

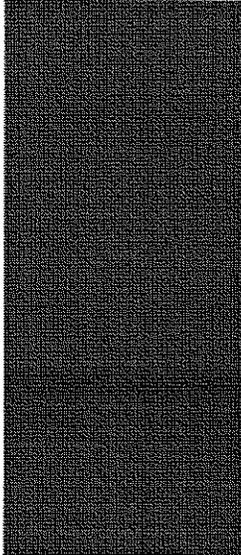
## Common physical, behavioral and cognitive impairments and interaction strategies

### Objectives of Module 2 are to:

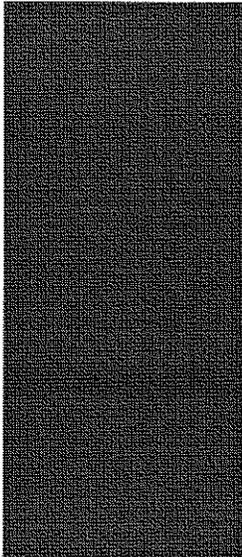
1. Learn how to interact effectively with all people with brain injury
2. Learn how you can recognize issues that may arise due to a brain injury and strategies to handle them in the most appropriate manner

### When you complete this module, you should know:

- Possible physical, behavioral, and cognitive consequences of brain injury
- Interaction strategies for working with persons with brain injury
- Communication suggestions for working with persons with brain injury
- Awareness of cultural differences among persons with brain injury



### Important Things to remember from Module 1



**Many changes can occur after a person experiences a brain injury. When you are working with a person with brain injury, try to remember the following:**

- Brain injury affects who we are, the way we think, act, and feel
- The effects of a brain injury depend on such factors as cause, location, and severity of injury
- No two brain injuries are exactly the same
- Brain injury is unpredictable in its outcomes, and functioning may change over time
- The effects of a brain injury are complex and vary greatly from person to person
- A person with a brain injury is a person first
- A brain injury can change everything in a matter of seconds



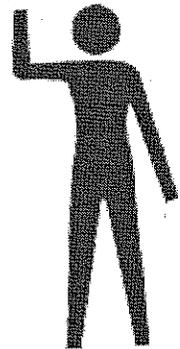
## Consequences of TBI

**Consequences of brain injuries can be categorized into the following areas:**

- Physical
- Cognitive
- Behavioral

Physical changes caused by brain injury may be more visible than cognitive and/or behavioral changes. Cognitive and/or behavioral changes can easily be overlooked once the physical injuries have healed. Moreover, people with cognitive changes may be less aware of their cognitive and behavioral limitations than their physical limitations.

**Note that only a minority of survivors have obvious long-term, physical signs of injury. Many of the symptoms of brain injury are not visible.**



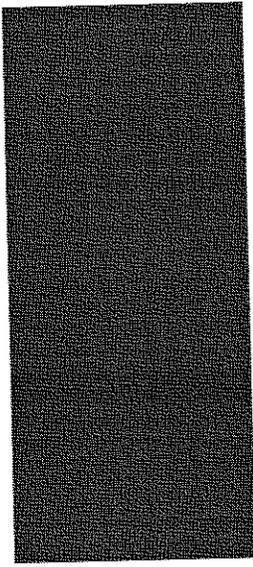
## Physical changes

### Common physical changes after a brain injury include:

- Impairment of body movement
- Speech and swallowing problems
- Pain as a result of TBI
- Sensory difficulties (vision, hearing, taste, smell, touch)
- Fatigue and sleep disturbances
- Spasticity and tremors
- Seizures

**Certain physical deficits may pose a risk for further injury. Be sure to assess and attend to risk for falls or choking.**

Unless otherwise cited, the information presented in Module 2 is based on the work of Beckwith et. al, 1999-2002, and Black, 1998.



## Impairment of body movement

Physical deficits vary greatly among brain injured individuals, but may include weakness of one or both sides of the body, poor balance, and lowered endurance, or ataxia, which is the inability to coordinate voluntary muscle movements.

Possible Symptoms	Strategies
<ul style="list-style-type: none"> <li>• Poor balance</li> <li>• Reduced coordination</li> <li>• Weakness on one or both sides of the body</li> <li>• Fatigue or reduced endurance</li> </ul>	<ul style="list-style-type: none"> <li>• Encourage client to take his/her time and move slowly</li> <li>• Be sure client is following the instructions of a <u>physical therapist</u></li> <li>• Promote use of adaptive equipment such as:               <ul style="list-style-type: none"> <li>• walkers</li> <li>• grab bars</li> <li>• railings</li> </ul> </li> </ul>






## Speech and swallowing problems

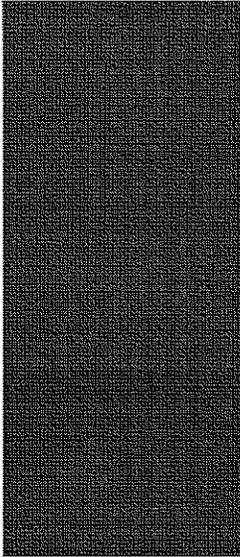
A person with brain injury may have a difficult time speaking clearly and swallowing due to physical changes. Because the ability to communicate is important for emotional well-being, it is very important to help persons with brain injury to achieve successful communication (Prigatano et al., 1986).

### Possible Symptoms

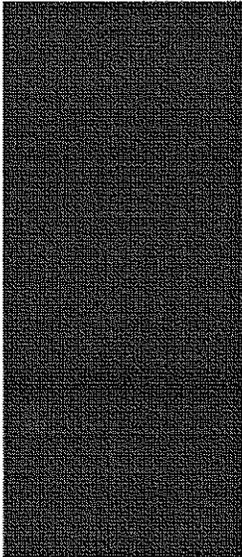
- Slow speech
- Slurred speech
- Difficulty swallowing

### Strategies

- Encourage client to take his/her time speaking
- Utilize written communication if clarity is very poor
- Be sure client is following the instructions of a speech and language therapist
- Use assistive technology such as:
  - pen/pencil and paper
  - planner systems
  - PDA's (personal digital assistants)
  - modifying food consistency to make swallowing easier



### Pain as a result of TBI



Post injury headaches have been reported in many cases of TBI and can continue long after the injury. While headaches are the most frequently reported source of pain, other sources of pain may result from TBI, such as back pain. Chronic pain can affect a person's ability to concentrate and process information (Martelli et al., 1999).

Possible Symptoms	Strategies
<ul style="list-style-type: none"><li>• Severe headaches<ul style="list-style-type: none"><li>• Occur in episodes</li><li>• Can affect memory, thinking and emotions</li></ul></li><li>• Neck pain</li></ul>	Recommend a pain management program that includes: <ul style="list-style-type: none"><li>• <u>Psychological/behavioral strategies</u></li><li>• Medication</li><li>• Physical remedies, such as massage or exercise</li></ul>

For people who are non-verbal, restlessness or agitation may be a sign of pain.



