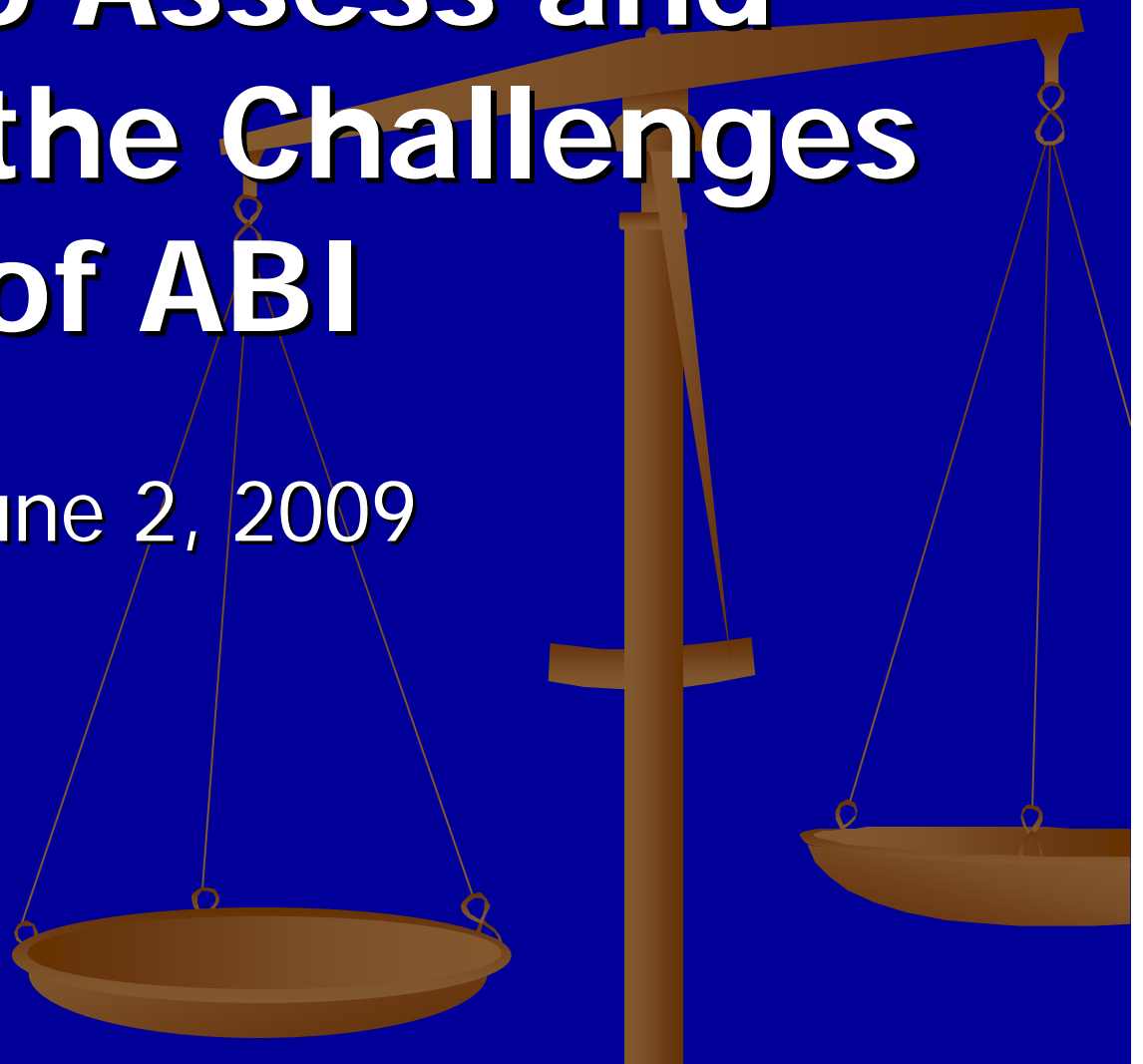
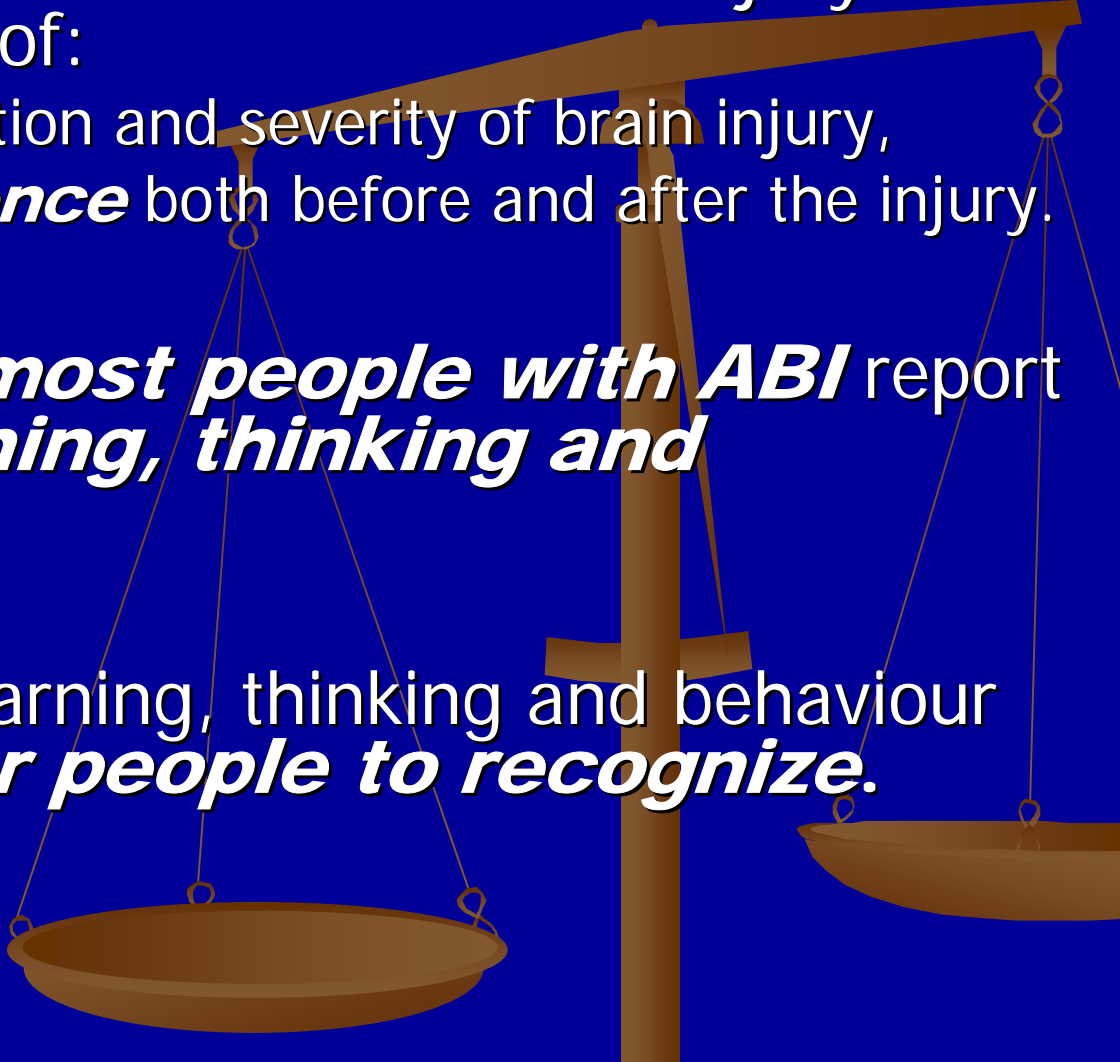


How to Assess and Manage the Challenges of ABI

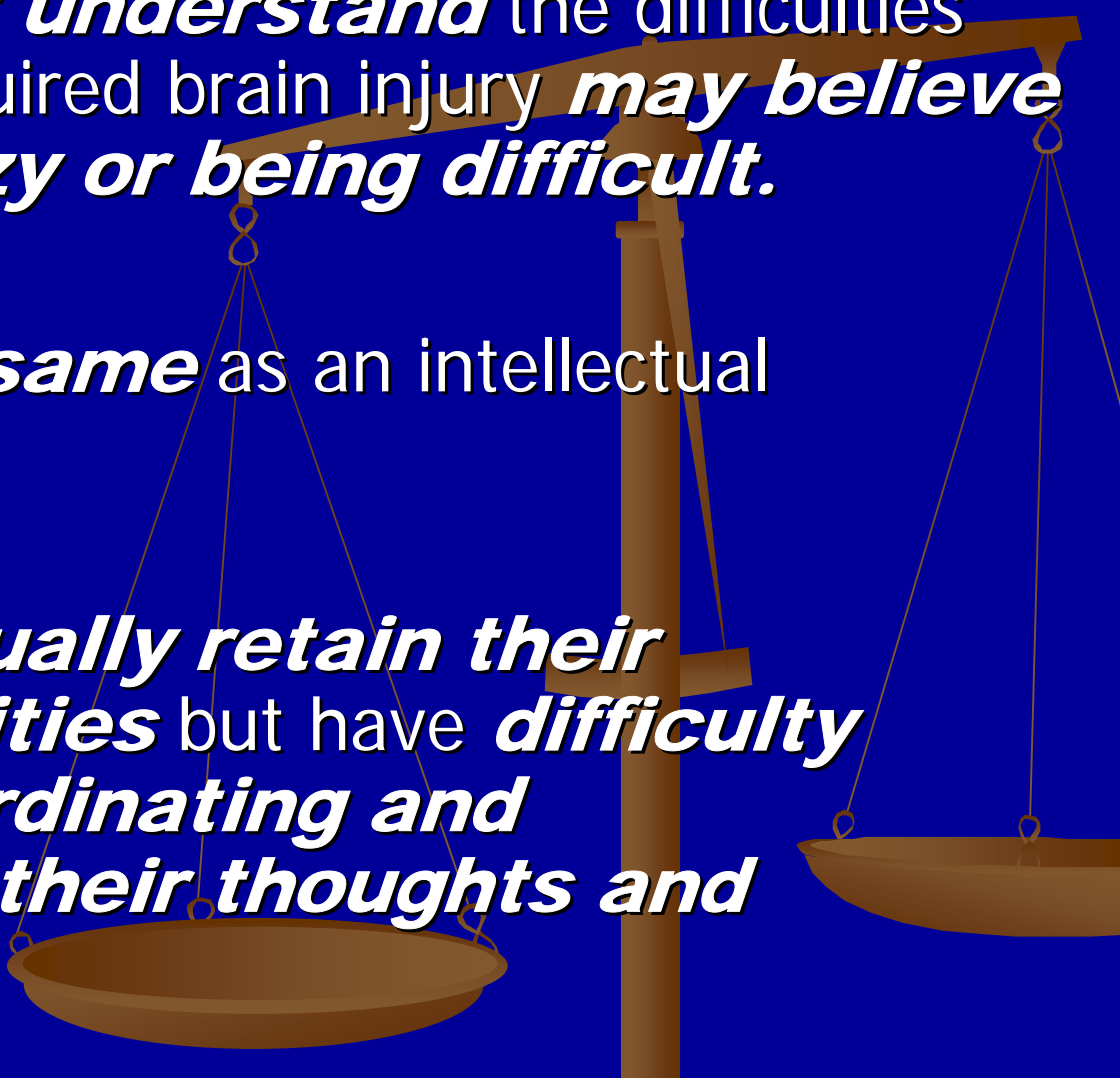
June 2, 2009



Introductory Thoughts

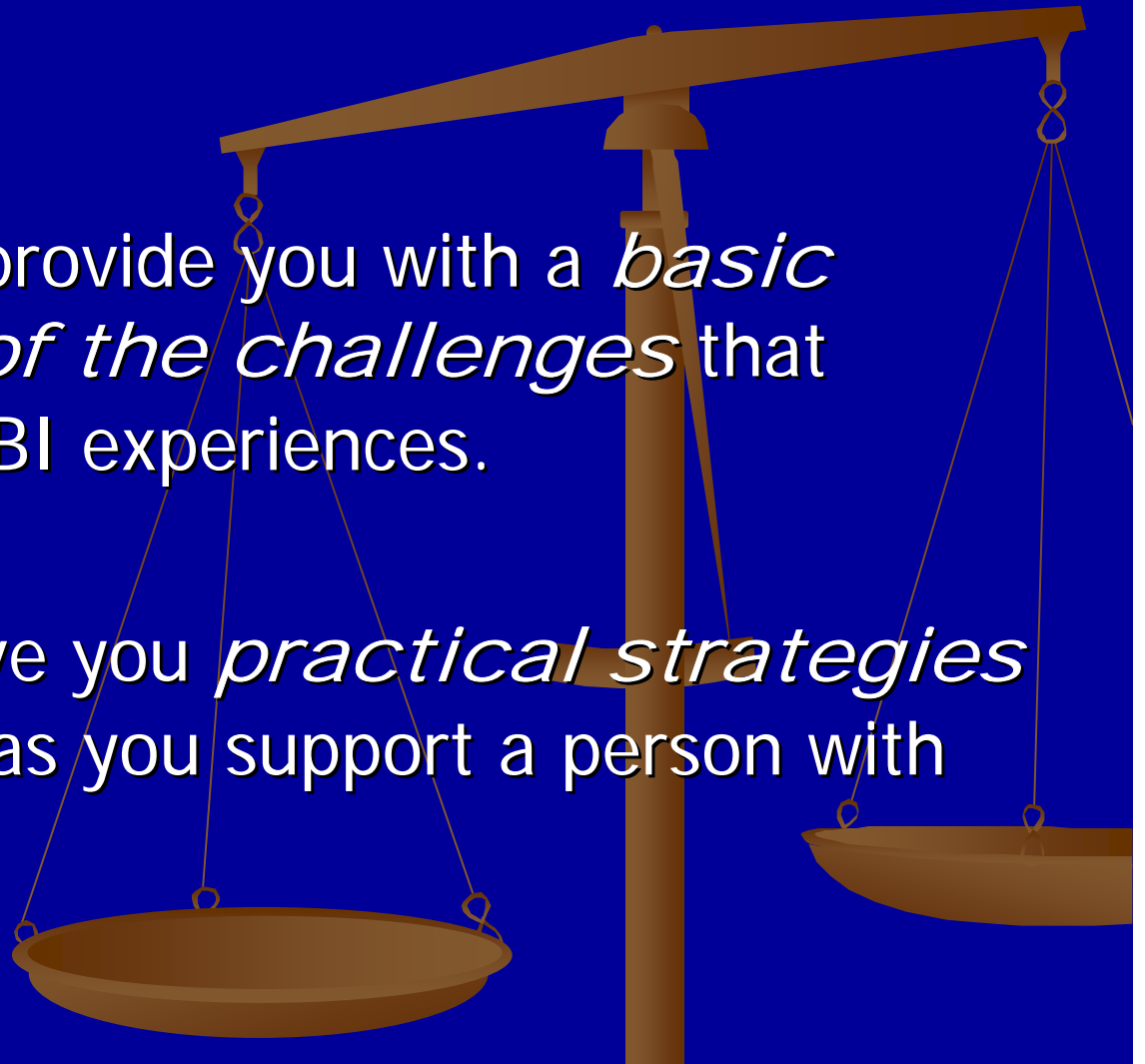
- Remember *every person* with a brain injury will be *different* because of:
 - *variations* in location and severity of brain injury,
 - *their life experience* both before and after the injury.
 - In the longer term *most people with ABI* report *changes in learning, thinking and behaviour*.
 - These changes in learning, thinking and behaviour are *hard for other people to recognize*.
- 

