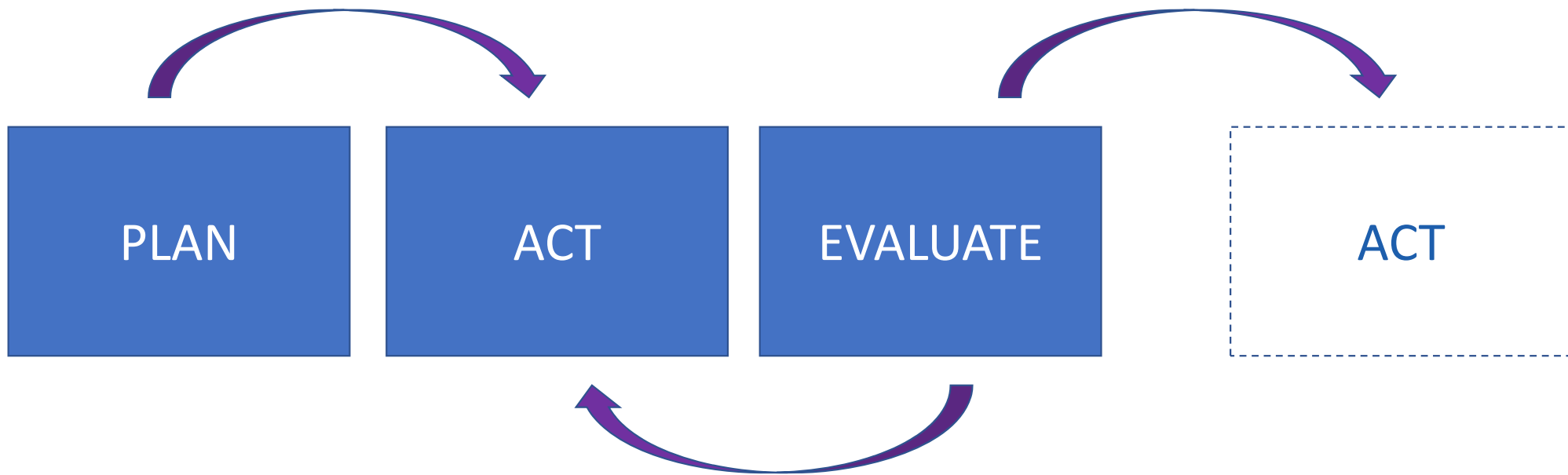
- Balance
- Coordination
- Skilled motor activity

Brain Stem

- Breathing
- Heart rate
- Arousal/consciousness
- Sleep/wake functions
- Attention/concentration



Psycho-social Strategies



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
9. Practice self-control, model self-control strategies – huge!
10. Maybe meds for mood stability