## Sensory difficulties

All senses may be affected by a brain injury, producing changes in hearing, vision, taste, smell, and touch. Changes may involve an increase, decrease, or loss of sensitivity.

**Possible Symptoms**

- Double vision, loss of visual fields, or issues with depth perception
- Sensitivity to light and noise
- Decreased sense of taste and smell

**Strategies**

- Encourage client to turn his/her head to compensate for loss of visual field
- Consider referral to a vision care professional
- Assist with completion of paperwork if necessary
- Be aware of the light and noise level in the environment – ask the client if he/she is comfortable
- Assess safety risks due to sensory losses
- Change fluorescent to other types of lighting
- Find other formats for written material (large print, audio)

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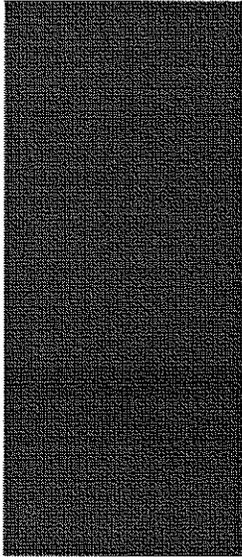


### Fatigue and sleep disturbances

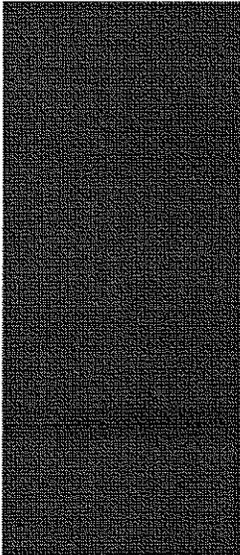
Fatigue and sleep disturbances are common following a brain injury and can disrupt recovery and rehabilitation. Early identification and treatment can improve rehabilitation potential and enhance productivity

<b>Possible Symptoms</b>	<b>Strategies</b>
<ul style="list-style-type: none"><li>• Lack of energy</li><li>• Daytime sleepiness</li><li>• Insomnia</li><li>• Changes in sleep routines</li></ul>	<ul style="list-style-type: none"><li>• Encourage good sleep practices</li><li>• Consult with a physician regarding possible medications</li><li>• Take breaks</li><li>• Consider recommending a <u>sleep study</u></li><li>• Limit caffeine intake in the afternoon</li></ul>



### Motor coordination - it's harder than you think!



**Try this exercise to get a feeling for how difficult everyday motor functions can be for persons with brain injury.**

1. Slightly lift your right foot off the floor
2. Begin circling that foot clockwise
3. Continue circling your foot while you write your whole name in cursive

If you thought that exercise was difficult, imagine how frustrated you would feel if every task throughout the day was this hard to complete!



## Cognitive changes

Damage to the brain can compromise cognitive functions. Cognitive limitations must be taken into account when supporting individuals in achieving their targeted outcomes.

### Common cognitive changes after a brain injury include:

- Memory problems
- Slowed processing speed
- Attention/concentration difficulties
- Language comprehension difficulties
- Expressive language difficulties
- Impaired executive functioning: abstract reasoning
- Impaired executive functioning: sequencing, planning, and problem solving
- Inability to initiate activities, paperwork, etc.



Unless otherwise cited, the information presented in Section B is based on the work of Braunling-McMorrow et al., 2000, and Beckwith & Dimambro, 1996-2002



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## Memory impairments

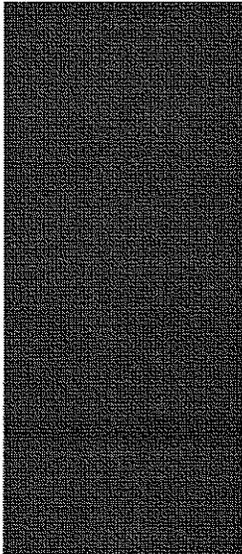
Memory refers to the process of organizing, storing, and recalling information. The strategies listed here assist with both the storing and retrieving of information.

### Possible Symptoms

- Decreased ability to store/retrieve new information
- Forgets details easily

### Strategies

- Use repetition for learning new tasks if appropriate
- Help client adopt processes to aid his/her memory:
  - Use notes, lists, tape recorders, planners
  - Write down appointment dates and times
- Avoid teaching multiple new things at once
- Client may need reminder calls for appointments



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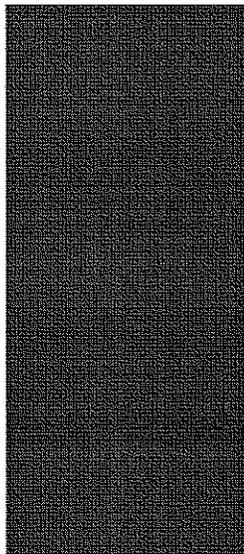
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### Slowed processing speed

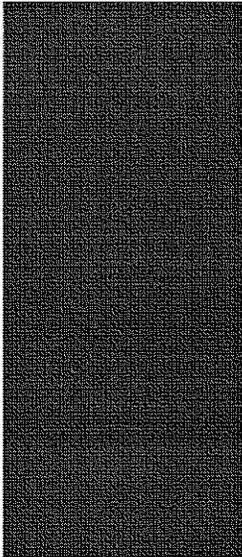
The rate at which information is processed within the central nervous system can decrease after a brain injury.

<b>Possible Symptoms</b>	<b>Strategies</b>
<ul style="list-style-type: none"><li>• Slow reaction time</li><li>• Slow decision making</li><li>• Slow communication</li></ul>	<ul style="list-style-type: none"><li>• Give plenty of time to process information</li><li>• Do not jump in when waiting for a response...allow for silence</li></ul>



### Attention/concentration deficits



Concentration requires screening out all irrelevant information and activity and sustaining that focus for a period of time.

Possible Symptoms	Strategies
<ul style="list-style-type: none"> <li>• Easily distractible</li> <li>• Cannot sustain attention to new task</li> <li>• Cannot pay attention to two things at once</li> <li>• Difficulty filtering out irrelevant information or activity (i.e. background noise)</li> </ul>	<ul style="list-style-type: none"> <li>• Reduce distractions; keep working areas uncluttered and quiet</li> <li>• Use notes and lists to assist in shifting/dividing attention</li> <li>• Avoid "overload"</li> <li>• Use a timer to cue new tasks</li> <li>• Consult a physician regarding possible medications</li> </ul>

Note that fatigue and sleep disturbance can affect attention and concentration.



## Language comprehension difficulties

Comprehension difficulties affect the ability to understand what is said or even read. The speed with which information is taken into the brain can also be affected.

### Possible Symptoms

- Difficulty understanding spoken or written language
- Difficulty holding a conversation

### Strategies

- Break long sentences into multiple shorter sentences
- Encourage individual to ask for clarification when needed
- Support information with simple gestures, such as pointing to an object mentioned
- Ask: "Did I make sense?" (Not: "Did you get that?")



