Strategies to Guide Responsive Behaviour after Acquired Brain Injury

"Beneath every behaviour is a feeling. And beneath every feeling is a need. When we meet that need rather than focus on the behaviour, we begin to deal with the cause, not the symptom"- Ashleigh Warner

ABI frequently results in cognitive impairments which can lead to changes in behaviour. Brain injury impacts a person's reasoning and ability to understand or remember consequences, so traditional behaviour management strategies are often ineffective. It is important not to take the behaviour personally, and to remember the behaviour is due to the person's injured brain. Think "brain first."

The difficulty with reasoning after ABI:

- Dissociation between knowing and doing
- Concrete thinking/poor problem-solving
- Weak organization skills
- Impulsive/disinhibited
- Impaired working memory

The difficulty with consequence after ABI:

- Limited connections to previous associations
- Difficulty regulating behaviours
- Difficulty remembering consequences
- Punishment creates an emotional effect, not a behaviour change

The focus after ABI is on **preventing** behaviour by providing a consistent, caring environment that supports positive behaviour by working with the person as a collaborator. Much of this is accomplished through a combination of strategies to clarify expectations and prepare the person beforehand (frontloading). The following are 3 main strategies to consider:

1. **Errorless Learning**
   - Methods of learning where the likelihood of errors is reduced during the learning process. Error reduction is especially important when someone has limited cognitive resources.
   - Trial and error is less effective for learning after ABI. When the person is forced to guess the answer or fill in the blank, errors are more likely. This means the correct response does not get reinforced and may cause the wrong answer to be encoded instead of the correct one.
   - Relies on repetition and implicit learning.
   - In practical terms, it means giving the person the information they need up front, not quizzing them. E.g. "You have a doctor's appointment at 10:00 this morning" NOT "Do you know what's happening today?"

2. **Goal, Plan, Predict, Do, Review**
   - This loop is essentially the process of executive function and underpins all goal-directed behaviour.
   - A person can have difficulty with any of these steps, and more than one step.
   - It can be helpful to go through this process with the person prior to an activity. E.g. "We're going to watch TV in the group room (Goal). It might get busy (Predict). If it gets too loud, we can go to your room and finish watching TV there (Plan)". "That was great. You asked to leave when it got loud, and we went to your room and finished the show (Review)".

3. **Scripts**
   - Are consistent messages used by staff for specific behaviour
   - Take the guess work out of what to say
   - Based on previous successful interactions
   - Most effective for repeat issues
   - Simple phrases, in words the client uses

ABI Symptom/Sign	What you may see (Behaviour)	Helpful Strategies
Decreased Insight	• Engages in risky behavior	• Frontload • Goal, Plan, Predict, Do, Review • Consistency & routine
Apathy/ Decreased Initiation	• Takes a long time to do things • Appears unmotivated • Has trouble starting or following through on activities	• Consistency & routine • Supported choice • Link activity to identified interests • Cueing- tablets, smart phones • Do **with,** to keep engaged
Perseveration	• Stubborn, repetitive, inflexible • Does the same thing even if it doesn't work • Seems "stuck" on an idea or action	• Lots of notice for change (frontload) • Redirection/distraction scripts • Cue to switch/change
Impaired Memory	• Forgets plans • Forgets people, details of conversations • Forgets consequences • Repeats stories	• Consistency & routine (repetition) • Errorless learning • Posted schedule • Written reminders/notes • Cueing- smartphone, tablets
Decreased Problem-solving Slow Processing speed	• Concrete thinking • Makes frequent mistakes • Actions don't make sense • Takes time to respond • Easily overwhelmed	• Allow extra time to process • Goal, Plan, Predict, Do, Review • Consistency & routine • Scripts • Quiet environment
Impulsive/Disinhibition	• Talks out of turn, TMI • Doesn't consider consequences • Risk taking • Rude or tactless • Sexually inappropriate • Less control • Outbursts • Verbal or physical aggression	• Frontload • Scripts • Know the triggers • Goal, Plan, Predict, Do, Review • Plan, "What should you do if…" • Create strategies to manage • Set limits • Family education
Egocentric	• "I'm me just more of me" • Limited awareness of their impact on others	• Consistency & routine • Communicate • Scripts • Focus on behavior you wish to see, not the impact on others
Changes in mood, feelings of grief	• Feeling frustrated • Lonely • Isolated	• Validate feelings • Peer supports • Plan meaningful / social activity
Emotional Dysregulation	• Emotions out of proportion to the situation • Difficulty managing how emotions are expressed • "Quick on, quick off" • Mood swings • Irritable, cranky	• Know the triggers • Remove self from the situation • Scripts • Deep breathing • Rest, pacing • Distraction • Family education