



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

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### Objectives of Module 2 are to:

1. Learn how to interact effectively with all people with TBI
2. Learn how you can recognize issues that may arise due to a TBI 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 TBI
- Interaction strategies for working with persons with TBI
- Communication suggestions for working with persons with TBI
- Awareness of [cultural](#) differences among persons with TBI



## Important things to remember from Module 1

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

- 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

**Brain injury affects who we are, the way we think, act, and feel. It can change everything in a matter of seconds.**





## Consequences of TBI

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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 TBI are not visible.**





# SECTION A: PHYSICAL CONSEQUENCES & STRATEGIES in North Carolina

## Physical changes

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

- Impairment of body movement
- Speech and swallowing problems
- Pain as a result of TBI
- Sensory difficulties
- 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 when motor abilities are impaired.**

Unless otherwise cited, the information presented in Section A is based on the work of [Beckwith et. al, 1999-2002](#), and [Black, 1998](#).



# SECTION A: PHYSICAL CONSEQUENCES & STRATEGIES

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## Impairment of body movement

Motor impairment varies greatly among 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.

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### Possible Symptoms

- Poor balance
- Reduced motor coordination
- Weakness on one or both sides of the body
- Fatigue or reduced endurance

### Strategies

- Encourage client to take his/her time and move slowly
- Be sure client is following the instructions of a [physical therapist](#)
- Promote use of adaptive equipment



# SECTION A: PHYSICAL CONSEQUENCES & STRATEGIES in North Carolina

## Speech and swallowing problems

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

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### Possible Symptoms

- Slow speech
- Slurred speech
- Difficulty swallowing

### Strategies

- Encourage client to take his/her time and articulate
- Utilize written communication if clarity is very poor
- Be sure client is following the instructions of a [speech and language therapist](#)
- Use assistive technology



## 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

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### Possible Symptoms

- Severe headaches
  - Can be episodic or continuous
  - Can affect cognitive emotional status
- Neck pain

### Strategies

Recommend a pain management program that includes:

- Psychological/behavioral strategies
- Medication
- Physical modalities, such as massage or exercise

information ([Martelli et al., 1999](#)).

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



# SECTION A: PHYSICAL CONSEQUENCES & STRATEGIES in North Carolina

## Sensory difficulties

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

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### 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
- 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





# SECTION A: PHYSICAL CONSEQUENCES & STRATEGIES in North Carolina

## Fatigue and sleep disturbances

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

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### Possible Symptoms

- Lack of energy
- Daytime sleepiness
- Insomnia
- Changes in sleep routines

### Strategies

- Consult with a physician regarding possible medications
- Review [sleep routines](#)
- Take breaks
- Consider recommending a [sleep study](#)



## SECTION A: PHYSICAL CONSEQUENCES & STRATEGIES in North Carolina

### Motor coordination - It's harder than you think

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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!

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## SECTION B: COGNITIVE CONSEQUENCES & STRATEGIES in North Carolina

### Cognitive changes

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Damage to the brain can compromise the execution of 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 impairments
- Slowed processing speed
- Attention/concentration deficits
- Language comprehension difficulties
- Expressive language difficulties
- Impaired [executive functioning](#): abstract reasoning
- Impaired executive functioning: [sequencing](#), planning, and problem solving
- Inability to [initiate](#)

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.

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### 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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## SECTION B: COGNITIVE CONSEQUENCES & STRATEGIES in North Carolina

### Slowed processing speed

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

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#### Possible Symptoms

- Slow reaction time
- Slow decision making

#### Strategies

- Give plenty of time to process information
- Do not jump in when waiting for a response



## SECTION B: COGNITIVE CONSEQUENCES & STRATEGIES in North Carolina

### Attention/concentration deficits

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An individual must be able to attend to information and concentrate on tasks. Concentration requires screening out all irrelevant information and activity and sustaining that focus for a period of time.

#### Possible Symptoms

- Easily distractible
- Cannot sustain attention to new task
- Cannot pay attention to two things at once
- Difficulty filtering out irrelevant information or activity

#### Strategies

- Control environmental distractions; keep working areas clean and quiet
- Use notes and lists to assist in shifting/dividing attention
- Avoid "overload"
- Use a timer to cue new tasks
- Consult a physician regarding possible medications

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

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## 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.

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### 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?")

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## SECTION B: COGNITIVE CONSEQUENCES & STRATEGIES in North Carolina

### 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.

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#### 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

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## Impaired executive functioning: abstract reasoning

Abstract thought requires analyzing situations at both the face content 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).

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### 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



## SECTION B: COGNITIVE CONSEQUENCES & STRATEGIES in North Carolina

### 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 TBI.

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#### 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 TBI, 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.

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### Possible Symptoms

- No forward action on tasks (simple or complex)
- Needs constant prompts to start
- 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

**If your client shows these symptoms, he or she should be screened for depression and treated if necessary.**

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## SECTION B: COGNITIVE CONSEQUENCES & STRATEGIES in North Carolina

### Things to consider

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- Individuals with brain injury probably remember how they used to function, and the present challenges may frustrate them.
- 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 TBI with dignity and respect, just as you would want to be treated if you had the same injury.

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## SECTION B: COGNITIVE CONSEQUENCES & STRATEGIES in North Carolina

### Processing speed

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

**Quickly state the WORDS:**

**Pink**

**Blue**

**Red**

**Yellow**

**Black**

**Orange**

**Yellow**

**Black**

**Yellow**

**Orange**

**Red**

**Blue**

**Orange**

**Black**

**Orange**

**Blue**

**Black**

**Yellow**

**Green**

**Red**

**Yellow**

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## SECTION B: COGNITIVE CONSEQUENCES & STRATEGIES in North Carolina

### Processing speed (continued)

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Now, quickly state the COLORS:

Pink

Blue

Red

Yellow

Black

Orange

Yellow

Black

Yellow

Orange

Red

Blue

Orange

Black

Orange

Blue

Black

Yellow

Green

Red

Yellow

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 TBI cope with all day long.