## Expressive language difficulties

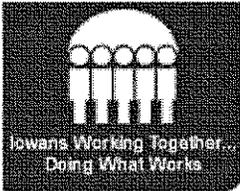
Several cognitive processes are required for successful language production: expressing one's own thoughts, attention/concentration on the information coming in, understanding the information, remembering the information, formulating an appropriate response and finally, speaking it.

### Possible Symptoms

- Word finding difficulties
- Disorganized communication
- Rambling off topic
- Difficulty talking to more than one person at the same time

### Strategies

- Allow extra time for processing and expression
- Set up a discrete cueing system to let the person know if he/she is wandering from the topic of conversation
- Encourage/promote more one-on-one conversations



## Impaired executive functioning: abstract reasoning

Abstract thought requires analyzing situations at both the concrete level and the metaphoric level. Abstraction requires a high level of cognitive functioning and is therefore quite vulnerable to impairment after a brain injury (O'Shauck & O'Shauck, 2005).

An example would be misunderstanding the metaphorical expression such as "He buried his head in the sand" as a statement of fact.

### Possible Symptoms

- Gets "stuck" on one view
- Difficulty understanding theoretical concepts
- Concrete thinking style
- Difficulty understanding double meanings, sarcasm, humor

### Strategies

- Speak in concrete terms
- Use cues to direct to alternate viewpoints
- Give examples
- Avoid or explain double meanings, as necessary



**Impaired executive functioning: sequencing, planning and problem solving**

Attention, concentration, memory, sequencing, and planning all come into play when we attempt to solve problems. These steps - which are often unconscious and happen in a split second - may become very challenging for a person with a brain injury.

**Possible Symptoms**

- Decreased flexibility
- Difficulty understanding cause & effect
- Difficulty prioritizing and organizing tasks
- Difficulty with problem solving

**Strategies**

- Be patient - allow time to work through difficult situations
- Break down large tasks into smaller tasks and address every step in order
- Explain alternate solutions
- Establish routines
- Provide structure or framework for problem solving (walk through problem solving step-by-step)

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### Inability to initiate

Following a brain injury, some people may have a difficult time starting new tasks, may seem expressionless, and may not seem to have the inner drive and direction that they used to have.

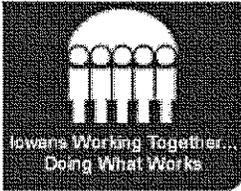
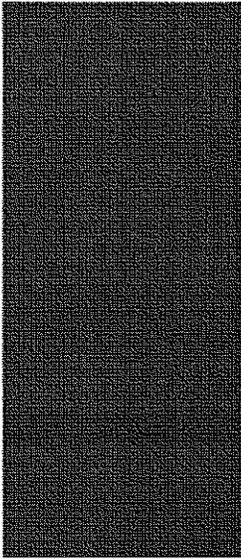
#### Possible Symptoms

- No forward action on tasks (simple or complex)
- Needs constant prompts to start activities
- Sits on couch/in front of TV all day
- Difficulty with activities of daily living (ADLs)

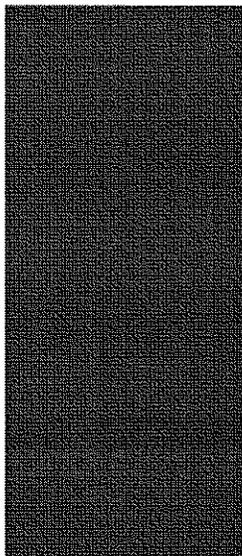
#### Strategies

- Use checklists to cue tasks and to break tasks into steps
- Suggest using a timer as a cue to begin tasks
- Provide verbal cues as needed
- Suggest/provide tools with alarms to help trigger action

**If your client shows these symptoms, refer them for anxiety and/or depression.**



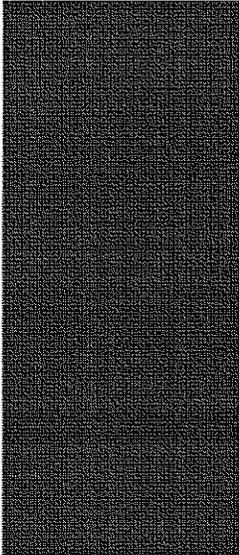
### Things to consider



- Individuals with brain injury usually remember how they used to function, and the present challenges may frustrate them.
- Individuals with brain injury may behave differently
- They should be treated like any other person of the same age. Do not speak down to a client or "baby" him or her. Treat people with brain injury with dignity and respect, just as you would want to be treated.



### Processing speed



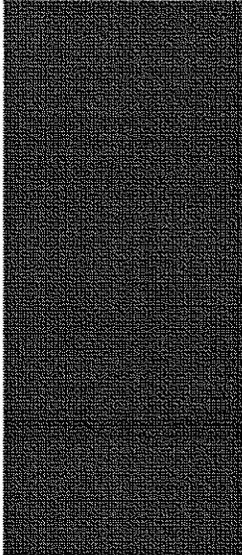
The following exercise will help you understand the cognitive issues that people with brain injury face every day.

**Quickly state the WORDS:**

<b>Pink</b>	<b>Black</b>	<b>Orange</b>
<b>Blue</b>	<b>Yellow</b>	<b>Blue</b>
<b>Red</b>	<b>Orange</b>	<b>Black</b>
<b>Yellow</b>	<b>Red</b>	<b>Yellow</b>
<b>Black</b>	<b>Blue</b>	<b>Green</b>
<b>Orange</b>	<b>Orange</b>	<b>Red</b>
<b>Yellow</b>	<b>Black</b>	<b>Yellow</b>



Processing speed (continued)



Now, quickly state the **COLORS**:

<b>Pink</b>	<b>Black</b>	<b>Orange</b>
<b>Blue</b>	<b>Yellow</b>	<b>Blue</b>
<b>Red</b>	<b>Orange</b>	<b>Black</b>
<b>Yellow</b>	<b>Red</b>	<b>Yellow</b>
<b>Black</b>	<b>Blue</b>	<b>Green</b>
<b>Orange</b>	<b>Orange</b>	<b>Red</b>
<b>Yellow</b>	<b>Black</b>	<b>Yellow</b>

Were you slower this time? The difficulty and extra time that it took you to change your processing from stating the word to stating the color gives you a feeling for the cognitive effort that many people with brain injury cope with all day long.