DISCLAIMER



Brain Links' Focus: TBI-influenced behavior

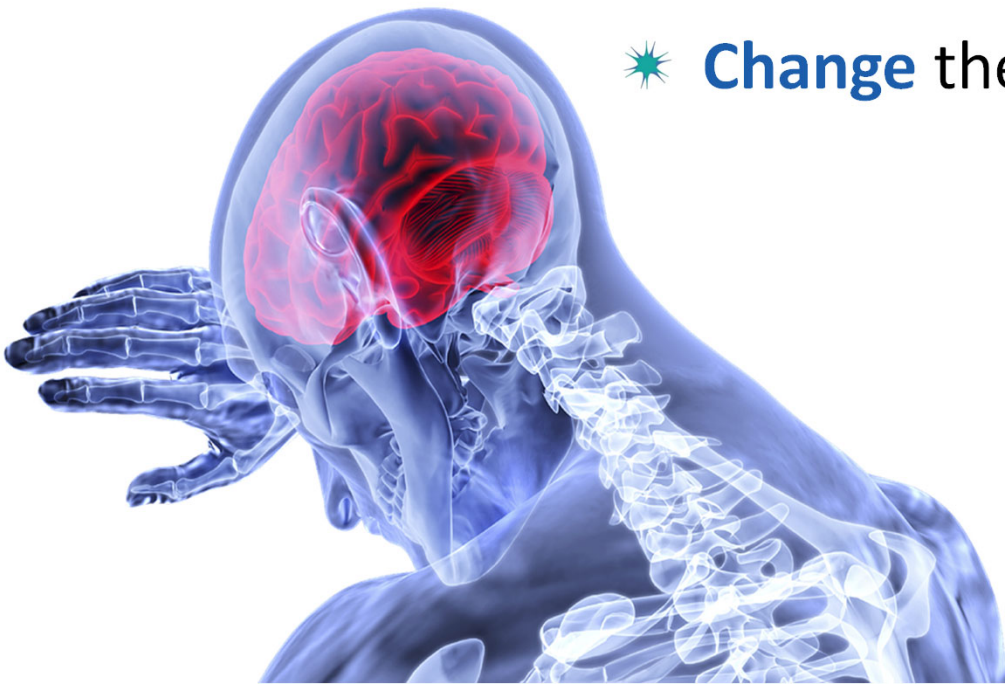
Behavior

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>

The Brain is Causing the Behavior

- ✦ Change the **behavior** and we **change** the **brain**
- ✦ Change the **brain** and we **change** the **behavior**



An iceberg floating in dark blue water. The small tip above the surface represents behavior, while the much larger, jagged mass below the surface represents the underlying cognitive and communication issues.

Behavior is the Symptom

Cognition and
Communication
Are the Underlying Problem

Take Away Points from Behavior Section

Understand this and you can:

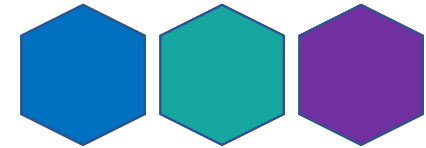
- 1. Help not punish**
- 2. Help them understand and control their behavior**

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

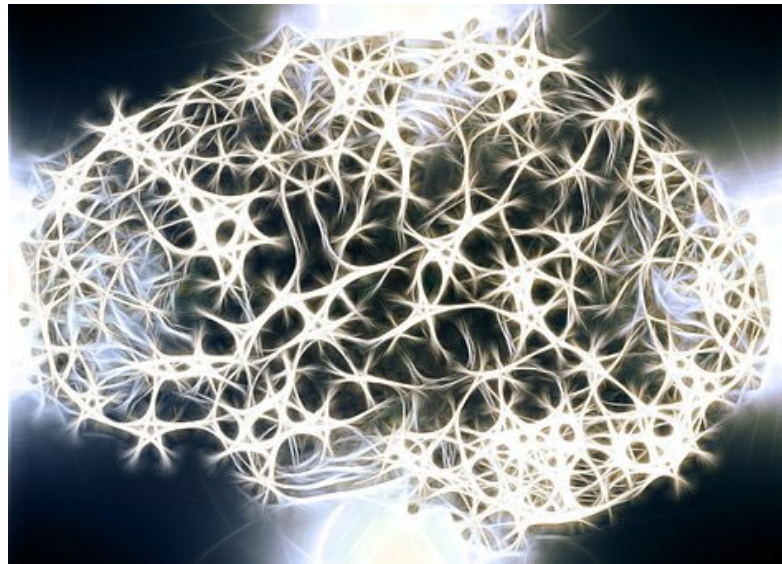
In Pain

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**

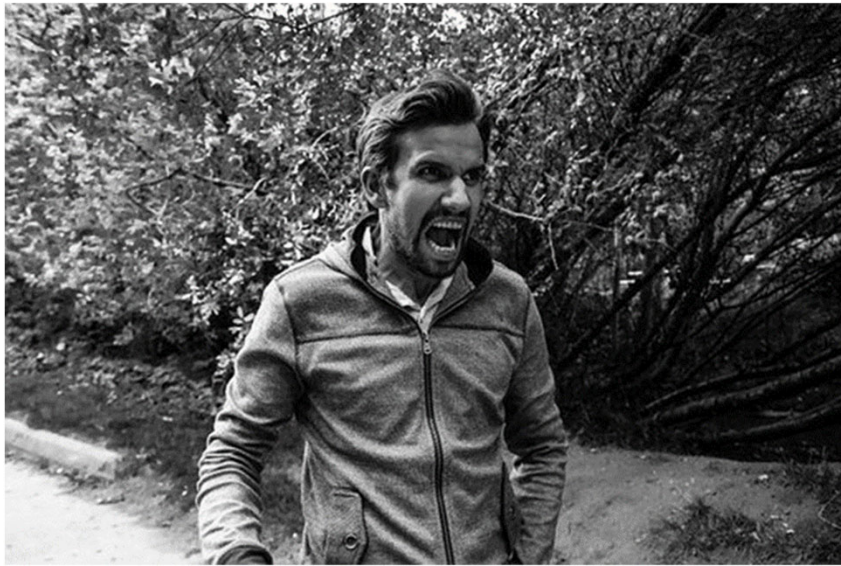
✦ Neuropsychological Evaluation

✦ 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

Person Served: _____ Date: _____

Current Challenge: (describe as completely as you can: what circumstances, what the difficulty is, what the environment is like)

