

Unit 19: Understanding the Impact of Acquired Brain Injury on Individuals

Unit reference number: K/616/7367

Level: 3

Unit type: Optional

Credit value: 3

Guided learning hours: 28

Unit summary

When working with individuals who have an acquired brain injury, it is important to understand the possible causes of the condition as well as the different symptoms that may occur at the various levels of injury. There are many and various factors to take account of in everyday life.

The unit will enable you to investigate the specialist communication skills required to work with an individual who has an acquired brain injury. You will have the opportunity to explore the strategies, interventions and ways in which technology can all be of assistance in this regard. You will develop an understanding of the impact, both on the individual and on those caring for them, of personality changes associated with acquired brain injury. The unit will support you in investigating and managing the challenging behaviour patterns that may be demonstrated by individuals with this type of injury.

Learning outcomes and assessment criteria

To pass this unit, the learner needs to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria outline the requirements the learner is expected to meet to achieve the unit.

| Learning outcomes | Assessment criteria |
|--|---|
| <p>1 Understand what is meant by the term 'acquired brain injury'</p> | <p>1.1 Define acquired brain injury</p> <p>1.2 Describe possible causes of acquired brain injury</p> <p>1.3 Explain the difference between a traumatic brain injury and other forms of acquired brain injury</p> <p>1.4 Explain brain injuries that are:</p> <ul style="list-style-type: none"> • mild • moderate • severe |
| <p>2 Understand the impact on individuals of acquired brain injury</p> | <p>2.1 Discuss initial effects of acquired brain injury on the individual</p> <p>2.2 Explain the long-term effects of acquired brain injury, to include:</p> <ul style="list-style-type: none"> • physical • functional • cognitive • behavioural effects <p>2.3 Explain the concepts of loss in relation to acquired brain injury for individuals and carers</p> |
| <p>3 Understand the specialist communication needs of an individual with acquired brain injury</p> | <p>3.1 Define dysphasia and dysarthria</p> <p>3.2 Explain the effects of dysphasia and dysarthria on communication</p> <p>3.3 Compare the different techniques required to support an individual with dysphasia and dysarthria</p> <p>3.4 Evaluate different intervention strategies and assistive tools that support communication</p> |

| Learning outcomes | Assessment criteria |
|---|--|
| <p>4 Understand the impact that personality changes can have on an individual and those providing support</p> | <p>4.1 Explain the impact of personality changes on the individual</p> <p>4.2 Explain the impact of personality changes on those caring for the individual</p> <p>4.3 Explain how lack of self-awareness/insight may affect the individual</p> <p>4.4 Explain the skills needed to support the individual and family/carers to come to terms with personality changes</p> |
| <p>5 Understand the effects of challenging behaviour</p> | <p>5.1 Explain behaviours which are considered challenging</p> <p>5.2 Analyse the importance of own attitudes, values and skills when supporting an individual to manage their behaviour</p> <p>5.3 Explain measures that should be taken to manage the risk from challenging behaviour</p> <p>5.4 Explain the process for reporting and referring challenging behaviour</p> |

What needs to be learned

Learning outcome 1: Understand what is meant by the term 'acquired brain injury'

Acquired brain injury and its causes

- An injury to the brain from birth due to a trauma or infection, not as part of a genetic or congenital disorder.
- Non-traumatic brain injury – no external impact on the head:
 - poisoning of the brain by drugs or alcohol, or carbon monoxide
 - disease – AIDS, Alzheimer's disease, cancer, multiple sclerosis, Parkinson's disease
 - anoxic brain injury – near drowning
 - infection – encephalitis, meningitis
 - tumour
 - stroke
 - hydrocephalus.
- Traumatic brain injury – a direct impact or physical injury to the head:
 - accident
 - fall
 - assault.
- Mild brain injury – no loss of consciousness or loss of consciousness for less than 30 minutes. Symptoms are usually temporary and correct themselves:
 - brief trauma to the head
 - concussion
 - confusion
 - disorientation
 - loss of memory.
- Moderate brain injury – loss of consciousness between 30 minutes and six hours. Symptoms more serious than that of mild brain injury and will usually last longer:
 - sudden trauma to the head where the brain may hit the inside of the skull
 - loss of memory
 - period of post-traumatic amnesia of up to 24 hours
 - concussion lasting for a long period of time
 - post-traumatic amnesia
 - nausea
 - headache.