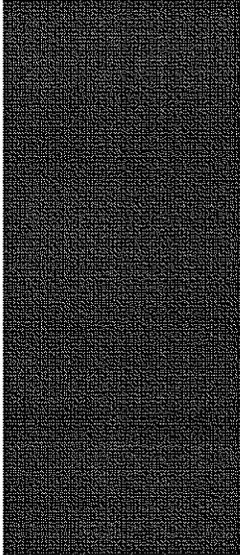
## Behavioral changes

### Common behavioral changes after a brain injury include:

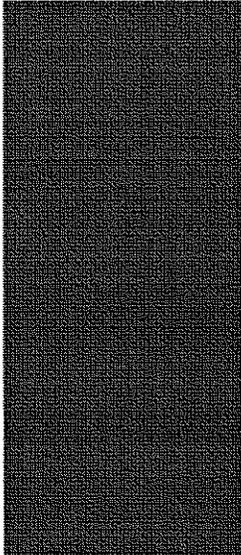
- Inability to control emotions
- Social inappropriateness
- Difficulty with relationships
- Lack of response to social cues
- Mood swings
- Stress, anxiety, and frustration
- Posttraumatic depression
- Mental health issues

**Some emotional or behavioral issues may require professional monitoring and medication. Clients with depression, anxiety, paranoia, or mania should be referred to a mental health professional with expertise in brain injury.**

Unless otherwise cited, the information presented in Section C is based on Braunling-McMorrow et al., 2000 and Beckwith & Dimambro, 1996-2002



### Inability to control emotions



The ability to control one’s own emotional reactions requires the capacity to inhibit one’s behavior when appropriate. A person with TBI may lose the ability to inhibit emotional outbursts. Episodes of uncontrolled emotions are often associated with fatigue or complex social situations.

Possible Symptoms	Strategies
<ul style="list-style-type: none"> <li>• Overreacts to situations</li> <li>• Frustration tolerance is reduced</li> <li>• Mood swings</li> <li>• Temper outbursts/irritability</li> </ul>	<ul style="list-style-type: none"> <li>• Remain calm</li> <li>• Give suggestions for regaining control</li> <li>• Praise once in control</li> <li>• Review consequences of behavior</li> <li>• Identify and avoid situations that trigger uncontrollable emotional reactions</li> <li>• Model appropriate behavior</li> <li>• Encourage rest breaks</li> </ul>



## Social inappropriateness

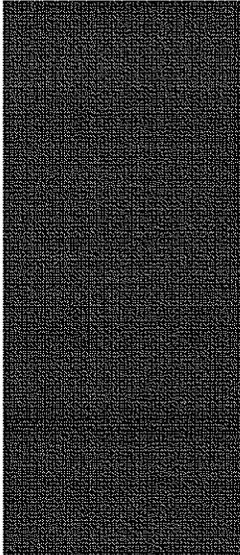
Persons with brain injury may display inappropriate behavior due to an inability to accurately assess social situations. Reacting appropriately to a social situation requires quick and accurate retrieval of information about similar situations from long-term memory and basing behavior on this information. Impairments in retrieval speed, memory, and language may all contribute to socially inappropriate behavior (O'Shauck & O'Shauck, 2005).

### Possible Symptoms

- Rude, selfish, and childlike behavior
- Lack of responsiveness to social cues
- Acting out in sexual or other inappropriate ways
- Violating others' personal space

### Strategies

- Rule out medical reasons for behavior such as side effects and illness
- Praise positive behaviors
- Model or substitute appropriate behaviors
- Recommend group/peer activities to facilitate appropriate behaviors
- Focus on progress



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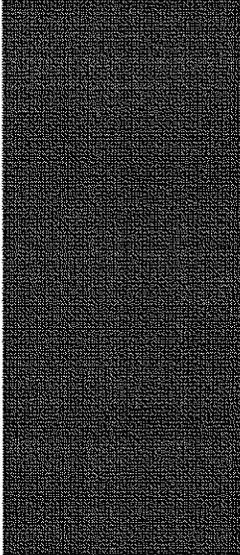
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## Difficulty with relationships

The many changes faced by a person with brain injury can dramatically change relationships with family members and friends. Additionally, inappropriate behavior, such as childishness or selfishness, combined with a lack of control over emotions can make it very difficult for persons with brain injury to form new relationships and maintain old ones.

Possible Symptoms	Strategies
<ul style="list-style-type: none"><li>• Inability to express empathy</li><li>• Inability to maintain social boundaries</li><li>• Boastful</li><li>• Focused on self</li></ul>	<ul style="list-style-type: none"><li>• Redirect disrespectful behavior</li><li>• Encourage cooperative behavior</li><li>• Use role-playing to practice relationship skills</li><li>• Don't make comparisons to how they were before</li></ul>

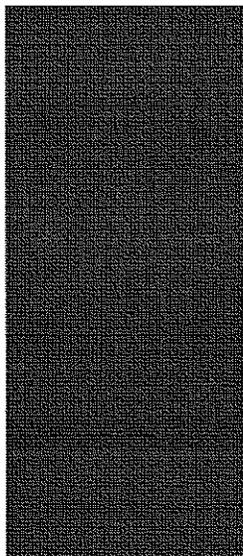


## Basic behavior strategies

Human behavior is very complex. Researchers have been studying our behavior for centuries – what we do, why we do it, and how we do it.

Because every interaction with individuals with brain injuries may have a direct impact on their behavior, **as a professional you should become alert to your behavior, making sure that both your responses and interactions support the individual and the outcomes he/she desires.**



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## Using antecedents and consequences to elicit appropriate behavior

As you observe specific behaviors, both positive and negative, try to understand the factors that contribute to them. Look at what is happening both before and after the behavior of interest.

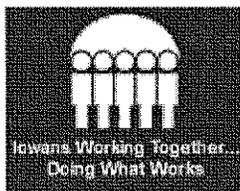
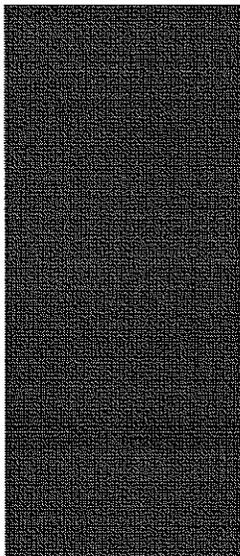
**The A-B-C method of observation will help you do this:**

- A = Antecedents: events that occur prior to a behavior
- B = Behavior of interest
- C = Consequences: results of the behavior

Identify antecedents that trigger negative behaviors and try to avoid them in the future.

- Make sure that behaviors you exhibit are not negative antecedents!
- Reinforce antecedents that trigger positive behaviors.

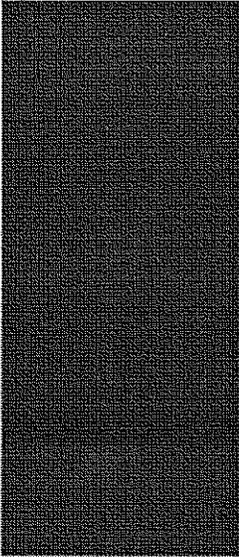
**Consequences serve to reinforce behavior.** If the consequence is positive, the behavior is likely to be repeated (positive reinforcement). If the consequence resulted in the individual getting out of an unpleasant situation or helped him/her to avoid the situation altogether, the behavior will likely be repeated (negative reinforcement). If the behavior leads to unwanted consequences (punishment), it is less likely to occur again.