Introductory Thoughts

- People who *do not understand* the difficulties associated with acquired brain injury *may believe the person is lazy or being difficult.*
 - An ABI is *not the same* as an intellectual disability.
 - People with ABI *usually retain their intellectual abilities* but have *difficulty controlling, coordinating and communicating their thoughts and actions.*
- 

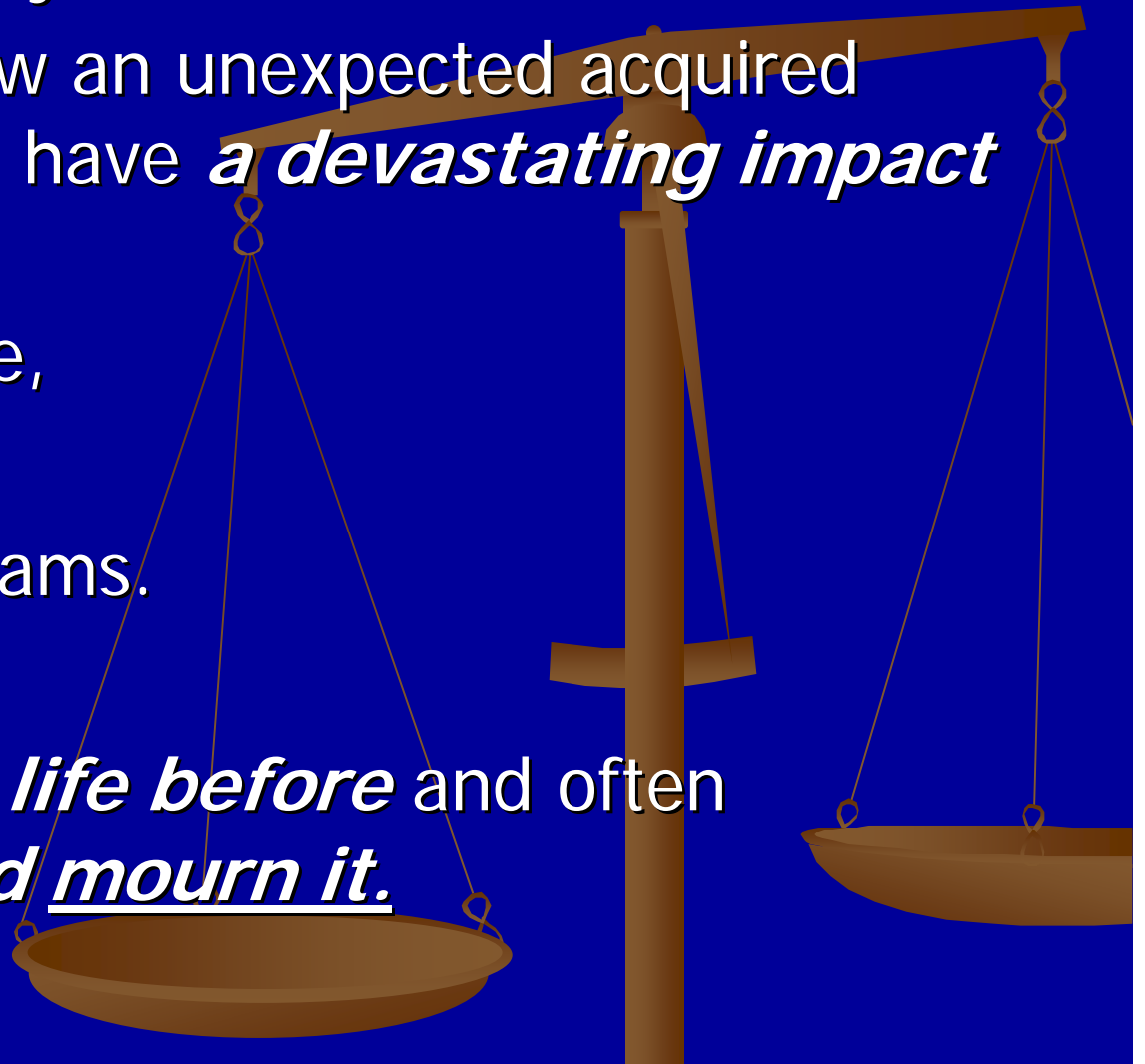
Introductory Thoughts

- Brain Injury is often described as *the invisible injury*.
- Today we hope to provide you with a *basic understanding of the challenges* that someone with an ABI experiences.
- We also hope to give you *practical strategies* that will assist you as you support a person with ABI.



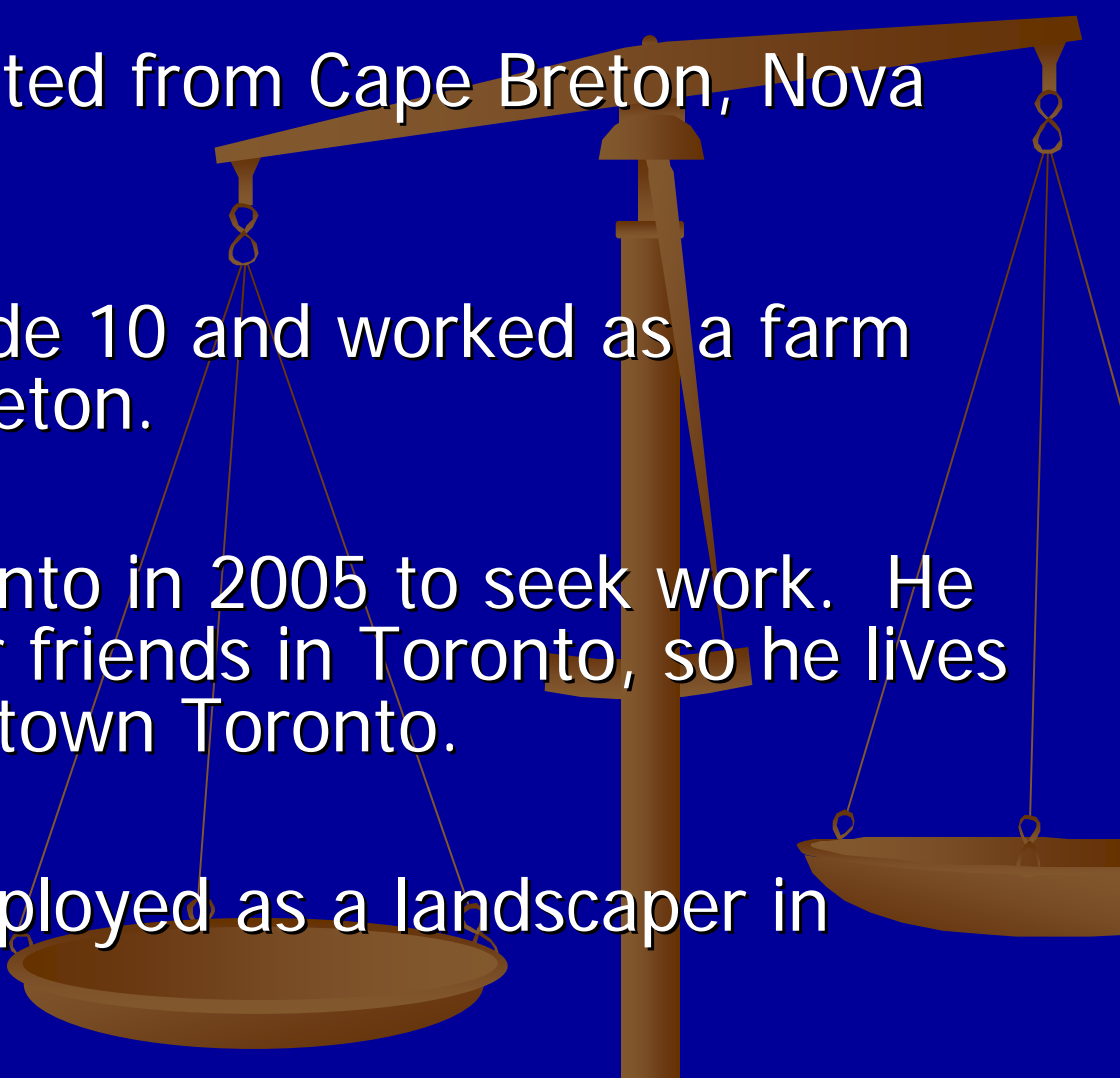
Introductory Thoughts

- We will share with you 2 Case Studies that will:
 - bring to life how an unexpected acquired brain injury can have *a devastating impact* on:
 - a person's life,
 - their hopes,
 - and their dreams.
- Our clients *had a life before* and often *remember it and mourn it.*



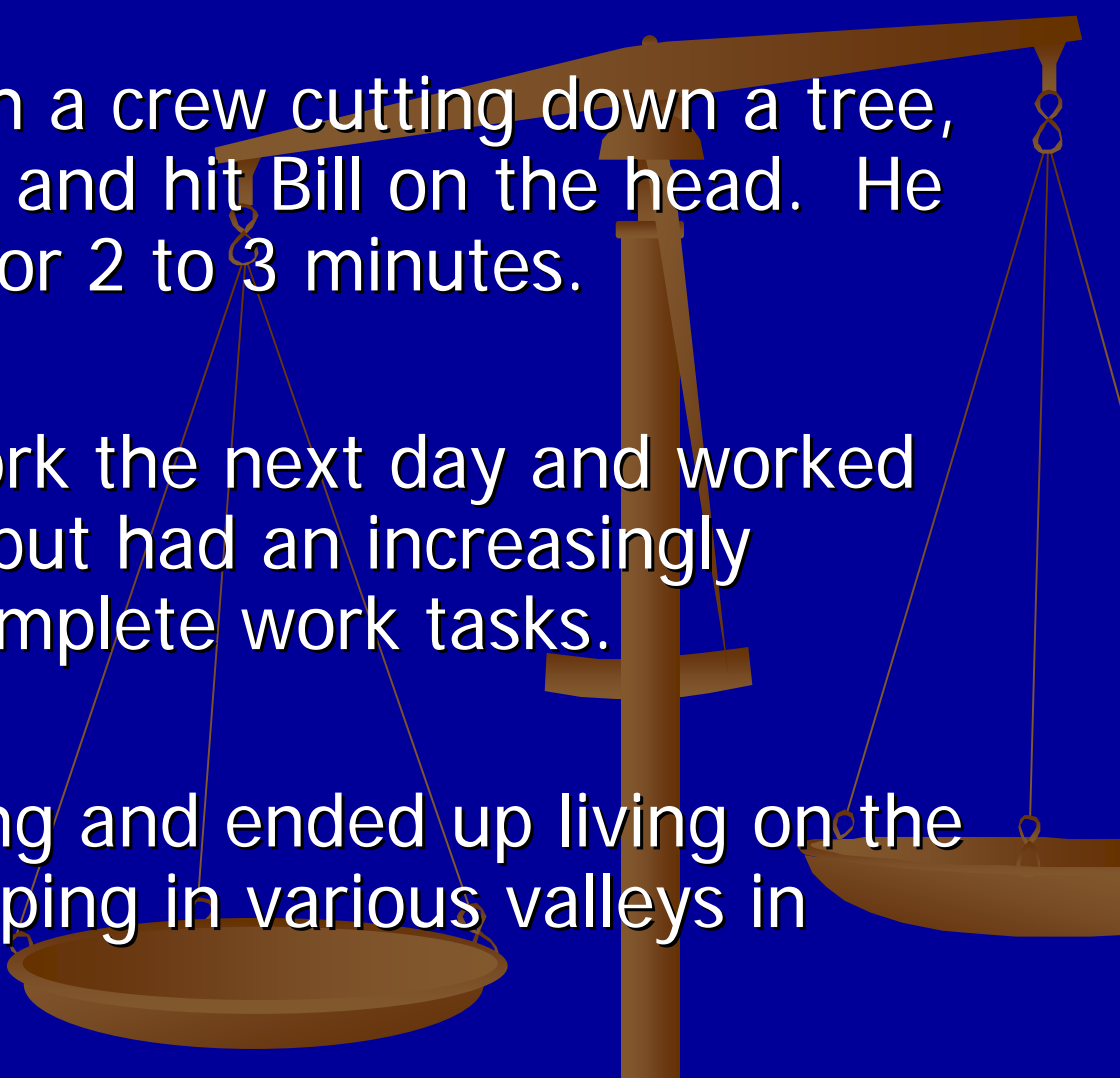
BILL

Background Information

- Age 23, he originated from Cape Breton, Nova Scotia.
 - He completed grade 10 and worked as a farm worker in Cape Breton.
 - He moved to Toronto in 2005 to seek work. He has no relatives or friends in Toronto, so he lives in hostels in downtown Toronto.
 - Bill was briefly employed as a landscaper in 2005.
- 