What needs to be learned

- Severe brain injury – loss of consciousness greater than 6 hours. Symptoms are more severe and longer lasting:
 - sudden and large trauma to the head
 - coma
 - concussion
 - confusion
 - disorientation
 - post-traumatic amnesia
 - fatigue
 - depletion of executive functions
 - hormone imbalances
 - long-term effects on physical health
 - long-term effects on mental health.

Learning outcome 2: Understand the impact on individuals of acquired brain injury

- The individual is the person requiring support. An advocate may need to act on behalf of an individual.

Initial effects of acquired brain injury on the individual

- Concussion leading to:
 - dizziness
 - confusion
 - memory loss
 - fatigue
 - irritability
 - headache
 - depression.

Long-term effects of acquired brain injury on the individual

- Physical:
 - reduced mobility
 - reduced balance
 - weakness or paralysis of limbs
 - ataxia
 - sensory impairment
 - memory loss
 - fatigue
 - speech impairment
 - epilepsy.

What needs to be learned

- **Functional:**
 - changes in the ability to carry out simple everyday tasks – getting dressed, washing and cooking
 - concentration or motivation for carrying out simple daily tasks may be impaired, with individual seeing no reason for the need to do them.
- **Cognitive:**
 - aphasia
 - impairments in visual-perceptual skills
 - reduced initiative and problems with motivation
 - reduced concentration span
 - reduced information-processing ability
 - repetition or perseveration
 - impaired reasoning
 - impaired insight and empathy
 - theory of memory impairment post-acquired brain injury
 - theory of mind deficits in acquired brain injury.
- **Behavioural effects:**
 - decreased ability to organise ideas and activities
 - unpredictable behaviour due to poor planning
 - frustration and irritability when things do not go to plan
 - becomes untidy/more untidy, easily loses items
 - apathy or lack of interest
 - disinhibited
 - emotional effects
 - lack of self-awareness
 - loss of social skills.

Concepts of loss for individuals and carers

- **Carers:**
 - Spouse/partner.
 - Child.
 - Parent.
 - Sibling.
 - Friend.
- **Five stages of bereavement and loss – Kübler-Ross:**
 - denial
 - angerchallenm
 - depression
 - bargaining
 - acceptance.

What needs to be learned

- Worden – four tasks of mourning.
- Accept the reality of loss.
- Experience the pain of grief.
- Adjust to the environment with the changed individual.
- Withdraw emotional energy (from mourning) and invest it into caring for the changed individual.

Learning outcome 3: Understand the specialist communication needs of an individual with acquired brain injury

Dysphasia

- Definition – a disorder of language caused by upper motor neuron lesions of the brain or lower motor neuron lesions of the brain stem. Also, it can occur if there is disruption to the integrated action of upper motor neurons, basal ganglia and cerebellum. A disorder of language.
- Receptive dysphasia:
 - fluid language, but the individual cannot understand what they are saying.
- Expressive dysphasia:
 - not fluent and has difficulty in forming words and sentences.

Dysarthria

- Definition – a disorder of speech caused by the interruption of muscular control of the face, mouth and breathing control.
- The effects of dysarthria on communication:
 - slurred, nasal sounding or breathy speech
 - a strained and hoarse voice
 - excessively loud or quiet speech
 - problems speaking in a regular rhythm with frequent hesitations
 - gurgly sounding or monotone speech
 - difficulty with tongue and lip movements.

Different techniques required to support an individual with dysphasia and dysarthria

- Planned management.
- Speech and language therapy.
- Reliable support network.
- Identifying and then using tools which work with the individuals.
- Understanding how it is easiest for them to communicate and then to build on this.
- Identify their needs and wishes as fast as possible.

Intervention strategies and assistive tools that support communication

- Assistive technology.
- Picture cards.
- Information and communication technology.
- Sign language.
- Gesturing.

What needs to be learned

Learning outcome 4: Understand the impact that personality changes can have on an individual and those providing support

Personality changes

- On the individual arising from dysfunction in executive functioning:
 - reduced impulse control
 - aggressive outbursts
 - irritability
 - impaired cognitive ability
 - lack of empathy
 - socially inappropriate behaviour
 - sexually disinhibited behaviour
 - withdrawal and self-isolation
 - non-compliance.
- On those providing support:
 - disruption of trust
 - reduction/withdrawal of intimacy
 - grieving for the personality lost/changed
 - anger
 - social embarrassment
 - loss of social contacts
 - financial pressures due to loss of work/reduction in working hours.
- Lack of self-awareness due to:
 - impaired self-monitoring
 - impaired reasoning and thinking skills
 - impaired attention and concentration
 - impaired memory or new learning
 - lack of emotional coping or acceptance
 - lack of reasoning.
- Support skills for:
 - promoting independence
 - communication
 - understanding and managing cognitive changes
 - understanding and managing behavioural changes
 - building rapport with individuals
 - taking the role of advocate.

