

Behaviour Management: Partnering To Bridge The Continuum



Presented by: Nancy Boaro, MN, CNN(C), CRN(C)
Karey-Anne Fannon, BA, BST, RRP

Objectives

- Review some of the behaviours exhibited by patients with Acquired Brain Injury (ABI)
- Demonstrate the effective use of behavioural assessment and strategies
- Identify key success factors to transitioning patients with ABI related behaviours across sectors

Our Frame of Reference



Toronto Rehab

- Toronto Rehab is Canada's largest provider of adult rehabilitation services
- Member of the ABI Network
- ABI unit
 - 27 beds
 - Secured
 - Large interprofessional team with dedicated behavioural support staff



Common Behavioural Issues

- Sexual inappropriateness
- Agitation
- Aggression
- Wandering
- Exit seeking
- Impulsivity
- Perseveration
- Initiation deficit
- Confusion



Challenges Across Continuum

- Staffing levels and skill mix
- Addressing patient resource intensity
- Least restraint philosophy
- Access to monitoring devices
- Access to secured unit
- ALC pressures



Timing it Right

- Gap between acute care and inpatient rehab
- Medical stability vs. rehab readiness and ability to actively participate and benefit from rehab setting
- Cognitive status / level of recovery
- Limited ability to institute advanced behavioural strategies to facilitate community transition



Judy's Story

- Judy, age 25, developed an anoxic brain injury after an overdose of cocaine
- She had a prolonged stay in ICU and was transferred to a general medicine unit 12 weeks post injury
- Very supportive mother

Physical Deficits



- Moderate weakness in all limbs
- 2 person assist to transfer
- Significant balance and coordination challenges
- Incontinent
- 1-2 person assistance with all ADLs

Cognitive Deficits



- Consistently oriented to self only
- Unintelligible speech
- Poor carry over of new learning
- Impaired insight and judgment
- Very impulsive

Behavioural Barriers

Physical Agitation

- Constantly moving
- Backing into staff with wheelchair
- Not sleeping
- Resisting personal care
- Hitting

Verbal Agitation

- Patient calling out frequently



Facilitating Acute Care Management

- On-site assessment and consultation
 - Toronto Rehab / West Park ABI Program
- Psychiatric consultation
 - Focus on titrating pharmacological restraints
- Interprofessional team collaboration

Behavioural Assessment

- Medical review
 - infections / adverse medication side effects
- Direct observation
- Behavioural data recording form
 - Identify antecedents / triggers
- Agitation Behaviour Scale (ABS)
- Interviewed patient's mother
 - Pre-morbid behaviour, coping



Her Individualized Care Plan

Strategies

- Private room
- Detailed daily schedule
- Enhanced communication strategies
- Toileting / pain management routines
- Minimize restraint use
- Sleep hygiene

Approach

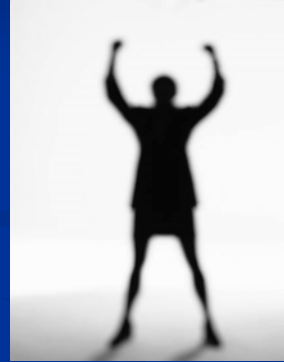
- Team leader
- Therapeutic use of the 1:1
- Regular team communication and adjustment of behaviour plan
- Ongoing external consultation with TR staff

Outcome

- After 6 weeks, behaviours significantly reduced
- Patient able to engage actively in short therapy sessions
- Transferred to TR for inpatient ABI rehab
- Able to actively participate in therapy
- Patient transitioned to LTC

Important Considerations for Success

- Act early!
- Communication regarding behavioural strategies utilized
- During transition, keeping the lines of communication open
- Behaviour Therapist involvement in application review process
- Patient orientation to the unit prior to transfer



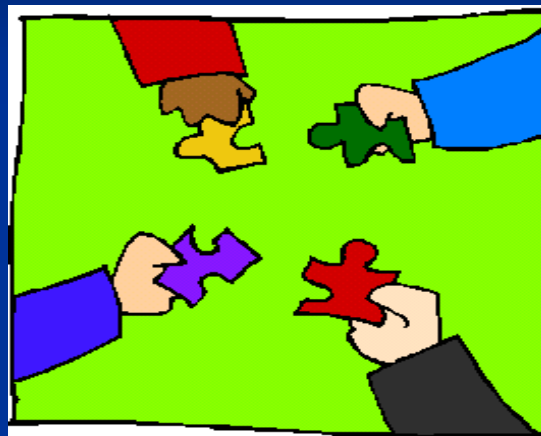
Let's Focus On...

- Promoting behaviour change
- Members of the ABI Rehab Team
- Rehab continues outside scheduled therapy sessions
- Team communication

Let's Focus On...