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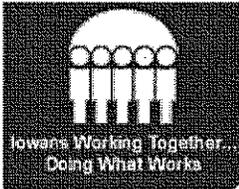
## Other influences



There are conditions that individuals with brain injury experience that reduce the ability to respond in a desired manner. For example, if an individual is in pain, s/he might be irritable or resistant to touch in a particular area. Or, if an individual did not sleep well the night before, s/he might have difficulty performing job tasks satisfactorily the next day. **The following influences can affect individuals with brain injury:**

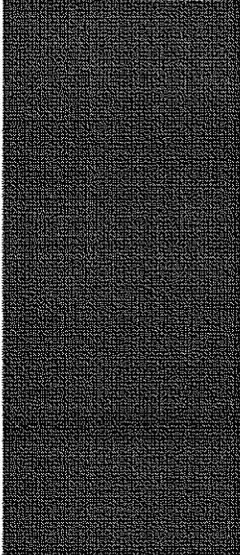
- Medication side effects
- Relationship issues
- Disappointment related to losses
- Sleep irregularity
- Sexual history
- Addictions
- Seizure activity
- Pain
- Other mental health issues

While not directly responsible for producing unwanted behaviors, any of these factors can increase the likelihood that an individual will have problems handling difficult situations. Your attention to such conditions could provide the support the individual needs to avoid unwanted behaviors during a challenging moment.

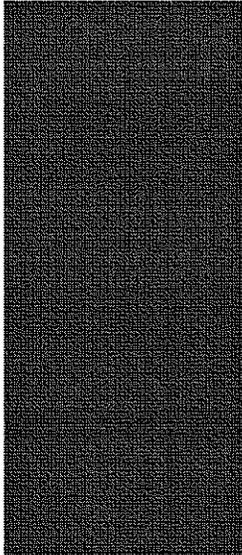


## Substance abuse

- Persons who are recovering from a brain injury may turn to alcohol or drugs to numb the physical pain, the pain of lost relationships, or the pain of a lost job
- Persons who used alcohol or drugs before a brain injury are more likely to turn to alcohol or drugs post-brain injury. Knowing a person's pre-injury alcohol and drug use can facilitate the most effective intervention after an injury (Turner et al., 2003)
- Some studies have indicated that between 10% and 20% of persons with traumatic brain injury develop a substance abuse problem for the first time after their injury (Corrigan et al., 1995)
- Memory problems can result in missed appointments and should not be interpreted as resistance to substance abuse treatment
- Substance abuse treatment providers will need to assess and accommodate cognitive impairments during treatment



## Cultural competence



**What is culture?** An integrated pattern of socially transmitted human behavior that includes thoughts, communication, actions, customs, beliefs, values, institutions, and all other products of human work or thought, characteristic of a particular community or population (Cross et al., 1989).

- Culture is more than race or ethnicity: many groups (such as the poor, homeless, disabled) exhibit distinct cultural characteristics, which may present special service delivery issues, and which may engender culture-like responses from others.
- It is important to remember that individuals within a culture can be very different from one another.

**What is cultural competence?**

Cultural competence or culturally competent means the ability and the will to respond to the unique needs of an individual client or family that arise from the client's culture and the ability to use the person's cultural strengths as resources or tools to assist with the treatment, intervention or helping process.

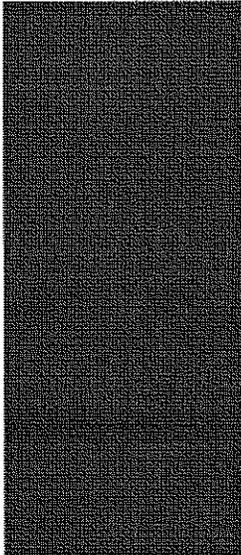
- Cultural competence is a journey; not a destination that one can ever fully attain.



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## How can you pursue cultural competence?



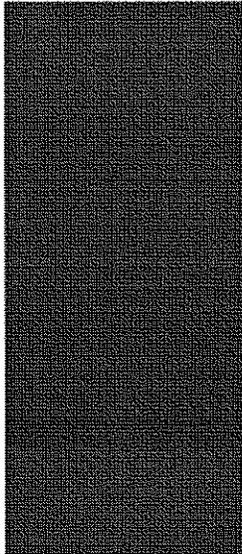
- Use state demographic information to learn the cultural makeup of your community. See [www.humanrights.iowa.gov](http://www.humanrights.iowa.gov)
- Ask about your client's culture (way of life, beliefs about family and mental health, values, customs, disease incidence and prevalence, etc.) Remember, families and loved ones are one of the most significant factors influencing recovery.
- Learn skills and behaviors that enable you to provide services that are appropriate for various populations
- Provide a culturally "friendly" office environment (e.g., linguistically appropriate forms and vital documents, pictures and wall hangings that reflect cultures in the community)
- Distribute translated materials when appropriate ([Click here for a list of translated materials](#) )
- Learn how to communicate effectively with your client about his or her disability, as well as how to appropriately relay any necessary information or instructions
- Make connections and establish relationships in the community that will allow you to refer clients to more culturally appropriate services



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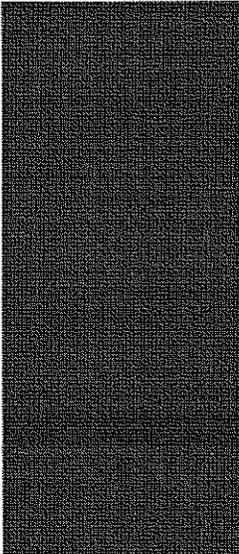
## Recap: Tips for working with people with TBI



Do	Don't
<ul style="list-style-type: none"> <li>• <b>Do</b> be accepting</li> <li>• <b>Do</b> take every issue seriously</li> <li>• <b>Do</b> convey respect</li> <li>• <b>Do</b> assist with problem-solving</li> <li>• <b>Do</b> state relevant facts to those who need to know</li> <li>• <b>Do</b> remember that you don't know how they feel</li> <li>• <b>Do</b> get all the facts</li> <li>• <b>Do</b> be their equal</li> <li>• <b>Do</b> be sincere</li> <li>• <b>Do</b> pursue cultural competence</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Don't</b> be blaming/fault finding</li> <li>• <b>Don't</b> ignore an issue</li> <li>• <b>Don't</b> talk down to anyone</li> <li>• <b>Don't</b> patronize</li> <li>• <b>Don't</b> take responsibility for their situation</li> <li>• <b>Don't</b> gossip</li> <li>• <b>Don't</b> make promises you can't keep</li> <li>• <b>Avoid</b> saying things like "I know", "I know how you feel"</li> <li>• <b>Avoid</b> being too directive</li> </ul>

**Remember: People with brain injury may have difficulty understanding and processing information.**

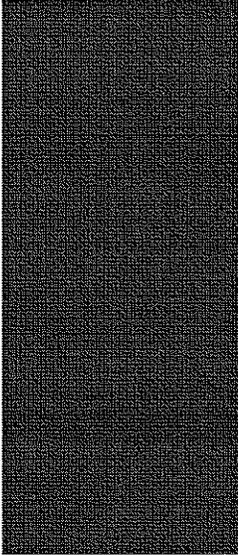
Recap: Tips for working with people with TBI (continued)