BILL

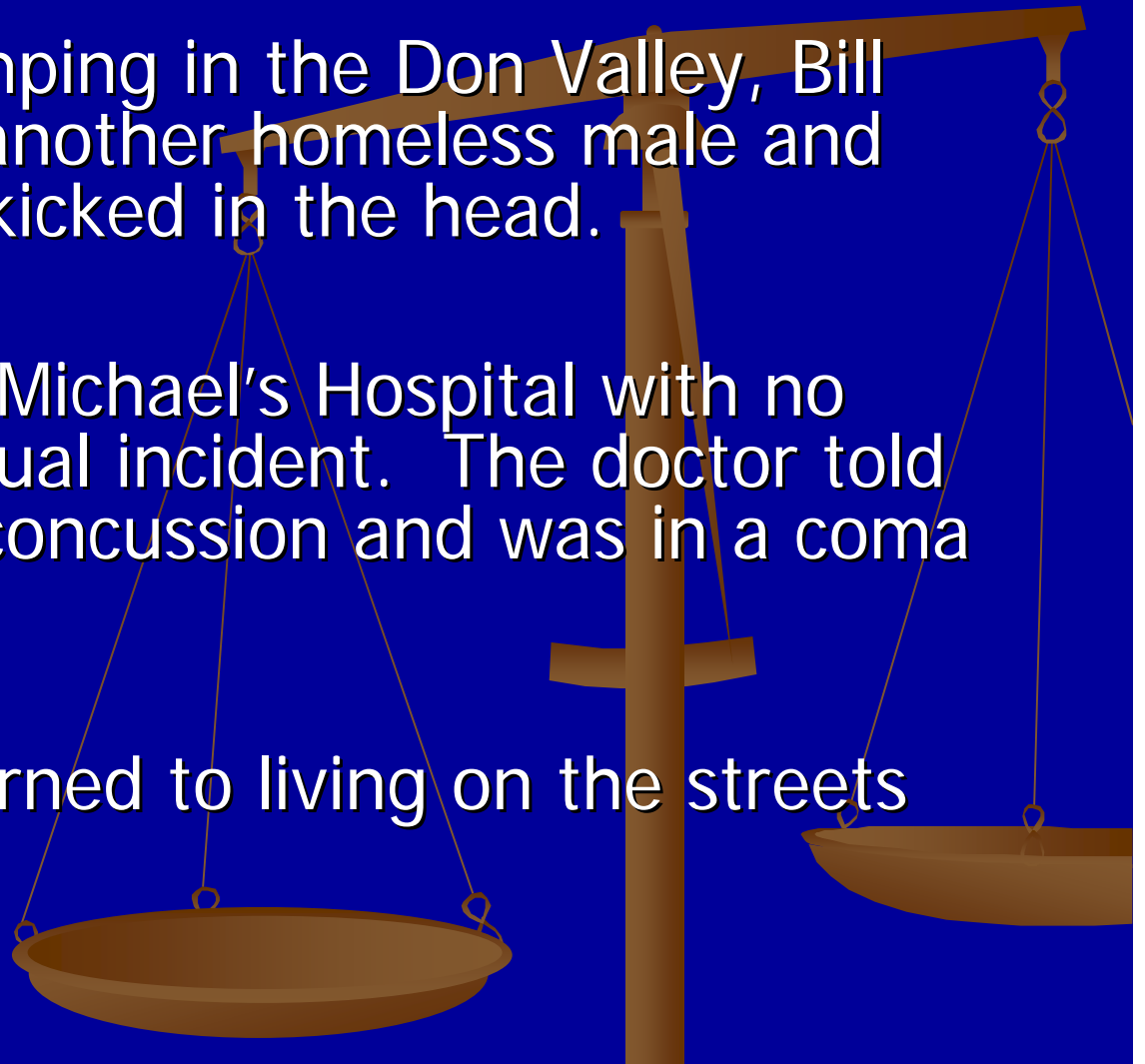
ABI History

- While working with a crew cutting down a tree, a large branch fell and hit Bill on the head. He was unconscious for 2 to 3 minutes.
 - Bill returned to work the next day and worked for a few months but had an increasingly difficult time to complete work tasks.
 - He stopped working and ended up living on the streets; often camping in various valleys in Toronto.
- 

BILL

ABI History

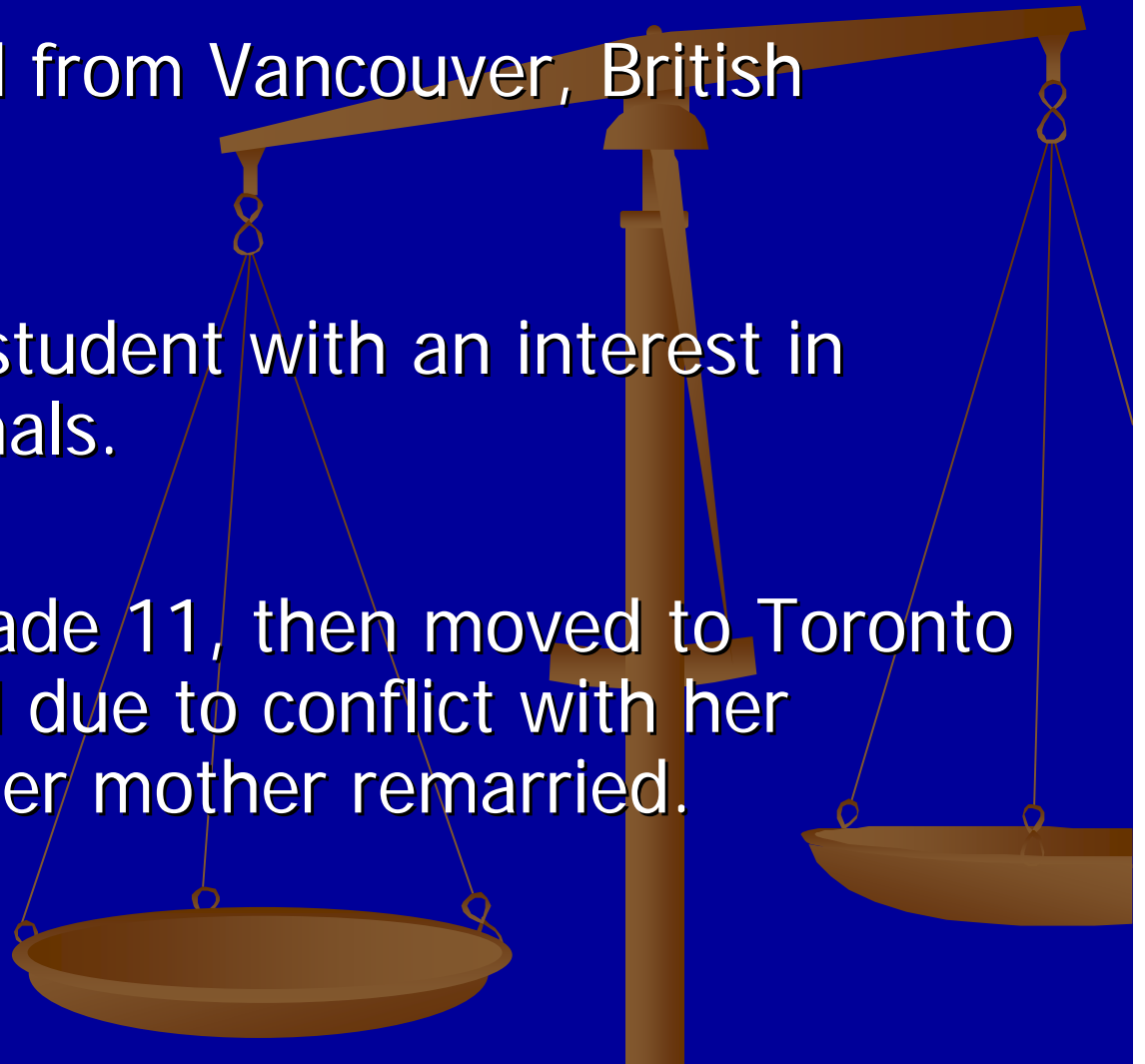
- In 2007, while camping in the Don Valley, Bill was assaulted by another homeless male and badly beaten and kicked in the head.
- He woke up in St. Michael's Hospital with no memory of the actual incident. The doctor told Bill that he had a concussion and was in a coma for 8 hours.
- Bill eventually returned to living on the streets



ANNE

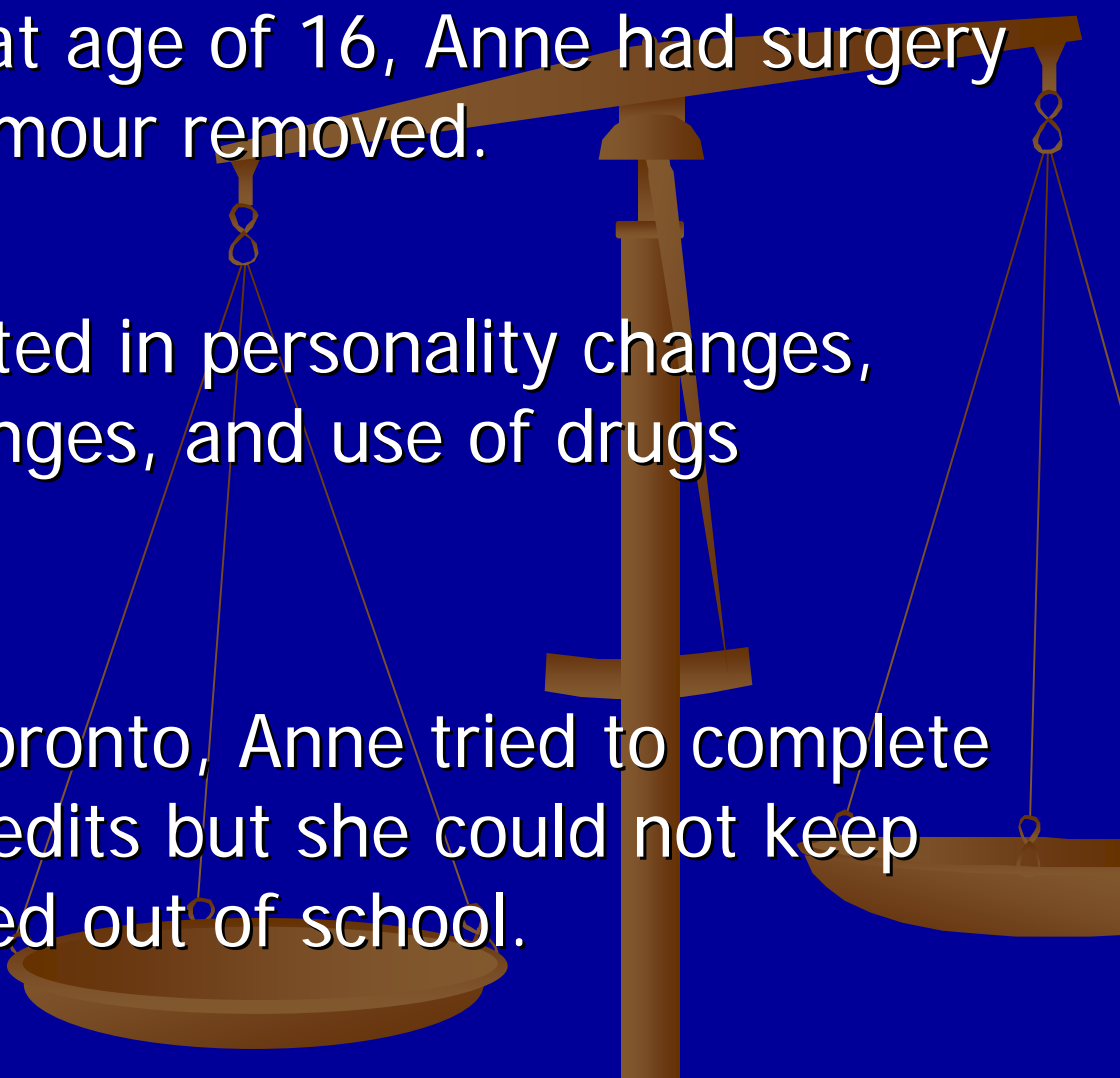
Background Information

- Age 19, originated from Vancouver, British Columbia.
- She was a bright student with an interest in working with animals.
- She completed grade 11, then moved to Toronto with her boyfriend due to conflict with her stepfather, after her mother remarried.



ANNE

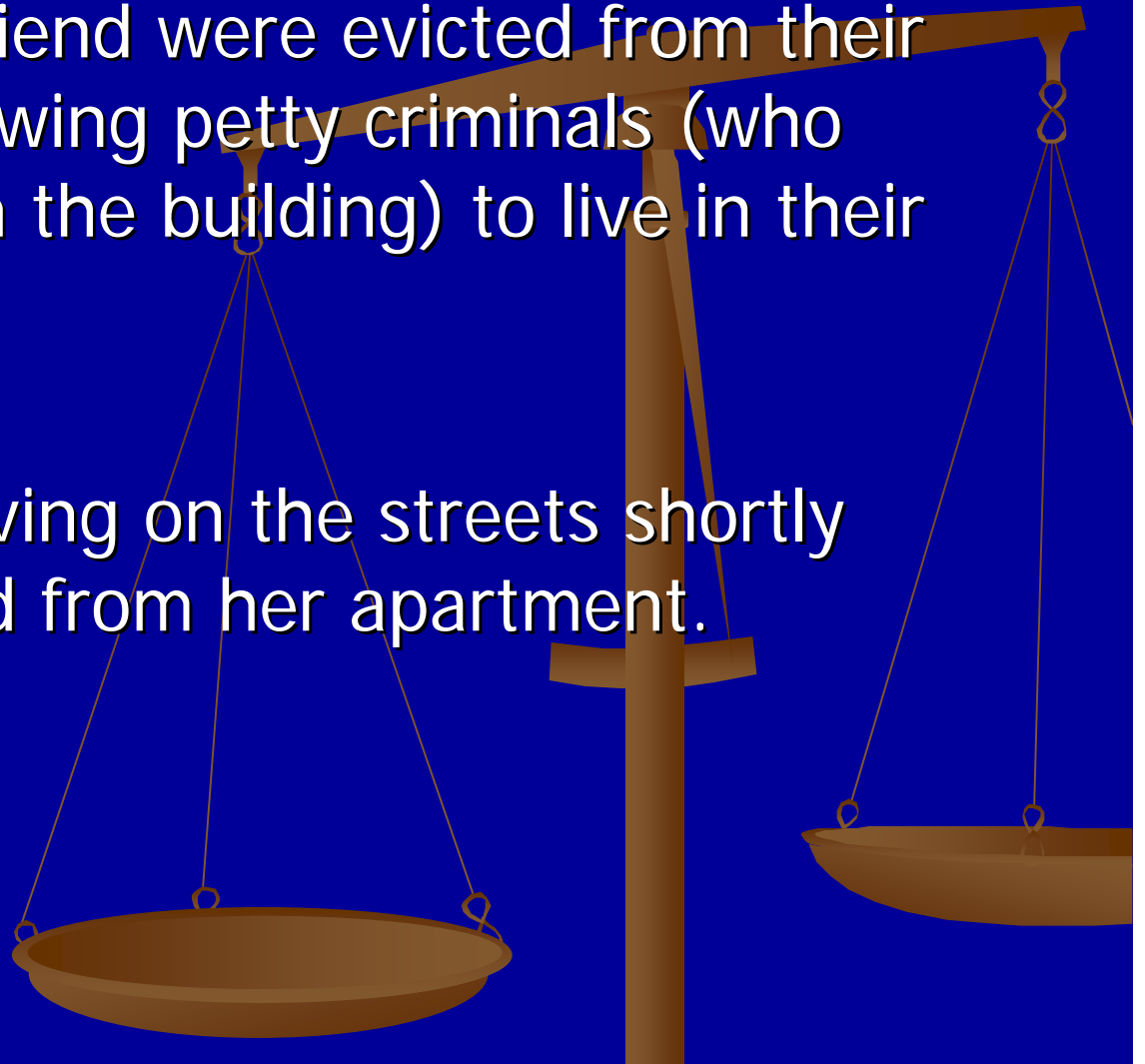
ABI History

- Three years ago, at age of 16, Anne had surgery to have a brain tumour removed.
 - Post surgery resulted in personality changes, sudden mood changes, and use of drugs (marijuana).
 - After moving to Toronto, Anne tried to complete her high school credits but she could not keep up and she dropped out of school.
- 

ANNE

ABI History

- She and her boyfriend were evicted from their apartment for allowing petty criminals (who were banned from the building) to live in their unit.
- Anne ended up living on the streets shortly after being evicted from her apartment.