- Transitioning with support to the discharge setting
- ABI and Behaviour Education
- Case Example

Promoting Behaviour Change



Changing the Environment



Environment

Physical Environment:



Internal Environment:



Interpersonal Approach:



The Team



- ABI Survivor
- Inpatient Rehab Team
- Family and Friends
- Community Team

The Team



Community team members such as family members, rehab support workers, caregivers at home are:

- Encouraged to be involved in the patient's rehab on the unit
- Observe and learn the strategies used by the inpatient rehab team.

Rehab Occurs Off the Unit



- Weekend visits home with family
- Transfer skills to one's future discharge environment
- Practice functional activities with community team members such as the rehab support worker.

Team Communication



Case Conferences:

- ABI survivor,
- Inpatient rehab team
- Family members and friends
- Community Team

Transition to Discharge Setting

- Accompanied by rehab therapist or other healthcare professional familiar with the patient.
- Discharge reports and recent behaviour management plans are forwarded to the community team and family members.

ABI and Behaviour Education

- Workshops to External Healthcare Providers
- Introductory Presentations to OT and Nursing Students.
- Learning Modules for Rehab Staff

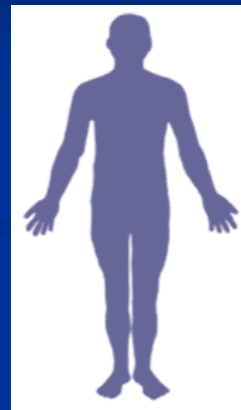
Gerry's Story



- Gerry, age 30, was an unbelted driver in a motor vehicle rollover. He was ejected from his vehicle and experienced a catastrophic brain injury.
- Subdural hemorrhage and bilateral frontotemporal hemorrhage (brain bleeds).
- Diffuse axonal injury
- Multiple body fractures
- Very supportive family and girlfriend.

Physical Deficits

- Left sided deficits
- Poor trunk control
- Wears dyna-splints at night for foot contractures
- Uses a tilt wheelchair
- Requires two person assist to transfer
- Hypersensitive to touch



Cognitive Deficits



- Impaired short term memory
- Highly distractible
- Not oriented to time or place
- Poor insight into his deficits
- Poor motor planning
- Slow to process information

Behavioural Barriers

Physical Aggression:

- Hitting
- Kicking
- Grabbing
- Biting

Verbal Agitation:

- Yelling Obscenities



Poor Motor Planning Skills

- Three nurses are assisting Gerry with morning care. All are speaking to him. Gerry has his leg bent. He is asked to straighten his leg.
- Gerry responds, “I will, give me a second...OK!” Gerry pulls on his pant leg and bends his knee upward as opposed to straightening it.

Poor Motor Planning Skills

- Nursing asks Gerry again to straighten his leg. When he does not follow through, nursing provides physical assistance, straightening his leg for him.
- Gerry yells and swears at nursing staff, “What are you doing! You’re hurting me! Stop!”
- Gerry grabs the nurse and hits her forcefully on the upper arm.

Slow Processing Speed and Too Much Information to Process

- Gerry is lying on his left side, holding the left bedrail with his right hand. Staff ask Gerry to roll onto his right side.
- Gerry states, “OK, give me a second. I’ll do it in a minute!” Gerry remains lying on his left side holding tight onto the bedrail.

Slow Processing Speed and Too Much Information to Process

- Staff removes his hand from the bedrail and tries to physically roll Gerry onto his right side.
- Gerry yells and swears at staff, “What are you doing!!!”
He pulls staff’s hand toward his mouth and bites her.



Behavioural Strategies

- Break a task down into small steps and provide simple instructions.
- Give Gerry two minutes to process the information and carry through with the step.
- Always inform Gerry what is happening around him.
- Distraction
- Change in Physical Environment

Transition Home

During inpatient rehab admission:

- Community Rehab Support worker introduced three weeks before Gerry's discharge home to promote rapport building and introduce behavioural strategies to be generalized to the discharge environment.
- Family also educated on these strategies to be used at home during weekend visits.

Transition to Home

- Discharge reports provided to case manager and community team.
- Rehab Support Worker transitions home with Gerry.
- Family Education: Updated behavioural strategies and recommendations.
- Updates re: Gerry's physical and cognitive improvements.

Review

- The members of an ABI Rehab Team go beyond the Inpatient Team.
- Rehab occurs during all periods of the day, everyday.
- Team communication is an essential component to transferring of rehab skills outside the inpatient environment.
- ABI and Behaviour Education sessions help to expand knowledge for healthcare professionals as well as family members.

Take Home Messages

- Keys to successfully behaviour management are:
 - Early intervention
 - Ongoing behaviour assessment
 - Communication across the continuum
 - Client – centred approach



Questions?



Contact Information

Nancy Boaro

Advanced Practice Leader, Neuro Program

Toronto Rehab

416-597-3422 ext. 3772

boaro.nancy@torontorehab.on.ca