What goal of theirs will solving this help them achieve? _____

Directions: Write what you know about each area. Give examples if helpful. Consider how the environment (the situation around them) impacts them. For each area, write what helps them. Fill out only the areas that make sense for this challenge or this person. After completing this Brainstorming Solutions Tool (BST), use the Strategies and Accommodations Tool (SAT) to help decide which strategies will help the person.

Abilities

Attention (consider visual, verbal, how long the person can pay attention)	
Memory Storage (consider visual, verbal, ability to learn new information, remembering short term or long term)	
Memory Retrieval (what helps the person to pull information out of their memory)	
Processing Speed (how fast or slow does someone need to talk for the person to best understand)	
Initiation (is the person able to start things on their own or do they need help getting started)	
Awareness (does the person know they have a problem with something, do they know when it is happening, can they predict when it will happen)	
Impulse Control (can the person stop themselves from doing or saying something)	

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



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

Brainstorming Solutions Tool



Solutions (Things to try) / Strategies

<p>What I need to do to support them? (Exs: cue the person when they forget, point to a picture reminder, do the step they can't)</p>	
<p>Internal Strategies the person can use (repeating it to themselves, asking themselves a question when they get stuck, a rhyme)</p>	
<p>External Strategies the person can use (a calendar, a checklist, pictures, a timer, an app, their phone, a notebook, organizing bins)</p>	
<p>Environment Changes (close doors, get rid of noise, get rid of clutter, put what they need near the door)</p>	


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

<p>The person's thoughts, ideas and concerns</p>	<p>The child should always be included in developing a plan- esp. a behavior plan.</p>
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Evaluation
Plan for next time

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

 **Strategies & Accommodations Tool**
People with Brain Injury & Cognitive Changes

Person Served: _____ Date: _____

Directions: Use the Brainstorming Solutions Tool (BST) first, to help you figure out the person's strengths and weaknesses. Then use this tool (SAT) to **check off the strategies that might be helpful** for each area you identify on the BST. When possible, complete this form with the person served and discuss the strategies with them. Ask the person if there are other strategies or ways of communicating with them that might be helpful.

For each area:

- Consider whether there is any assistive technology (AT) that might help (see AT section at end).
- The initials after each type of strategy (ex: **Attention**^{SLP OT NP}) indicate someone who may be able to help develop additional strategies (see the initial key below).
- This is not a complete list of strategies, but can be used to help you think of other ideas.
- **Be patient and respectful.**

Attention^{SLP OT NP}

- Visual reminders to focus, like a sticky note
- Positive reinforcement for staying focused
- Change task more frequently
- Reminders to check work

Memory^{SLP OT NP}

- Use a planner (check-off system)
- Written & verbal directions for task
- Post directions or pictures
- Frequent review of information
- Reminders for completing a task

Processing Speed^{SLP NP}

- Slow down when talking, wait for responses
- Give one step at a time
- Be direct and clear

Initiation^{SLP NP}

- Remind the person that it is time to begin
- Break down task into steps, help with first task and decrease assistance with each step
- Use a calendar or planner to show when things are to be started
- Use encouragement to keep going once started
- Use a timer or alarm on watch or other device the person prefers

Awareness^{SLP NP}

- (Gently) help person to see where they are having difficulties & what they could do about it
- Give reminders to use strategies when they are not aware of a potential problem
- Ask them if they know where they are having an issue before you try to help them

Impulse Control^{SLP NP C BS}

- Teach the person to stop and think before acting

INITIAL KEY

The initials next to the areas indicate people who may be able to help develop other strategies for that area. The person served may be working with these professionals, or you may have them on your team. You can also ask your supervisor. Always seek help if needed.