Cognitive and Behavioural Changes

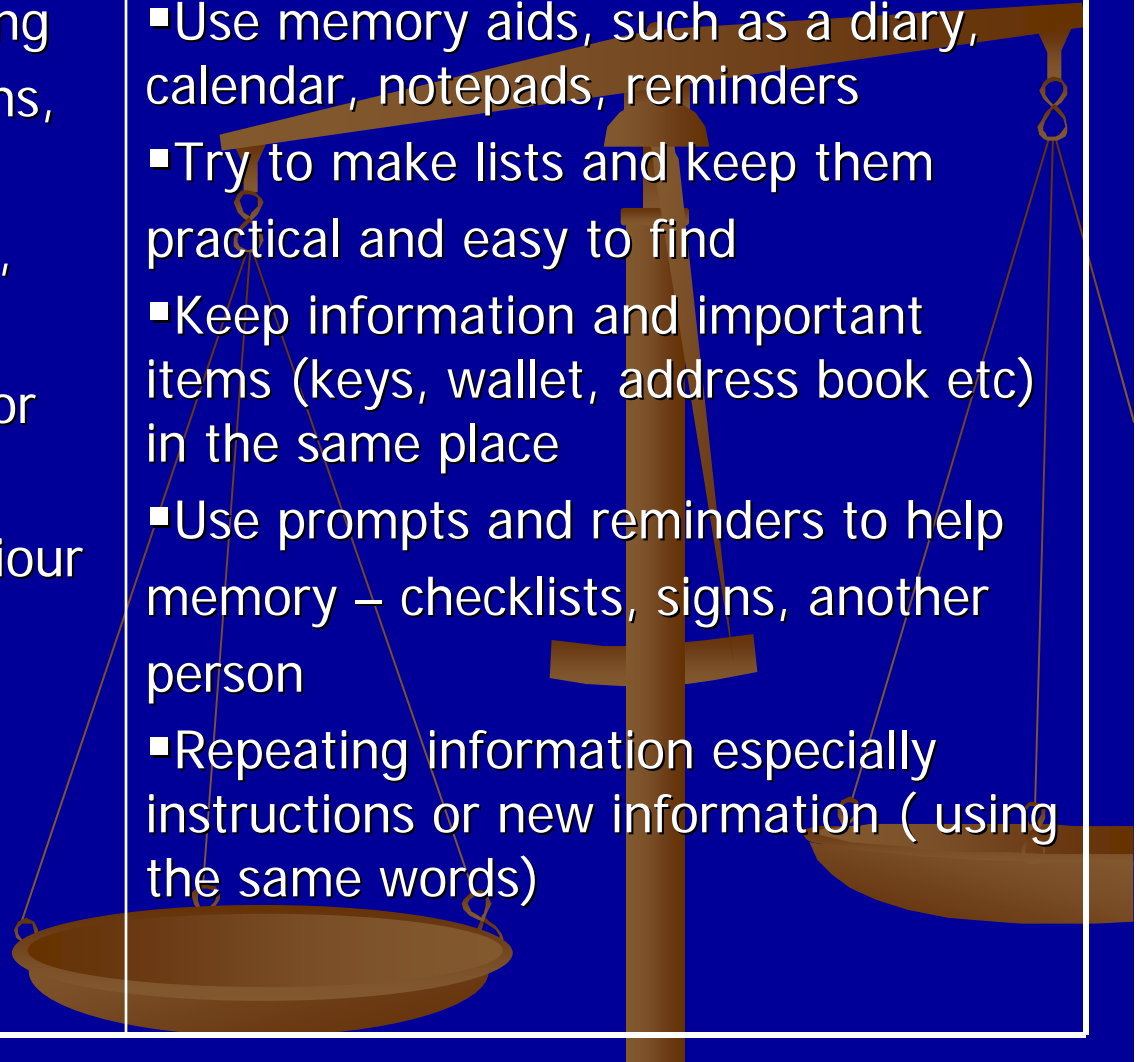
Memory Impairments

What you see

- Difficulty remembering ongoing events, information, instructions, misplacing objects, forgetting names, details of conversation, forget appointments
- Difficulty learning new tasks or information
- Difficulty learning new behaviour

What you can do

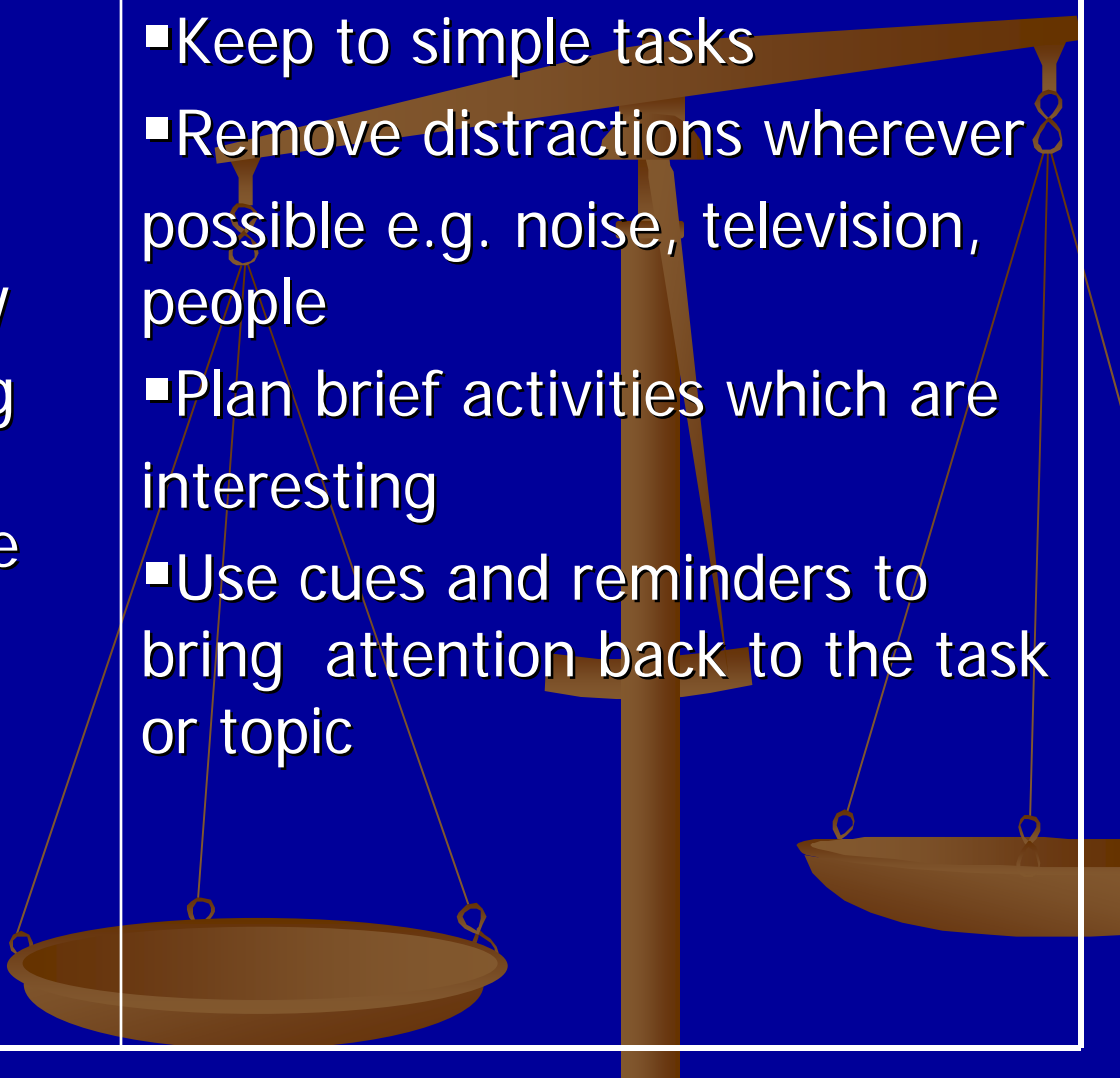
- Use memory aids, such as a diary, calendar, notepads, reminders
- Try to make lists and keep them practical and easy to find
- Keep information and important items (keys, wallet, address book etc) in the same place
- Use prompts and reminders to help memory – checklists, signs, another person
- Repeating information especially instructions or new information (using the same words)



Cognitive and Behavioural Changes

Poor Concentration

What you see	What you can do
<ul style="list-style-type: none">■ Difficulty staying with a task for more than brief periods■ May get distracted easily■ May have difficulty doing more than one task at a time, or completing all the steps in a task■ Gets easily off task	<ul style="list-style-type: none">■ Keep to simple tasks■ Remove distractions wherever possible e.g. noise, television, people■ Plan brief activities which are interesting■ Use cues and reminders to bring attention back to the task or topic



Cognitive and Behavioural Changes

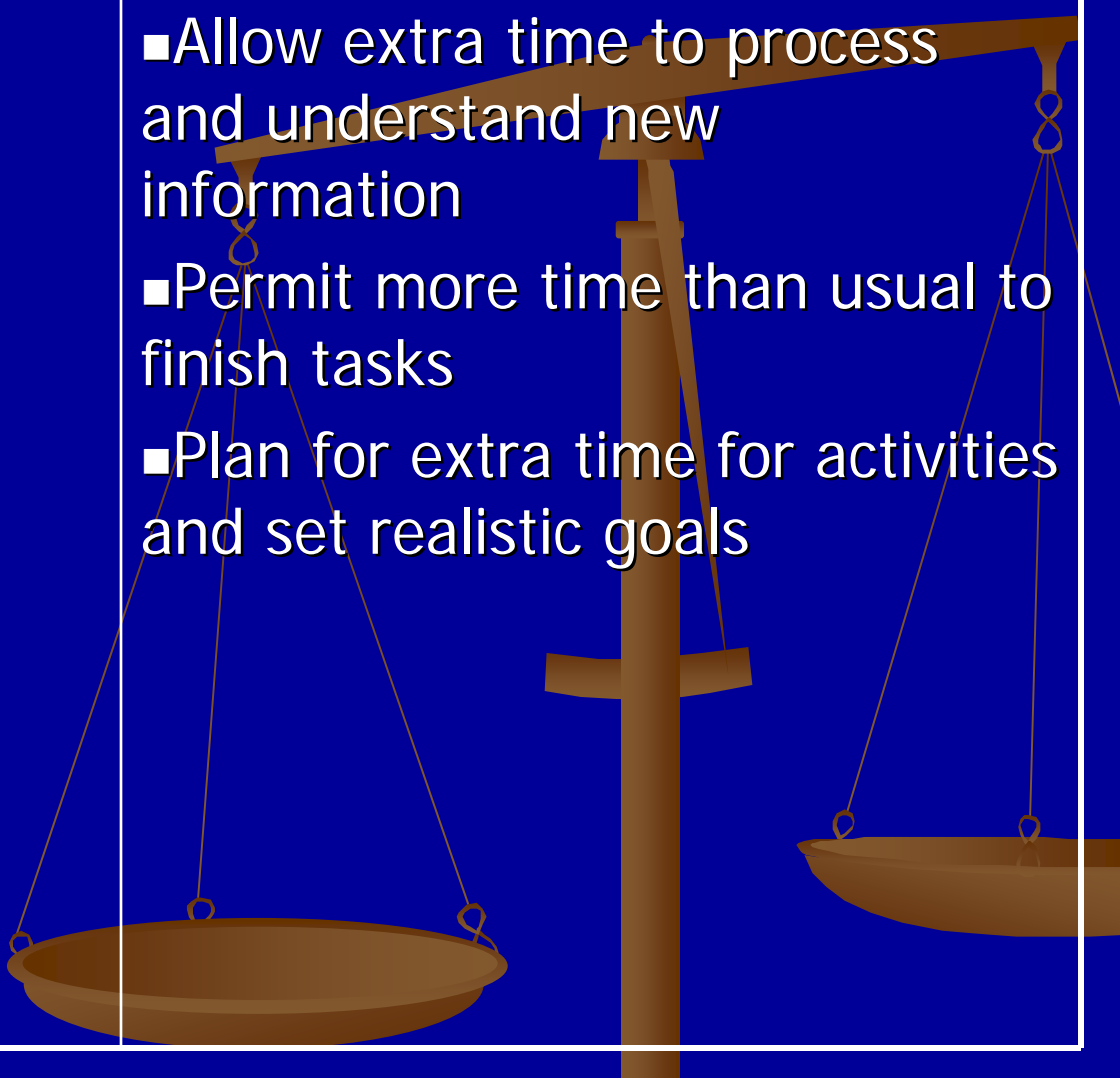
Impaired Planning and Organization

What you see	What you can do
<ul style="list-style-type: none">■ May have difficulty planning ahead■ May be disorganized■ May not think ahead■ May do things before thinking of alternatives or consequences	<ul style="list-style-type: none">■ Encourage structure and routine to assist in organizing daily activities and tasks■ Use aids such as a diary, notebook, or lists to help plan activities and act as reminders about birthdays/special events■ Set aside planning time each day■ Make sure instructions are simple (break down big tasks into small steps)