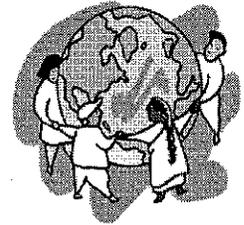
- Be consistent
- Treat the individual in an age appropriate manner
- Remember that recovery from brain injury is a learning process
- Be patient
- Be cautious of over stimulation
- Model calm and controlled behavior
- Expect the unexpected
- Remember that people with brain injury are more sensitive to stress
- Keep in mind that the individual may get worse before getting better
- Redirect problematic behavior
- Remember that the person may not be able to respond quickly



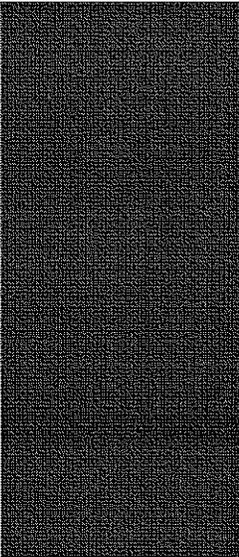
### What you can personally do to help people with TBI



- Share what you have learned about brain injury with your coworkers
- Volunteer to be the "brain injury expert" in your office and offer advice to coworkers on how to work with individuals with brain injury
- Act as an advocate for your clients with brain injury by helping them navigate the system and get appropriate services
- Become involved in your local brain injury support group or the Brain injury Alliance of Iowa



## Case studies



The theoretical case studies of Mary and Justin will allow you to explore this module's topics further. Below you will find a brief description of each study. Use the next button at the bottom of the page to begin the first case study.

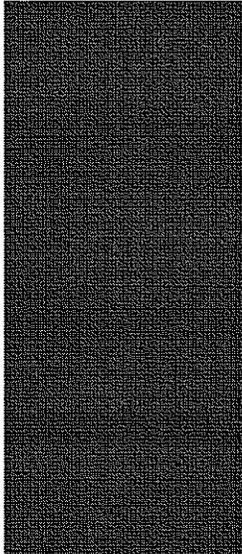
Case study: Mary – This study describes the situation of a woman who sustained a moderately severe brain injury in a car crash, resulting in several cognitive and other issues.

Case study: Justin – This case study illustrates the situation of a young man with a brain injury, which resulted from an off road vehicle accident. Since then he has been experiencing several behavioral and other issues.



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### Case Study - Mary

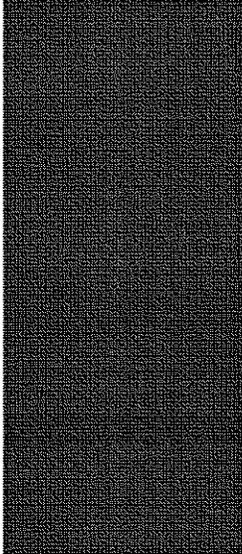


#### **Mary's background**

Mary is a 48 year old woman who sustained a brain injury in a car crash three years ago. Mary was a homemaker at the time of her injury. When she did recognize that she was having some ongoing problems, she sought an auto insurance settlement. Her husband quickly spent the settlement and left her. Their three teenage children (ages 13 – 17) have been living with Mary. Her son reports that he discovered her following an apparent suicide attempt using drugs prescribed for pain management. This resulted in a three day psychiatric admission for Mary for observation and follow-up counseling. Mary says she wasn't trying to commit suicide. She just didn't realize she had taken so many pills.



### Case Study - Mary



#### Mary's background continued

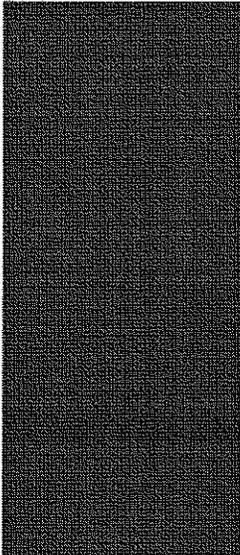
Mary's ex-husband did care for the children during her most recent hospital stay, but he has a generally unsupportive relationship with Mary. Mary's ex-husband has been unemployed for a number of years and is on disability due to a back injury. Mary reports that she is getting medical follow-up from her local Medicaid funded health clinic to address injury related issues. She has not seen any specialists because she couldn't find one that accepts Medicaid.



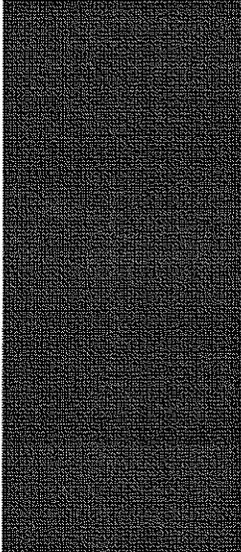
## Case Study - Mary

### Summary of Mary's Issues

- Mary has frequent, severe headaches
- She has poor follow through due to a variety of factors, including short-term memory problems, visual problems, and reading comprehension problems
- She complains of fatigue and sleep disturbance
- She sometimes feels depressed
- She rarely leaves her home and is afraid to drive



### Case Study - Mary



You now have the option to view an expert's solution to this case scenario on video or to view a transcript of this solution.

Please make your selection below. Please disregard any references in the video or transcripts to services available in Michigan and/or North Carolina.

**Brain injury services and support group information for residents of Iowa are available throughout this training program and through the Brain Injury Alliance of Iowa ([www.biaia.org](http://www.biaia.org)).**

[View the Video](#)

[View the Transcript](#)



### **Possible strategies to address Mary's issues – transcript**

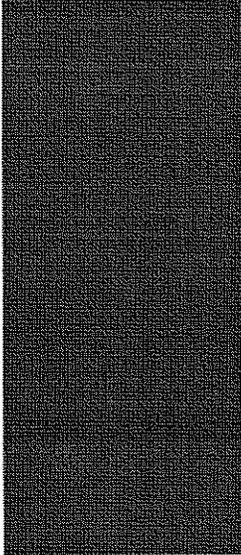
There are some ways that Mary can get assistance. First, in order to address some of Mary's needs, she may want to consider having an assessment by a neurologist to help develop an effective treatment plan to address her headaches. She must learn different pain management techniques such as visualization and medication management. She should be referred to physical therapy or a pain management program to assist with pain management and to establish a physical conditioning program.

Mary should seek treatment from her local Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS) for her depression and possible suicide attempt. Mental health also may be able to provide case management services. Mary needs a sleep evaluation from a certified sleep clinic because Mary's problems might be worse because she can't sleep. She will need to establish a structured sleep pattern and keep a log of sleep habits to assure she is receiving enough sleep each night.