SLP: Speech Language Pathologist
OT: Occupational Therapist
PT: Physical Therapist
NP: Neuropsychologist
C: Counselor
BS: Behavior Specialist
AUD: Audiologist

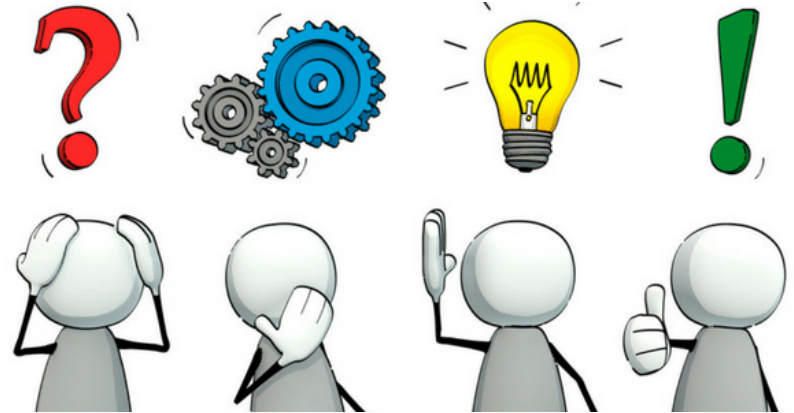
Behavioral Interventions

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

Frustration/Anger/Outbursts

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..."

Calm/Happy

1



Getting Upset/Frustrated

2



Too Late/I'm Gone

3



Proactive Measures

Developing trust

Honest, caring and consistent interactions

Understanding the behavior

Internal: lowered self-esteem, tired

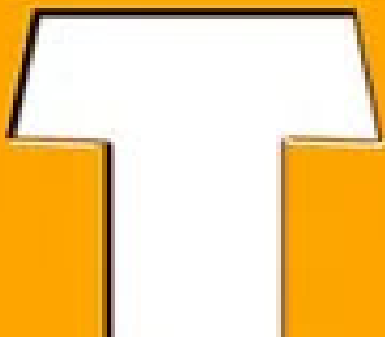
External: Difficult task, others' behaviors/moods, change in routine, environment

Recognizing and responding to precursors

Pacing, picking, rocking, decreased attention



Antecedent



Behavior



Consequences



The image features four black silhouettes of people in various jumping and dancing poses against a blue background filled with numerous yellow stars of varying sizes. A yellow rectangular box with a black border is centered in the lower half of the image, containing the text "Positive Reinforcement – desired" and "Punishment doesn't teach".