Cognitive and Behavioural Changes

Slowed Responses and Information Processing

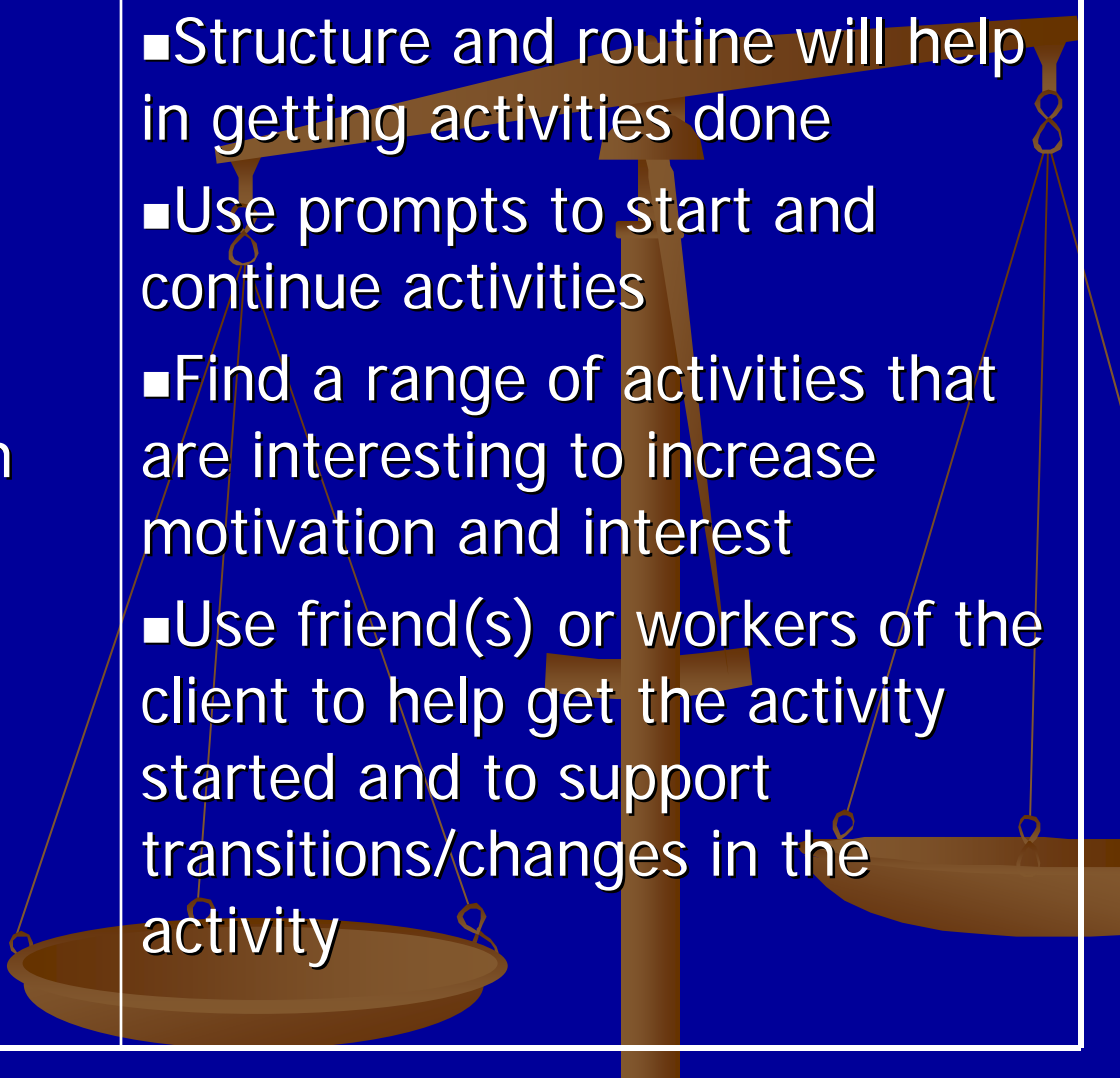
What you see	What you can do
<p>The person may take longer to:</p> <ul style="list-style-type: none">■ Take in information■ To think about things■ To make decisions■ To act	<ul style="list-style-type: none">■ Allow extra time to process and understand new information■ Permit more time than usual to finish tasks■ Plan for extra time for activities and set realistic goals



Cognitive and Behavioural Changes

Poor Initiation

What you see	What you can do
<ul style="list-style-type: none">■ Difficulty getting started with a task or activity■ May appear to lack motivation or interest■ May have difficulty following through once an activity is started	<ul style="list-style-type: none">■ Structure and routine will help in getting activities done■ Use prompts to start and continue activities■ Find a range of activities that are interesting to increase motivation and interest■ Use friend(s) or workers of the client to help get the activity started and to support transitions/changes in the activity



Cognitive and Behavioural Changes

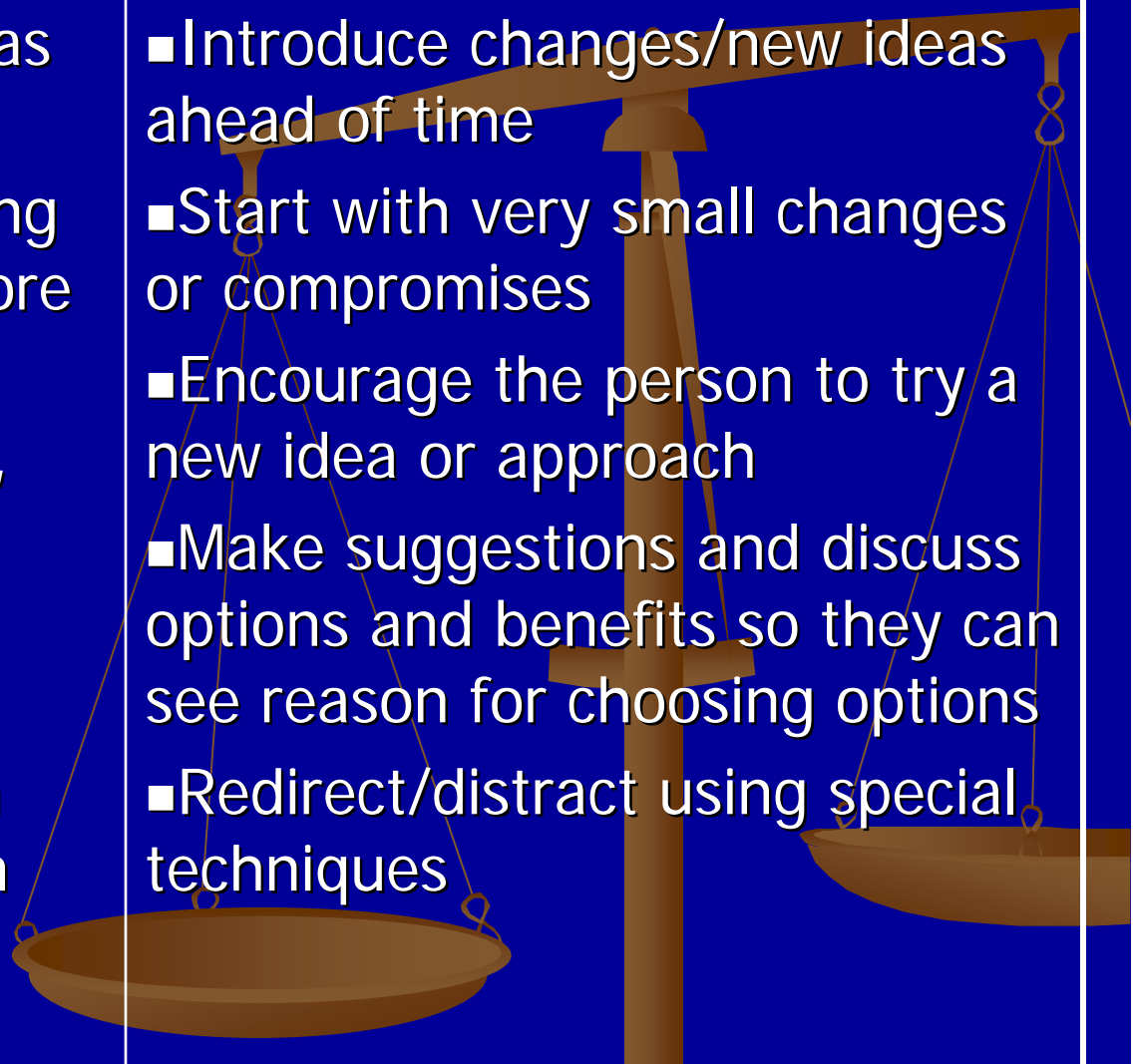
Inflexibility in Thinking

What you see

- Inability to generate ideas or thoughts
- Difficulty doing or thinking about something from more than 1 point of view
- May get 'stuck' on ideas, topics, behaviour
- May have difficulty changing behaviour
- May have problems with reasoning/comprehension

What you can do

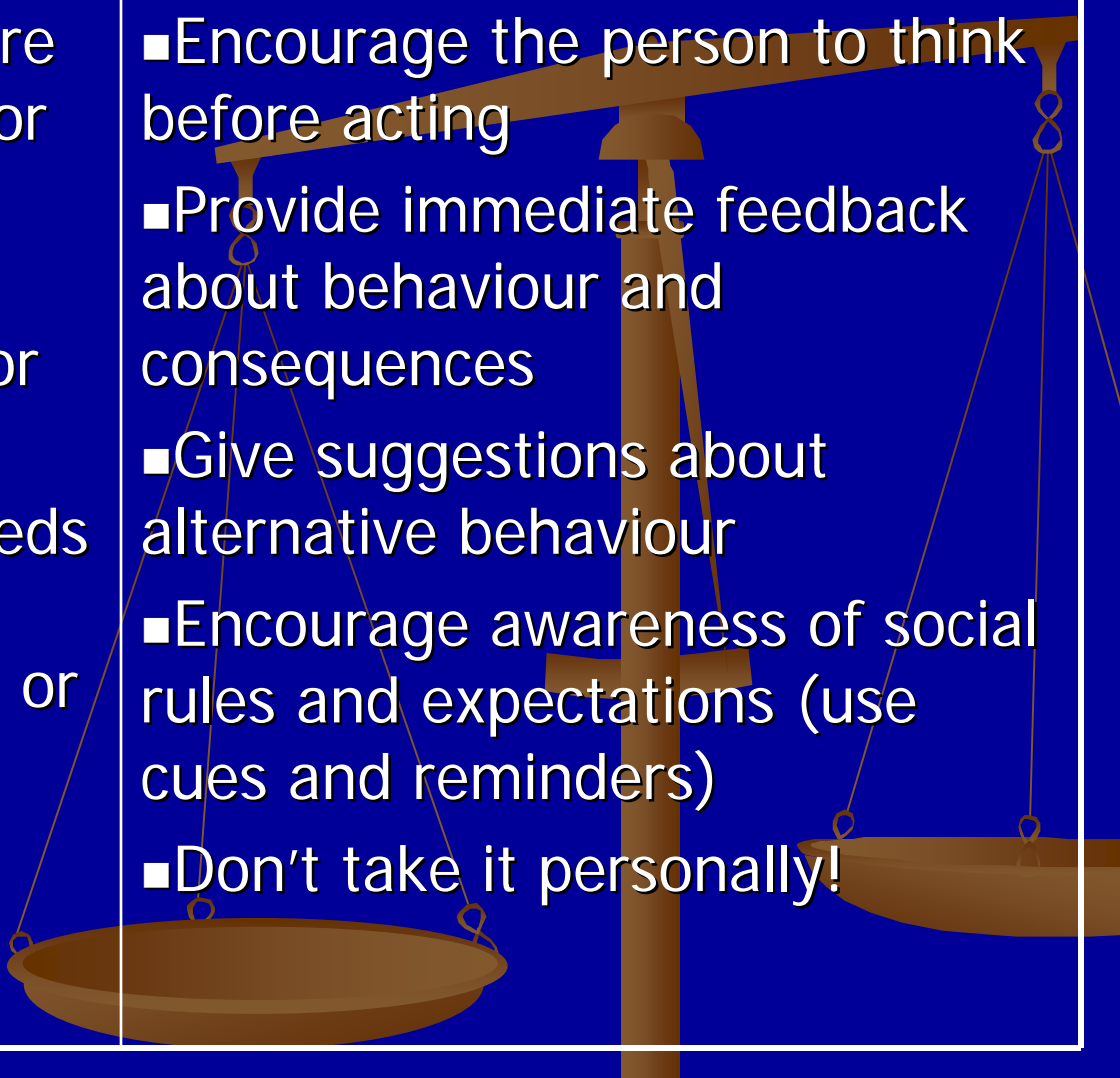
- Introduce changes/new ideas ahead of time
- Start with very small changes or compromises
- Encourage the person to try a new idea or approach
- Make suggestions and discuss options and benefits so they can see reason for choosing options
- Redirect/distract using special techniques