Other services also might help. Mary might like to see an occupational therapist to address her visual problems and her reading comprehension and memory problems. Some compensatory strategies might include, getting large print books or tapes from the Library for the Blind. Using a planner might help and writing down a "to-do list" to prioritize what should be done each day might help. Mary may also benefit from a medication reminder program that could be as simple as a pill box with dates and times. Mary should attend a drivers evaluation and perhaps speak to a counselor to address her fears about driving.

She and her children should attend a brain injury support group, such as those offered through the Brain Injury Association of North Carolina or other locally sponsored support groups. A support group will help Mary realize that she is not alone in her recovery and, as her children become aware of the need for them to support her treatment plan, the family can heal together. Mary may then realize that her issues are not purely psychiatric in nature and that there are real reasons she experiences her symptoms. This will help her regain confidence.

## Case Study - Justin



### Justin's background

Justin is a 16-year old with a TBI that resulted from an off road recreational vehicle accident at the age of 14. Justin had bilateral frontal brain contusions and was unconscious for one day. He spent five days in the hospital and two weeks in a rehabilitation hospital. He was discharged home independent in walking, talking, and the basic Activities of Daily Living including feeding, dressing, and bathing.

Justin's parents divorced shortly before the accident. There was a history of domestic abuse and intense arguing. Justin lives with his mother in government subsidized housing for families with low incomes and has limited contact with his father.

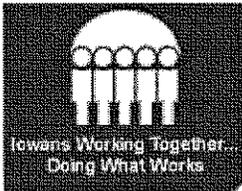


## Case Study - Justin

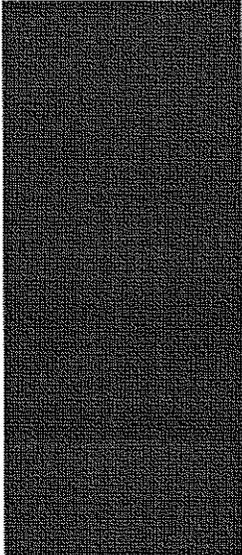
### Justin's background continued

A limited neuropsychological evaluation was completed in the hospital and showed moderate to severe impairments in social judgment, impulsivity, attention, and short-term memory. Justin has difficulty with social interactions, problem-solving, attending to tasks, and exhibits poor judgment. He has not accepted that he has disabilities due to his injury. He also had a pre-injury history of depression and marijuana smoking, and both have increased in frequency.

Upon his return to school he was tested, and psychological counseling and speech therapy were arranged for him. He was provided with a planner to help him remember his schedule and his assignments, but he did not use it. Justin had aggressive episodes with his teachers, coaches, and other students. When Justin was 15, he dropped out of high school and stopped getting the therapy he needed.

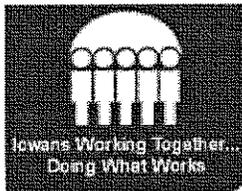


## Case Study - Justin

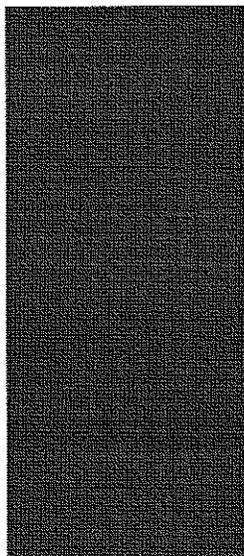


### Summary of Justin's issues

- Justin does not recognize his deficits
- He may be depressed
- He uses drugs
- He requires the use of a day planner to prioritize assignments and manage his time, but he will not use one
- He has aggressive social interactions
- He dropped out of school



### Case Study - Justin

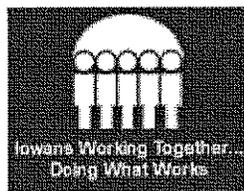


Please make your selection below. Please disregard any references in the video or transcripts to services available in Michigan and/or North Carolina.

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[View the Video](#)

[View the Transcript](#)



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### **Possible strategies to address Justin's issues**

There are ways that Justin could get back on a better track. Justin dropped out of school – lost this lost opportunity, which is serious, as school could be the one setting where he could receive high quality education and rehabilitation services at no cost to him or his family. Options should be explored for getting Justin back in school, such as alternative schools. An updated educational assessment and a complete neuropsychological evaluation are needed to establish an educational plan for Justin. Justin's Mom also needs to be educated about TBI and how she can help Justin be more successful.

Justin needs the structure of living with his mother and establishing a routine that helps him compensate for his cognitive issues. Due to the nature of his injury, his frontal lobe injury, making sure that his living environment is structured is important to support appropriate behavior.

There are also programs and services that could help. Justin needs testing and evaluations in addition to services that might be provided through his Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS) or vocational services. He needs counseling to address his behaviors and lack of disability awareness. Justin's depression needs to be evaluated to see if medications and treatment would be helpful. And he also needs to address his drug use.

Both Justin and his mom should attend a brain injury support group, such as those offered through the Brain Injury Association of North Carolina. Meeting and talking with other people with similar problems could help Justin and his Mom understand the effects of brain injury on their lives.

## Test your knowledge

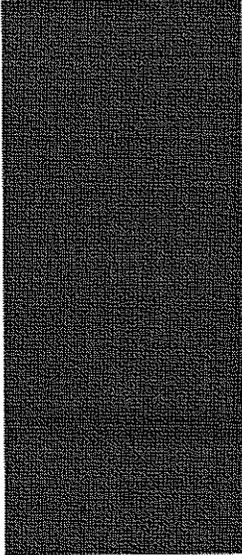
**This final section of Module 2 consists of ten questions.**

- You must complete the questions to receive a score for this module on your training transcript.
- When you submit an answer for each question, a box will appear stating whether or not your answer was correct, along with an explanation of the correct answer.
- Once you submit an answer for each question, it cannot be changed. However, you may return to the assessment section of this module on another day and retake the test. Your most recent score will appear on your transcript.

[Begin Test](#)

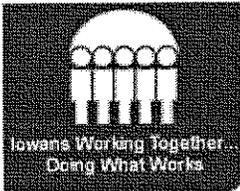


Module 2 - Question 1



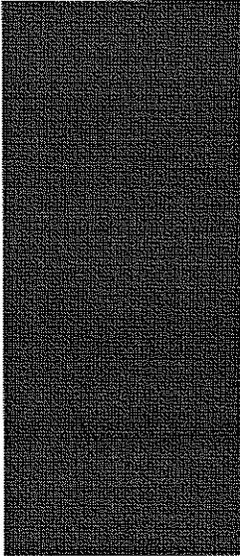
**1. When a client has difficulty focusing on something a service provider is saying, the provider should:**

- (a) Assume that the client is drunk and tell them to go home and come back later.
- (b) Show sympathy by saying, "I know how you feel."
- (c) Give them a lot of information in a short amount of time.
- (d) Reduce distractions and write out instructions step by step.