**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



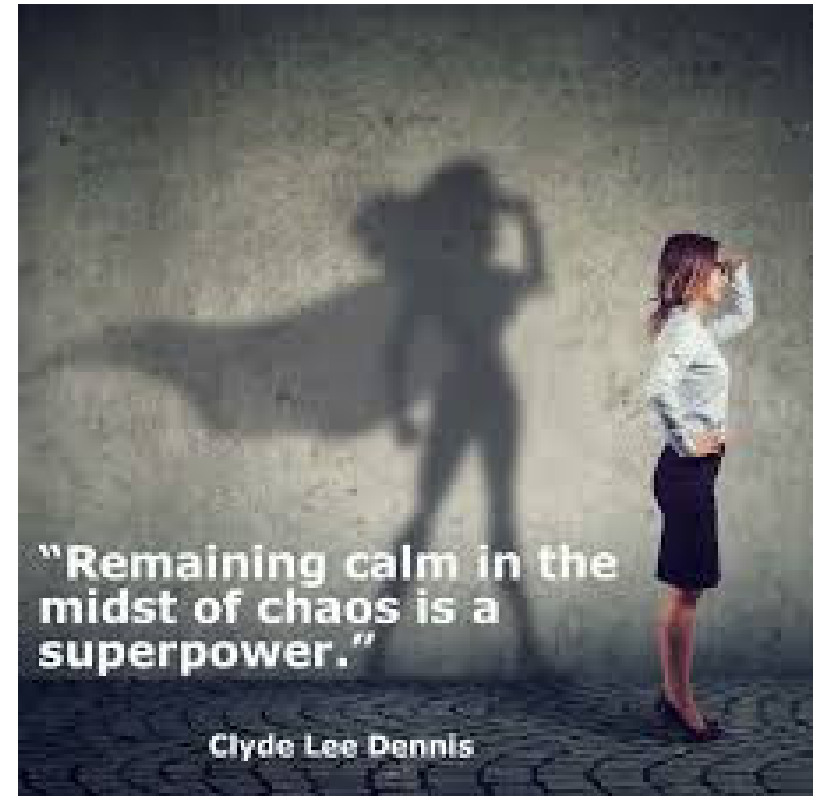
De-escalation Techniques

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



De-escalation Techniques

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**



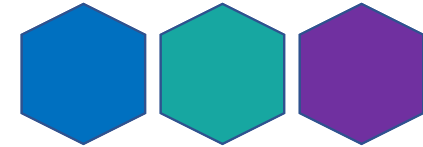
De-escalation Techniques

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

Need to be creative, flexible and tolerant rather than following a rigid set of rules.

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.”

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
 - 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](https://www.youtube.com/@brainlinks830/playlists)
- ✦ **Brainline** info on Behavior and Anger:
<https://www.brainline.org/brain-injury-and-anger>



Staff TBI Skill Builder



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.

learn cbirt

<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

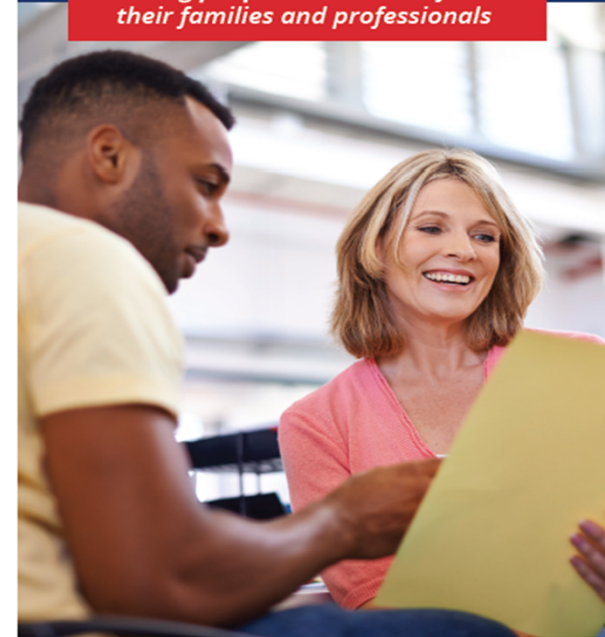
- TN Family Support Program

<https://www.tn.gov/didd/for-consumers/family-support.html>

Tennessee Traumatic
Brain Injury

Service Coordination Program

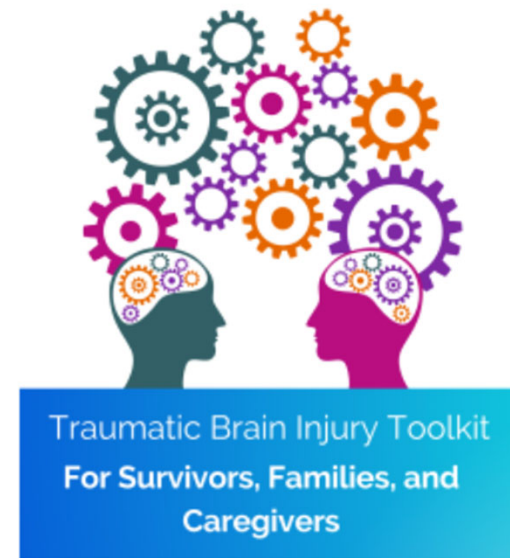
*Assisting people with brain injuries,
their families and professionals*



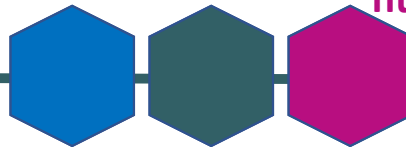
Tennessee Department of Health
Traumatic Brain Injury Program
1-800-882-0611

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



Survivors, Families, and Caregivers Toolkit
<https://www.tndisability.org/brain-toolkits>

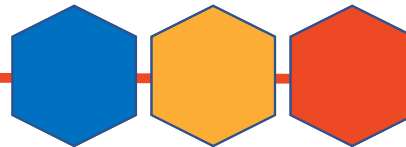


Service Professionals Toolkit

- 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



Service Professionals Toolkit



<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**



PTSD

TBI vs. PTSD

“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)