Cognitive and Behavioural Changes

Impulsivity and Disinhibition

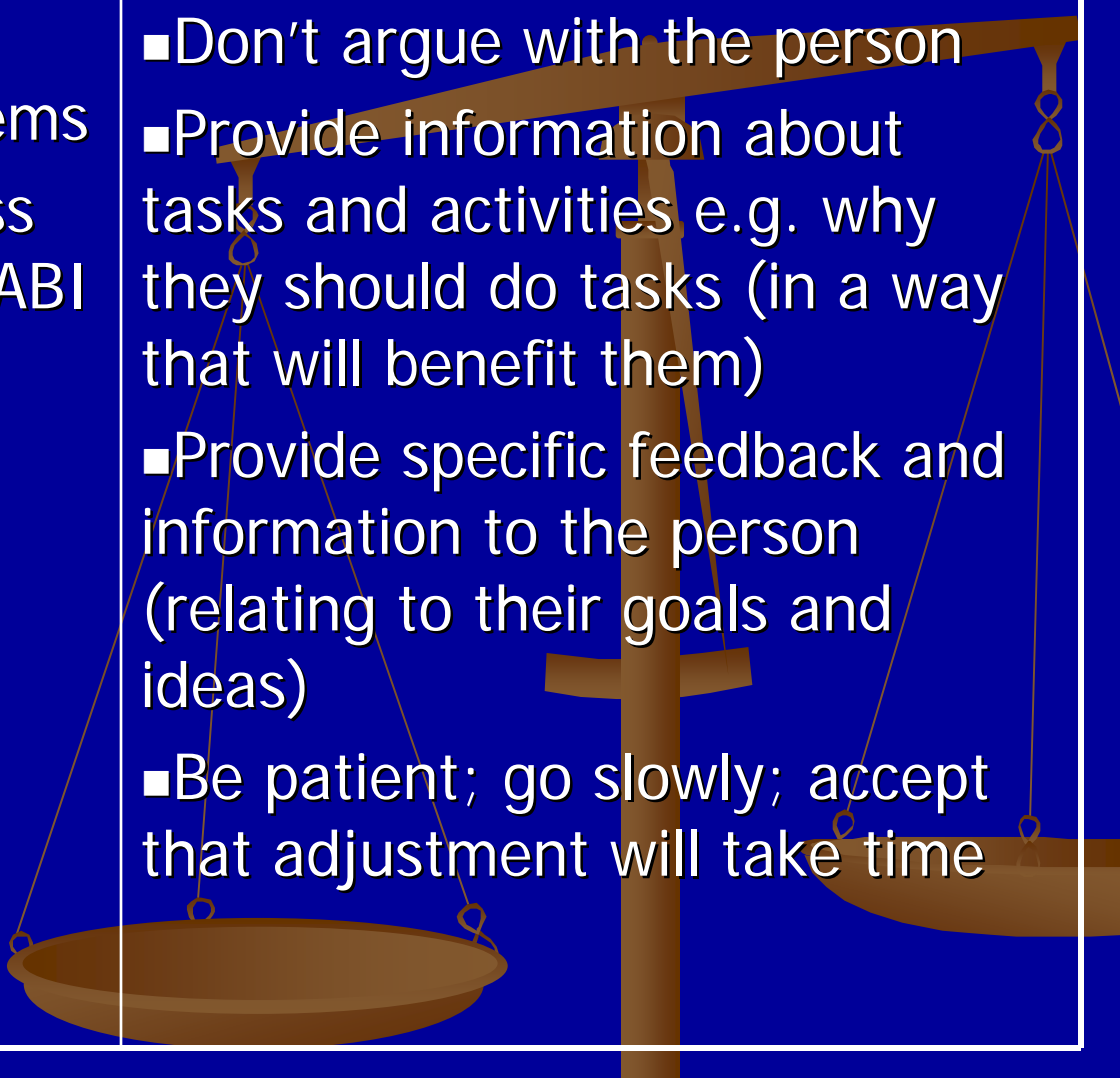
What you see	What you can do
<ul style="list-style-type: none">■ May act on impulse before thinking through an idea or action■ Says things without thinking-may seem rude or abrupt■ May express ideas or needs in an inappropriate way, with inappropriate person or in the wrong situation	<ul style="list-style-type: none">■ Encourage the person to think before acting■ Provide immediate feedback about behaviour and consequences■ Give suggestions about alternative behaviour■ Encourage awareness of social rules and expectations (use cues and reminders)■ Don't take it personally!



Cognitive and Behavioural Changes

Lack of Awareness/Decreased Insight

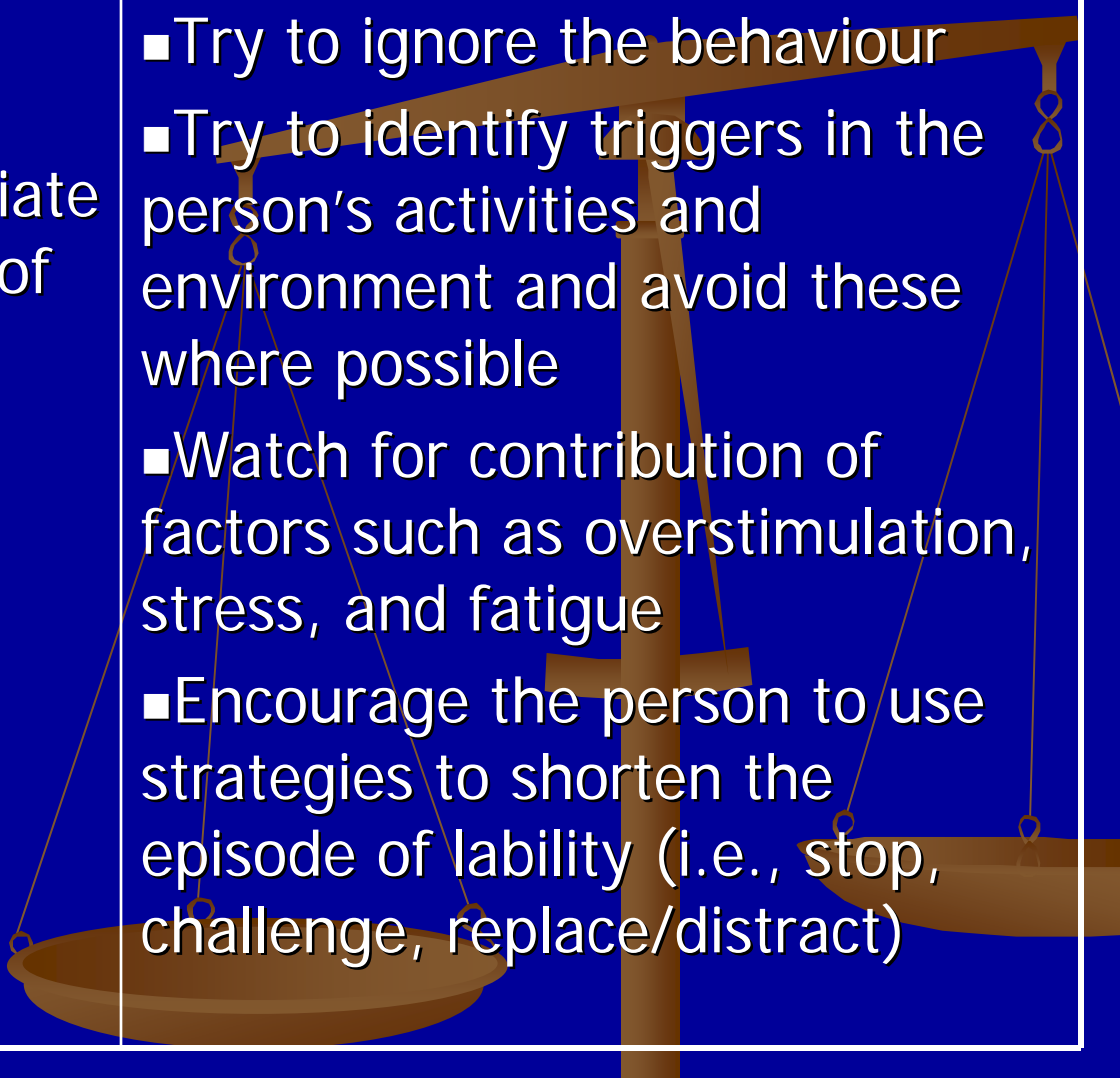
What you see	What you can do
<ul style="list-style-type: none">■ The person may seem unaware of his/her problems■ They may lack awareness of consequences of their ABI for work, driving, living relationships■ Poor awareness of how they relate to others	<ul style="list-style-type: none">■ Don't argue with the person■ Provide information about tasks and activities e.g. why they should do tasks (in a way that will benefit them)■ Provide specific feedback and information to the person (relating to their goals and ideas)■ Be patient; go slowly; accept that adjustment will take time



Cognitive and Behavioural Changes

Emotional Lability

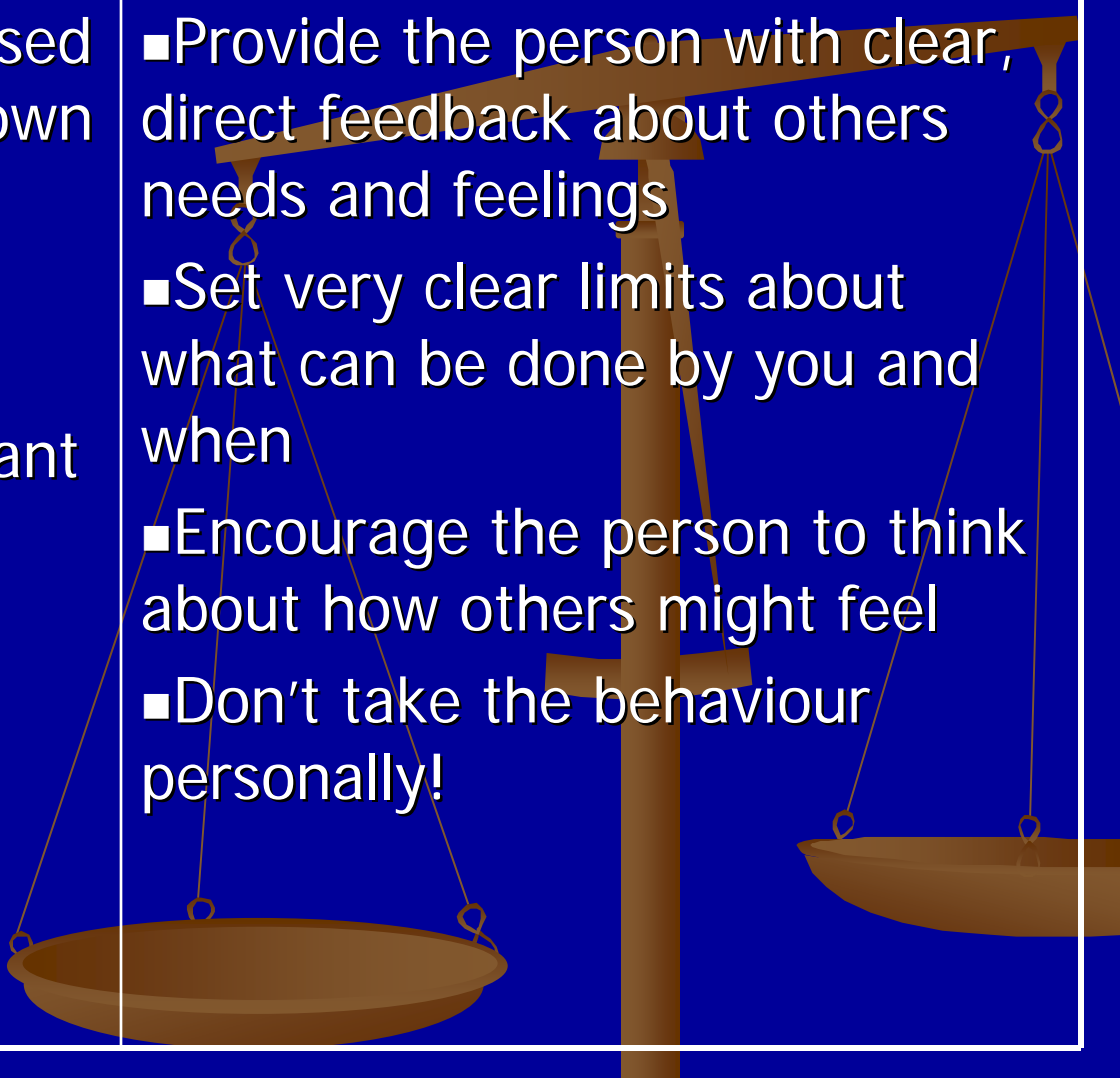
What you see	What you can do
<ul style="list-style-type: none">■ The person may have difficulty controlling emotions (e.g., inappropriate crying or episodes of out of context laughter)	<ul style="list-style-type: none">■ Try to ignore the behaviour■ Try to identify triggers in the person's activities and environment and avoid these where possible■ Watch for contribution of factors such as overstimulation, stress, and fatigue■ Encourage the person to use strategies to shorten the episode of lability (i.e., stop, challenge, replace/distract)



Cognitive and Behavioural Changes

Egocentricity

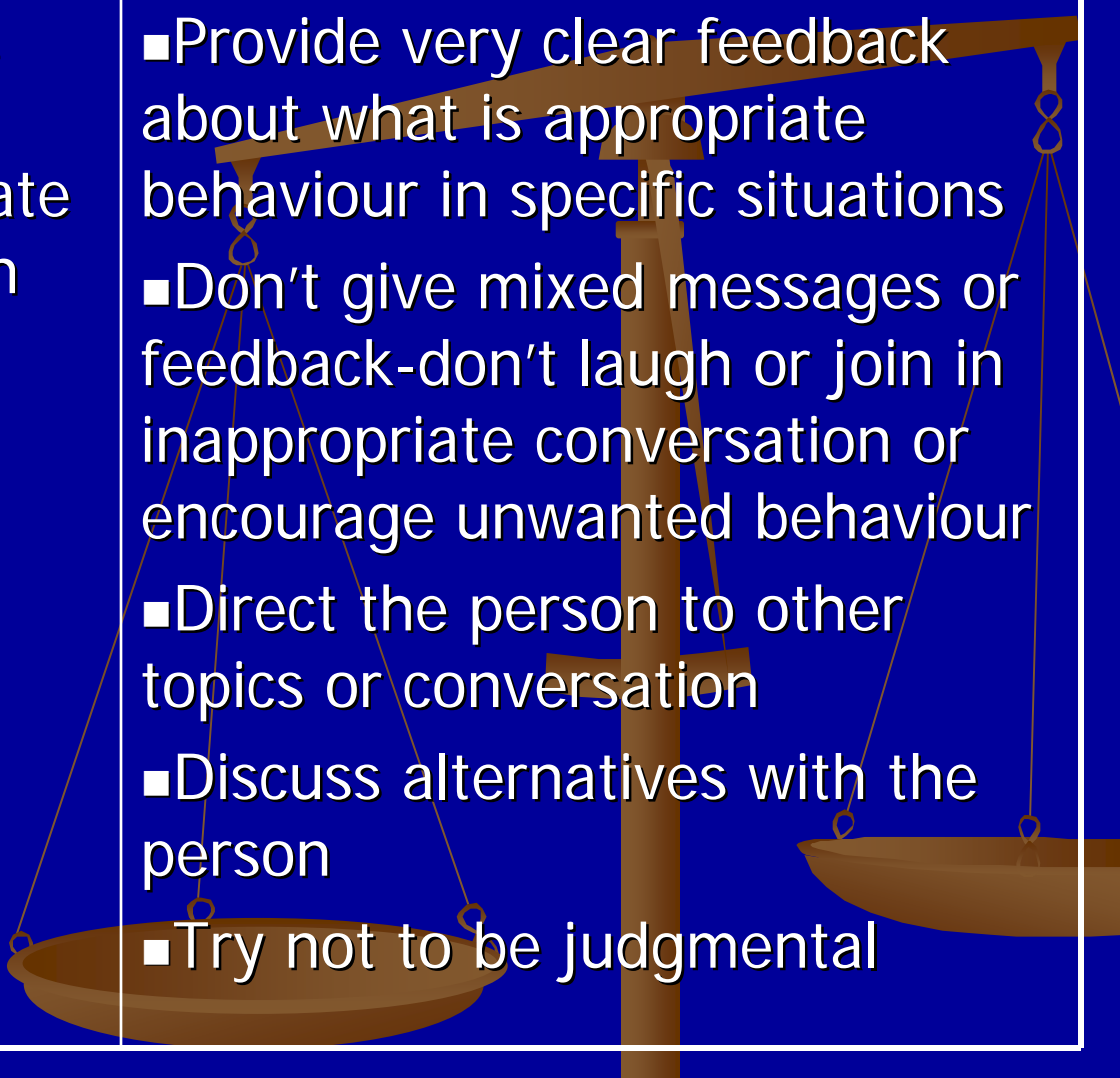
What you see	What you can do
<ul style="list-style-type: none">■ The person may be focused on themselves and their own needs, feelings, etc.■ May have difficulty with empathy for others■ May be impatient and want things done immediately■ Can be demanding	<ul style="list-style-type: none">■ Provide the person with clear, direct feedback about others needs and feelings■ Set very clear limits about what can be done by you and when■ Encourage the person to think about how others might feel■ Don't take the behaviour personally!