## Behavioral changes

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**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.

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### Possible Symptoms

- Overreacts to situations
- Frustration tolerance is reduced
- Mood swings
- Temper outbursts/irritability

### Strategies

- Remain calm
- Give suggestions for regaining control
- Praise once in control
- Review consequences of behavior
- Avoid situations that trigger uncontrollable emotional reactions
- Model appropriate behavior
- Encourage rest breaks





## 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](#)).

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### 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

- Praise positive behaviors
- Model or substitute appropriate behaviors
- Recommend group/peer activities to facilitate appropriate behaviors
- Focus on progress



## Difficulty with relationships

The many changes faced by a person with TBI 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 TBI to form new relationships and maintain old ones.

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### Possible Symptoms

- Inability to express empathy
- Inability to maintain social boundaries
- Boastful
- Focused on self

### Strategies

- Redirect disrespectful behavior
- Encourage cooperative behavior
- Use role-playing to practice relationship skills
- Don't make comparisons to how they were before



## SECTION C: BEHAVIORAL CONSEQUENCES & STRATEGIES in North Carolina

### Basic behavior strategies

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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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## SECTION C: BEHAVIORAL CONSEQUENCES & STRATEGIES in North Carolina

### Using antecedents and consequences to elicit appropriate behavior

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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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## SECTION C: BEHAVIORAL CONSEQUENCES & STRATEGIES in North Carolina

### Other influences

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There are conditions that individuals with TBI 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 TBI:**

- 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

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- Persons who are recovering from a TBI 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 TBI are more likely to turn to alcohol or drugs after a TBI. 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



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**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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## SECTION D: CULTURAL COMPETENCE

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### How can you pursue cultural competence?

- Use state demographic information to learn the cultural makeup of your community
- 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 TBI materials that are available in Spanish and Arabic](#) )
- 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 TBI may have difficulty understanding and processing information.**

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

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- Be consistent
- Treat the individual as an adult
- 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



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

- Share what you have learned about TBI with your coworkers
- Volunteer to be the “TBI Expert” in your office and offer advice to coworkers on how to work with individuals with TBI
- Act as an [advocate](#) for your clients with TBI by helping them navigate the system and get appropriate services
- Become involved in your local TBI support group or the [Brain Injury Association of North Carolina](#)



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## 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 TBI 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 TBI, which resulted from an off road vehicle accident. Since then he has been experiencing several behavioral and other issues.

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## Case studies

### 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.



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## Case studies

### 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.

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## Case studies

### 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

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## Case studies

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 to services available in Michigan. North Carolina services and support group information is available throughout this training program and through the Brain Injury Association of North Carolina (BIANC). Transcripts also include North Carolina specific information.

[View the Video](#)

[View the Transcript](#)



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## Case studies

### 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.

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## Case studies

### 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 studies

### 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

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## SECTION E: CONCLUSION



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### Case studies

Please make your selection below. Please disregard any references in the video to services available in Michigan. North Carolina services and support group information is available throughout this training program and through the Brain Injury Association of North Carolina (BIANC). Transcripts also include North Carolina specific information.

[View the Video](#)

[View the Transcript](#)

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Module2

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## SECTION D: ASSESSMENT

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### 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**

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## SECTION D: ASSESSMENT

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**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



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That is correct. A difficulty in focusing could be the result of the brain's difficulty filtering out irrelevant information. A person with a brain injury might be bothered by things someone else would not even notice: such as the buzzing of a fluorescent light, lighted signs, etc. Making notes or lists can help in shifting attention.

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

- (a) True
- (b) False

Submit





## SECTION D: ASSESSMENT

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### Test your knowledge

That is correct. In fact most people who suffer from mild or moderate TBI will show no physical effects.

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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



## SECTION D: ASSESSMENT

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### Test your knowledge

That is correct. All of the above are possible problems following brain injury.

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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

Submit



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That is correct. Memory impairment is considered the most common deficit that results from a brain injury. People with traumatic brain injury will need extra follow up to ensure they do not fall through the cracks of the social service agency. Nor should lack of follow-up on the part of the client indicate a lack of desire or readiness for services.

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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.

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That is correct. When a TBI causes slow and slurred speech, service providers should be patient during the communication process and encourage their client to take his or her time.

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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





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That is correct. Jessica's injury has made it difficult for her to understand double meanings, sarcasm, and humor, such that she interprets her father's jokes literally. Her father can help Jessica by noticing when she seems confused or upset and explaining his jokes.

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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



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That is correct. Alex's injury has made it difficult for him to keep track of what he is doing and what he needs to do. By writing out task lists and using a timer to prompt Alex to think about what he needs to do, Alex can help himself stay active and safe.

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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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### Test your knowledge

That is correct. Many people who have suffered from traumatic brain injury may have difficulty filtering out irrelevant information from the environment, and can become distracted by things that others would not even notice.

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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

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That is correct. In fact, characterizing individuals based on racial or ethnic group is called stereotyping and is inappropriate. Cultural competence is defined as the will to respond to the unique needs of an individual client arising from his/her culture, and using the person's culture as a resource to help meet the person's needs.

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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.

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That is correct. Cultural competence involves becoming conscious of cultural differences, challenging our own biases, and addressing cultural barriers; however, cultural competence does not involve pretending to share a client's culture.

**Congratulations! You have successfully completed the test.**

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