What needs to be learned

Learning outcome 5: Understand the effects of challenging behaviour

Challenging behaviours

- Withdrawal.
- Avoidance.
- Impatience.
- Restlessness.
- Verbal aggression/verbal abuse.
- Physical violence.
- Self-harming.
- Alcohol abuse.
- Substance abuse.
- Frustration.
- Sexual disinhibited behaviour.
- Attention seeking.
- Socially inappropriate behaviour.
- Insistence on completing a task in the same manner even it did not work the first time.
- Lack of impulse control.
- Loss of self-awareness.

Attitudes, values and skills to support individuals with challenging behaviour

- Willingness to challenge own values and prejudices.
- Courage.
- Communication skills.
- Patience.
- Insight.
- Competence.
- Recognition of the whole person:
 - ability to take a person-centred approach
 - recognition of the duty of care
 - ability to work in partnership with the individual, colleagues, and others.

What needs to be learned

Measures that should be taken to manage the risk from challenging behaviour

- Avoid triggers.
- Reward desired behaviours.
- Remove reinforcement of undesired behaviours.
- Use non-threatening, non-defensive verbal and non-verbal communication.
- Ignore 'middle ground' behaviour.
- Maximise opportunities to express feelings and address difficulties.
- Define behaviour that is appropriate and not appropriate.
- Provide meaningful activities.
- Reduce frustrations.
- Provide opportunities for privacy.
- policies
- supervision
- support from colleagues
- make a risk-assessment
- risk-management plan

Measures/actions required to manage risk etc.

- Supervision.
- Adherence to policies and procedures.
- Work in partnership with colleagues for support.
- Risk management.
- Produce and implement a risk-management plan.

Report and refer challenging behaviour

- Report challenging behaviour to relevant individuals, e.g. line manager.
- Agreed ways of working for reporting and referring.
- Confidentiality in reporting information.

Information for tutors

Suggested resources

Books

Hedley N – *Living with an Acquired Brain Injury: The Practical Life Skills Workbook* (Speechmark Publishing Ltd, 2016) ISBN 9780863888106

Lefavre C – *Traumatic Brain Injury Rehabilitation* (Apple Academic Press Inc, 2014) ISBN 9781482228243

Powell T – *The Brain Injury Workbook* (Taylor and Francis, 2013) ISBN 9780863889783

Prowe G – *Successfully Surviving a Brain Injury: A Family Guidebook, from the Emergency Room to Selecting a Rehabilitation Facility* (Brain Injury Success Books, 2010) ISBN 9780984197439

Winson R, Wilson B and Bateman A – (Editors) *The Brain Injury Rehabilitation Workbook* (Guilford Press, 2017) ISBN 9781462528509

Websites

www.aacknowledge.co.u

Factsheet on dysarthria and dysphasia.

www.communitycare.co.uk/2012/07/26/how-social-care-staff-can-improve-their-communication/

Community Care website article on improving communication within care.

www.headway.org.uk

Headway – the brain injury association, a registered charity website with useful information and a network community regarding brain injury.

Assessment

This guidance should be read in conjunction with the associated qualification specification for this unit.

This unit is internally assessed. To pass this unit, the evidence that the learner presents for assessment must demonstrate that they have met the required standard specified in the learning outcomes and assessment criteria, and the requirements of the assessment strategy.

To ensure that the assessment tasks and activities enable learners to produce valid, sufficient, authentic and appropriate evidence that meets the assessment criteria, centres should follow the guidance given in *Section 8 Assessment* of the associated qualification specification and meet the requirements from the assessment strategy given below.

Wherever possible, centres should adopt an holistic approach to assessing the units in the qualification. This gives the assessment process greater rigour and minimises repetition, time and the burden of assessment on all parties involved in the process.

Unit assessment requirements

This unit must be assessed in accordance with the assessment strategy (principles) in *Annexe A* of the associated qualification specification.

Assessment of all learning outcomes (knowledge) may take place in or outside of a real work environment.