Cognitive and Behavioural Changes

Increased or Decreased Sexual Interest or Behaviour

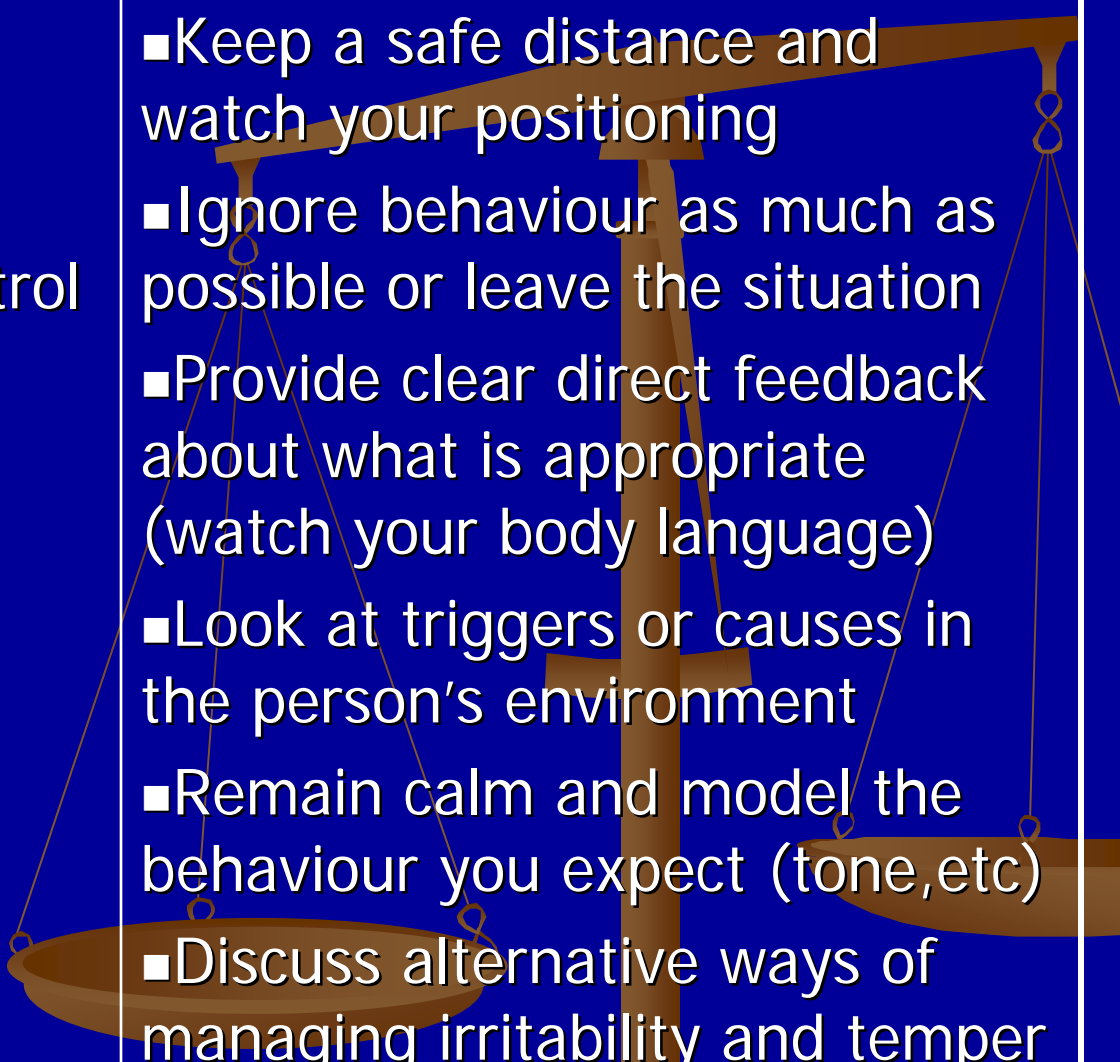
What you see	What you can do
<ul style="list-style-type: none">■ The person may express their sexual needs and interests in an inappropriate manner or time or with an inappropriate person	<ul style="list-style-type: none">■ Provide very clear feedback about what is appropriate behaviour in specific situations■ Don't give mixed messages or feedback-don't laugh or join in inappropriate conversation or encourage unwanted behaviour■ Direct the person to other topics or conversation■ Discuss alternatives with the person■ Try not to be judgmental



Cognitive and Behavioural Changes

Irritability and Temper Control

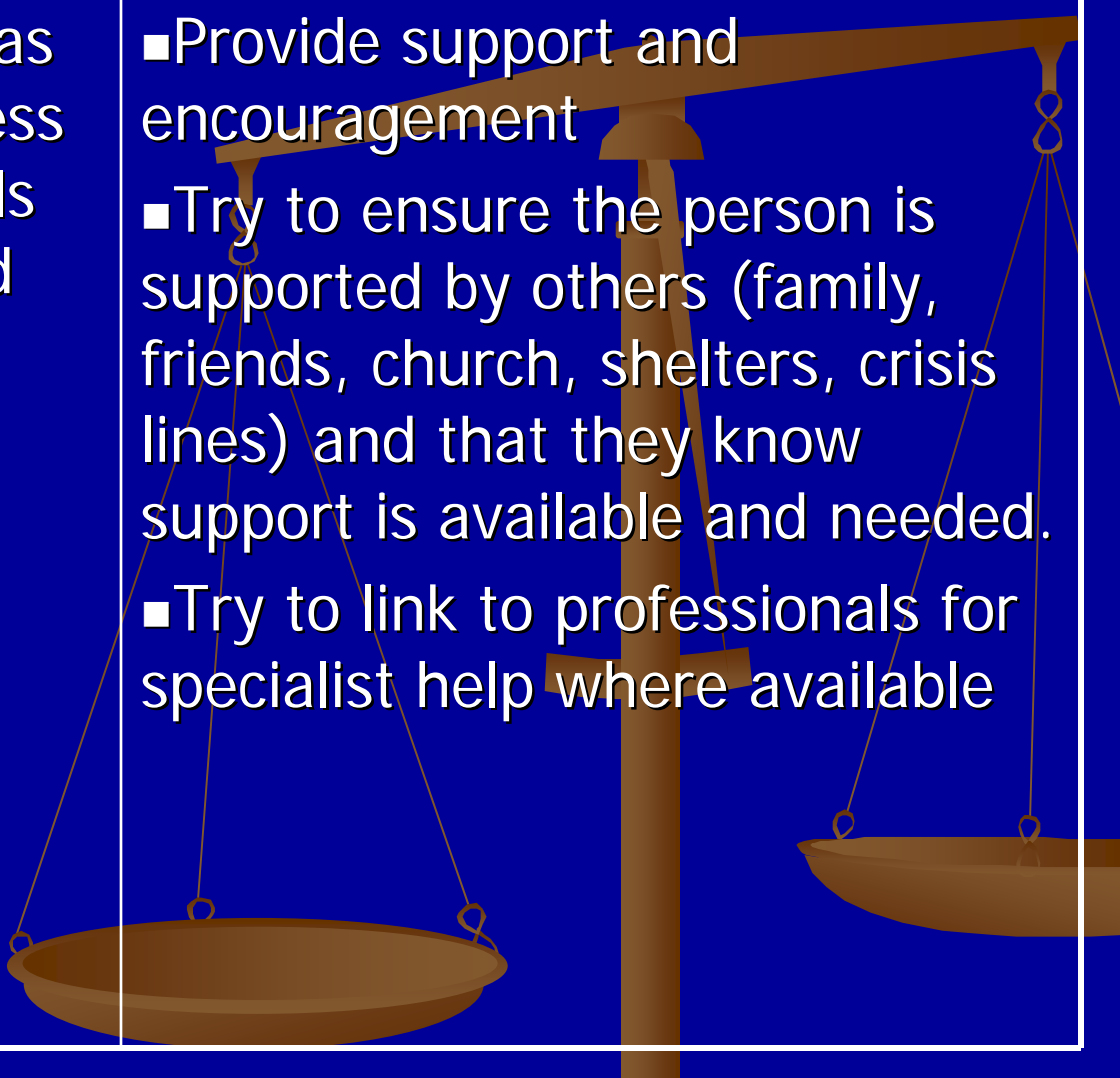
What you see	What you can do
<ul style="list-style-type: none">■ A person may be more irritable or likely to have quick temper outbursts■ They may have less control of frustration levels and temper■ Can be verbally or physically aggressive to themselves or others	<ul style="list-style-type: none">■ Keep a safe distance and watch your positioning■ Ignore behaviour as much as possible or leave the situation■ Provide clear direct feedback about what is appropriate (watch your body language)■ Look at triggers or causes in the person's environment■ Remain calm and model the behaviour you expect (tone, etc)■ Discuss alternative ways of managing irritability and temper



Cognitive and Behavioural Changes

Depression

What you see	What you can do
<ul style="list-style-type: none">■ Depression can emerge as the person gains awareness of their disability and deals with significant losses and grief	<ul style="list-style-type: none">■ Provide support and encouragement■ Try to ensure the person is supported by others (family, friends, church, shelters, crisis lines) and that they know support is available and needed.■ Try to link to professionals for specialist help where available



Cognitive and Behavioural Changes

Dependency and Isolation

What you see

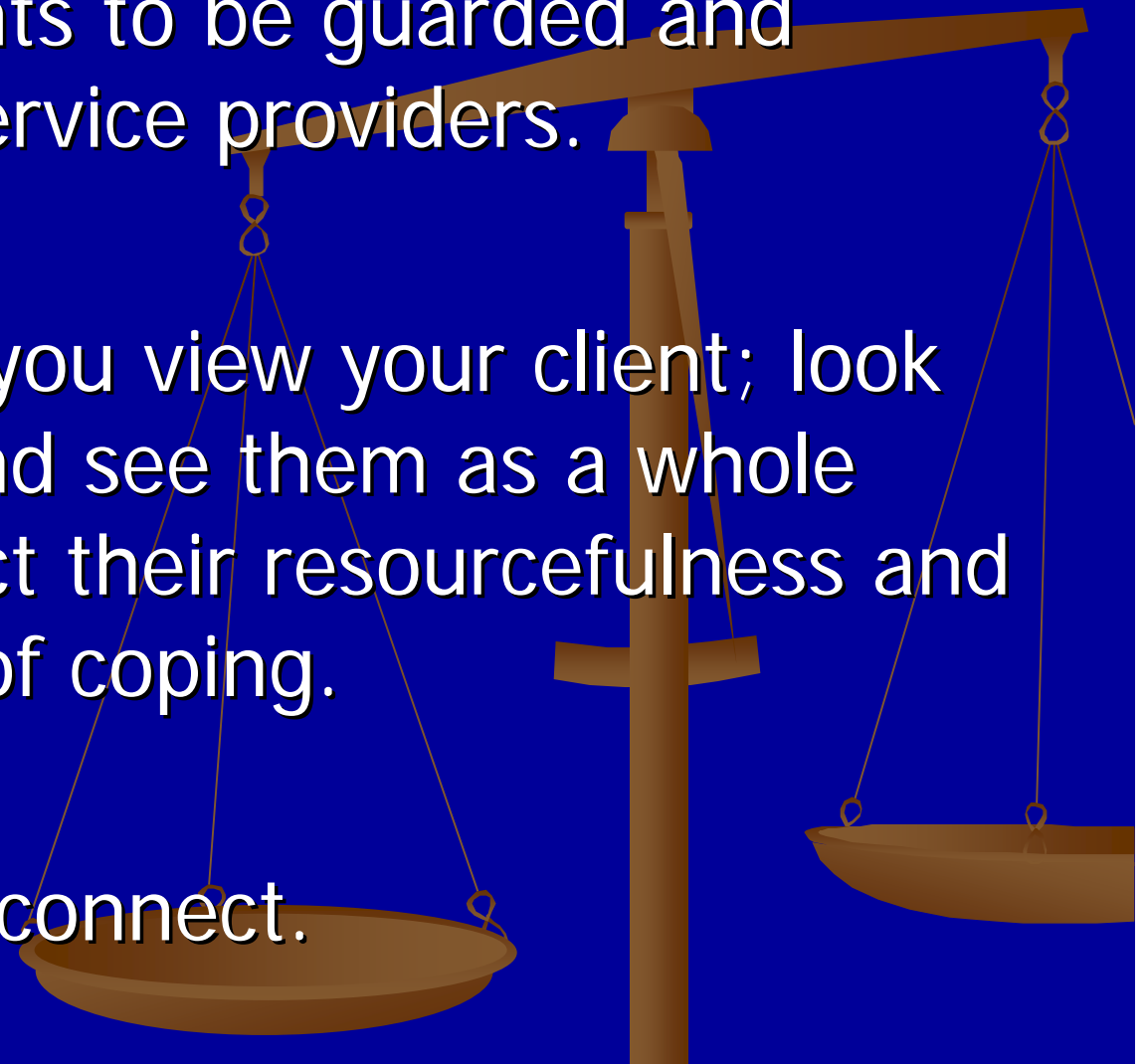
- Over time, they may have more difficulty with social isolation, loneliness and social relationships with others
- They may experience loss of leisure, social and work activities and come to rely on only a few choice people or none at all.