Submit

Module 2 - Question 2



**2. A person with a TBI can be easily recognized by his or her physical symptoms.**

- (a) True
- (b) False

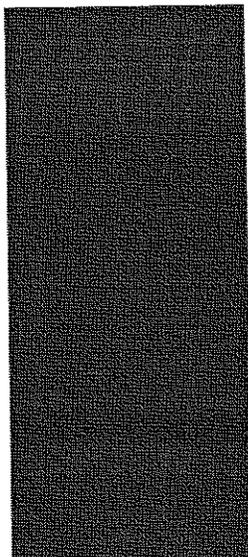


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Module 2 - Question 3

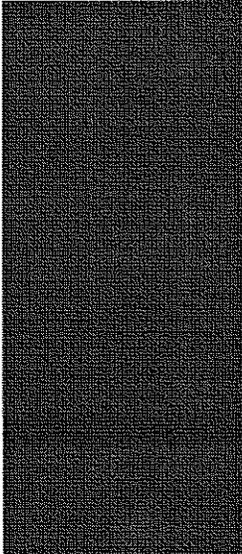
**3. Which of the following deficits may be due to brain injury?**

- (a) Storing and retrieving information
- (b) Difficulty filtering out distractions
- (c) Fatigue
- (d) All of the above



Submit

Module 2 - Question 4



**4. If a person with TBI does not follow through with submitting paperwork or showing up for appointments, it may mean:**

- (a) The person no longer needs or wants services
- (b) The person suffers memory problems
- (c) Both A and B are likely
- (d) Neither A nor B is likely

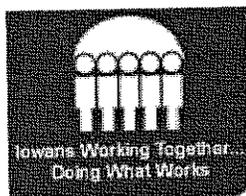
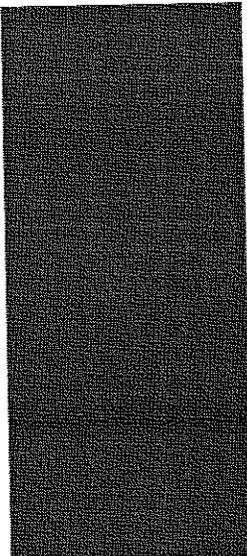


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Module 2 - Question 5

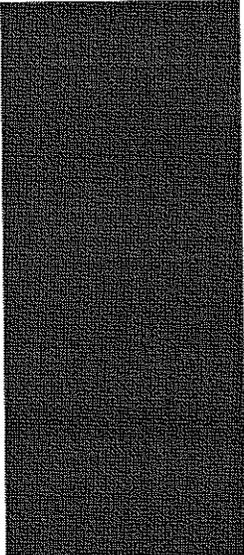
**5. When working with a person with a TBI whose speech is slowed and slurred, a service provider should:**

- (a) Discourage the person from talking because talking may cause further damage.
- (b) Avoid asking the person questions because he or she may become frustrated.
- (c) Facilitate communication by being patient and encouraging the person to take his or her time.
- (d) Identify family members to talk with instead.



Submit

## Module 2 - Question 6



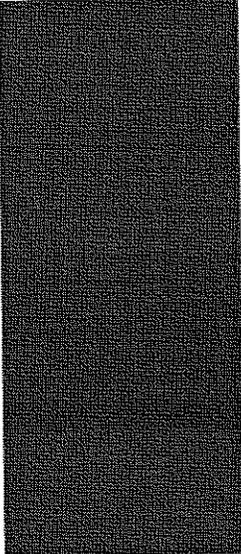
**6. Jessica suffered a TBI last month that has impacted her abstract reasoning ability. In addition, her relationship with her father has become strained because her father makes jokes that she finds upsetting and frightening. How should a service provider address this situation?**

- (a) Ask Jessica's father to stop interacting with his daughter because it is impairing her recovery.
- (b) Encourage Jessica's parents to reward her when she does not become upset and to punish her when she does become upset.
- (c) Help Jessica's father understand that, because of her injury, Jessica may have difficulty understanding the double meanings or sarcasm used in jokes, and that he may need to explain his jokes so that she understands his meaning.
- (d) It is not necessary to address this situation because it will resolve itself over time.



Submit

## Module 2 - Question 7



**7. Since his TBI, Alex has had difficulty initiating and completing tasks. He watches television for most of the day, and recently he left the burner on the stove on for three hours because he lost track of what he was doing while cooking dinner. What could Alex do to help himself initiate and complete tasks?**

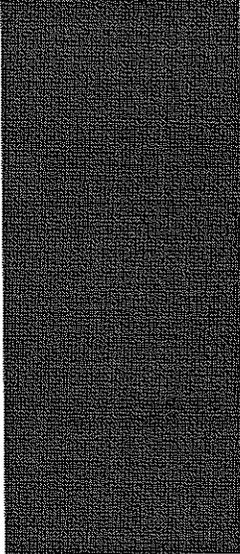
- (a) Write out task lists, breaking each task into small, manageable steps.
- (b) Find himself a full time caregiver because he has become a danger to himself.
- (c) Use a timer as a cue that a task needs to be completed.
- (d) Both 'a' and 'c.'

**Submit**

Module 2 - Question 8

**8. Which of the following may NOT lead to a positive interaction between a service provider and individual with cognitive TBI-related impairments:**

- (a) Speaking in concrete terms using shorter sentences
- (b) A stimulating environment: lots of bright lights and background noise
- (c) Establishing routines and avoiding change
- (d) Extensive use of reminders, planners and checklists

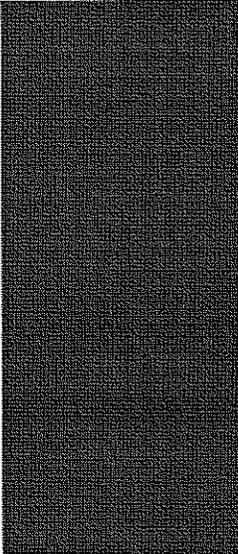


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Module 2 - Question 9

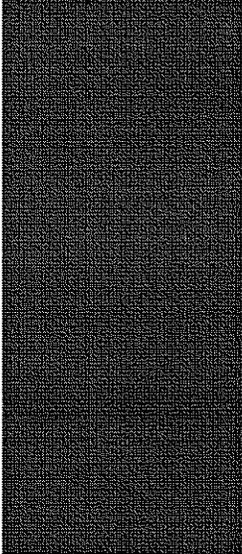
**9. Cultural competence is defined as knowing how individuals will act based on knowing what racial/ethnic group they belong to.**

- (a) True
- (b) False



Submit

Module 2 - Question 10



10. Which of the following is not an example of providing culturally competent services?

- (a) Learning about the cultural groups served by your agency.
- (b) Identifying how your clients' culture might impact how you are perceived, and finding ways to overcome these cultural barriers.
- (c) When working with a client from a culture that is different from your own, trying to behave as though you share your client's culture.
- (d) Reaching out to the various cultural and linguistic groups in your community, and establishing relationships with these groups.



Submit