What you can do

- Encourage the person to stay in contact with a circle of other people
- Help the person with building relationships with other people (Anne Johnson Health Centre)
- Encourage involvement in community and leisure interests and activities (see ABI resources)
- Where possible assist the person to join new activities or groups

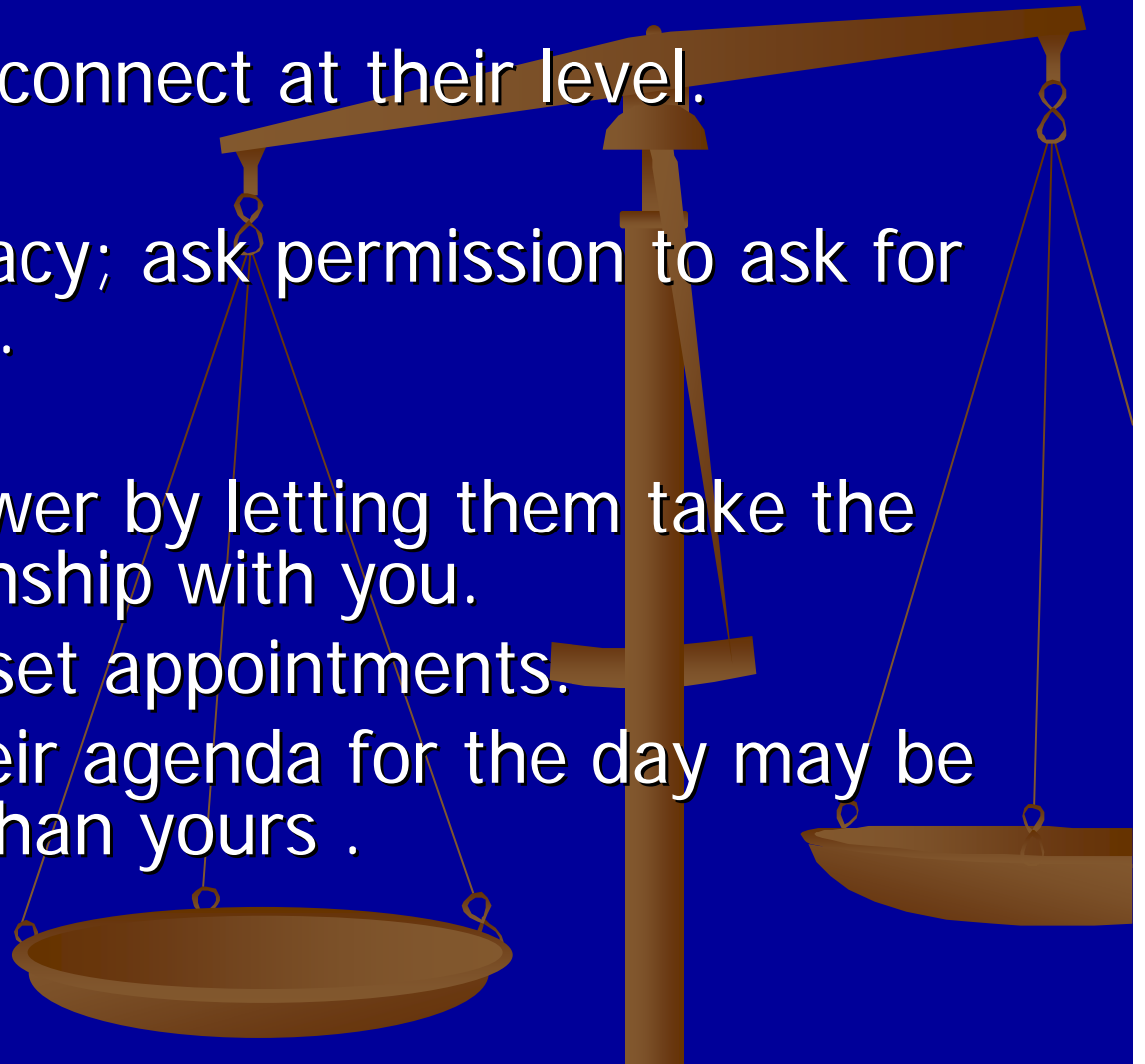
GENERAL TIPS AND TECHNIQUES

- Expect our clients to be guarded and distrusting of service providers.
- Re-define how you view your client; look for strengths and see them as a whole person. Respect their resourcefulness and different ways of coping.
- Use humour to connect.

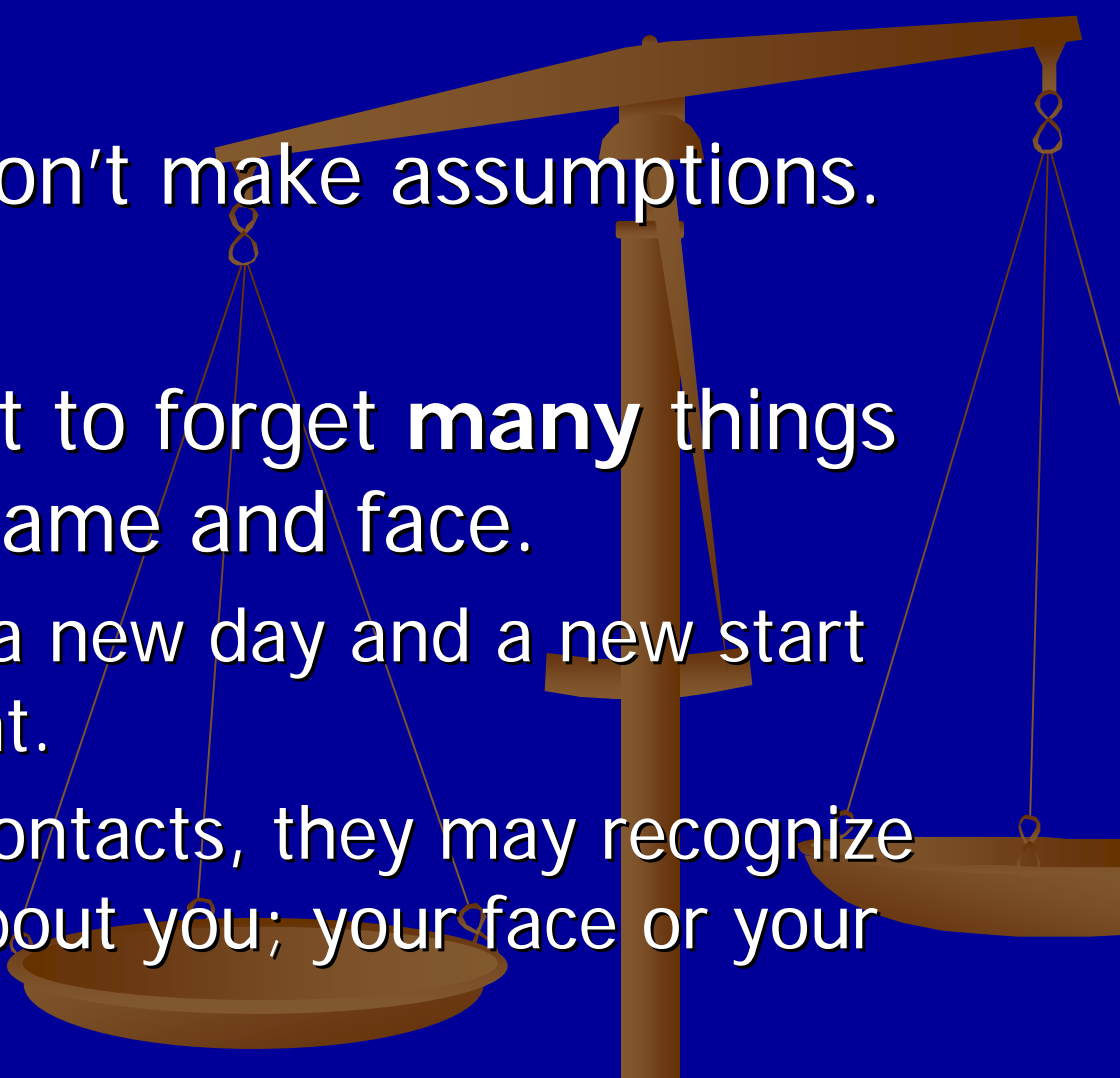


General Tips and Techniques

- Acknowledge past history.
- Don't use jargon; connect at their level.
- Respect their privacy; ask permission to ask for details of their life.
- Give the client power by letting them take the lead in the relationship with you.
 - Let them set appointments.
 - Accept their agenda for the day may be different than yours .



General Tips and Techniques

- Don't expect appreciation from a client.
 - Be respectful; don't make assumptions.
 - Expect our client to forget **many** things including your name and face.
 - Every day is a new day and a new start with the client.
 - After many contacts, they may recognize something about you; your face or your voice.
- 

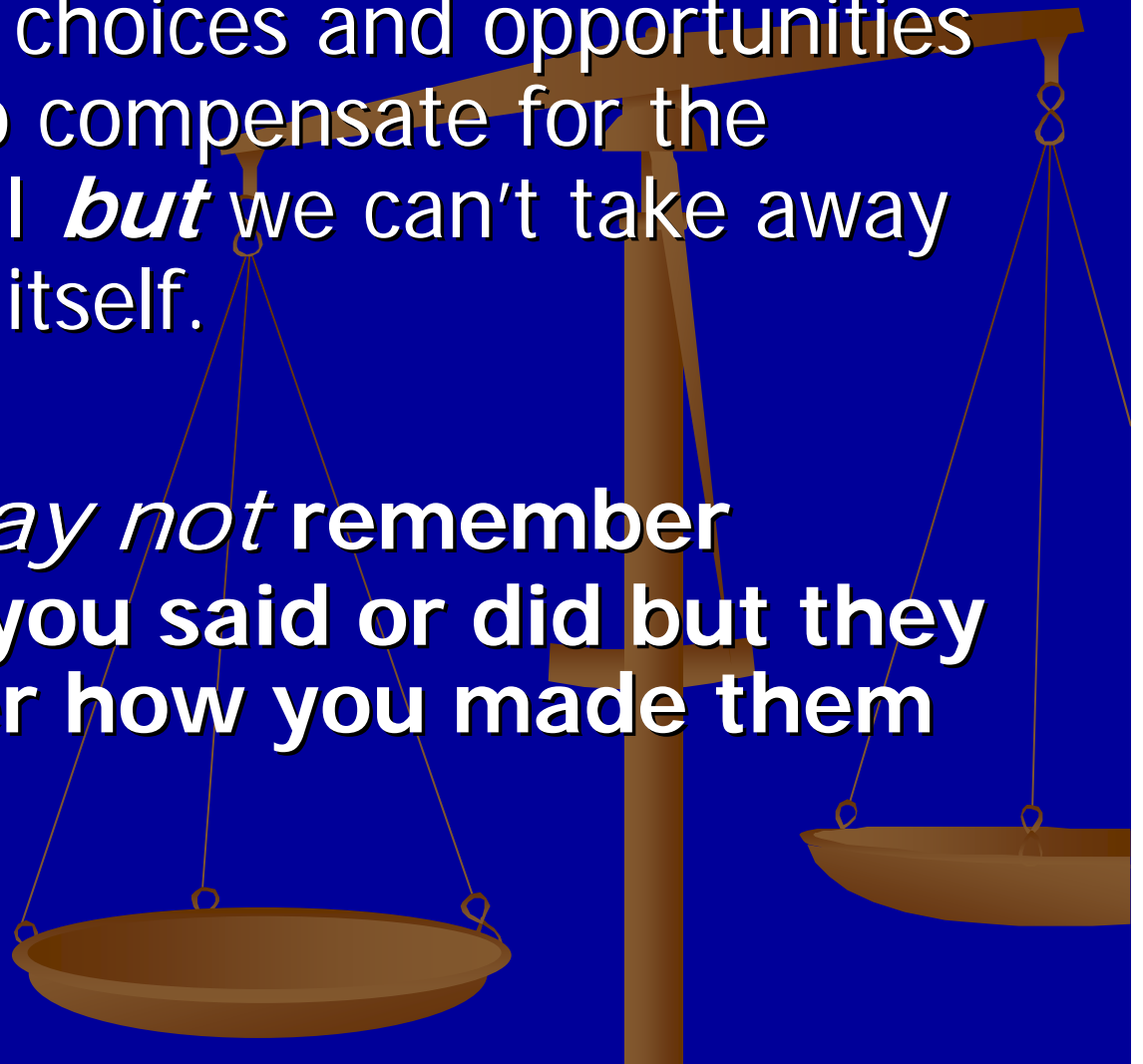
General Tips and Techniques

- Use coffee or food as a way of connecting with our clients.
- Give them your business card and tell them how they can reach you.
- Have patience when our clients say “No, let me finish my story.” Listen and expect to hear the same story repeated.



CLOSING THOUGHTS

- We can provide choices and opportunities in an attempt to compensate for the effects of an ABI *but* we can't take away the brain injury itself.
- Our clients *may not* remember exactly what you said or did but they will remember how you made them feel.



BRAIN INJURY INFORMATION SITES

Useful Brain Links

- Official Brain Awareness Week Website
www.dana.org/brainweek
- Brain Injury Recovery Network
www.tbirecovery.com
- Society for Neuroscience
www.sfn.org

Community Resources

- Toronto ABI Network
www.abinetwork.ca/home.htm
- Brain Injury Society of Toronto
www.bist.ca/home.cfm
- COTA Health
www.cotahealth.ca
- Community Head Injury Resource Services
www.chirs.com
- ABI Possibilities
www.abipossibilities.ca
- Westpark Healthcare Centre

