Unit 23: Introduction to the Impact of Acquired Brain Injury on Individuals

Unit reference number: T/616/7307
Level: 2
Unit type: Optional
Credit value: 3
Guided learning hours: 25

Unit summary

Acquired brain injuries are on the increase. In the UK, an individual is admitted to hospital with an acquired brain injury every 90 seconds. All brain injuries are different and people may be affected to a varying degree by any number of problems, depending on the severity of their injury and the area of the brain affected.

This unit introduces you to acquired brain injury, what causes this type of injury and the impact it may have on the individual and those supporting and caring for them. You will also consider and learn about the specialist communication needs of an individual who has an acquired brain 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.

<table>
<thead>
<tr>
<th>Learning outcomes</th>
<th>Assessment criteria</th>
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| **1**  
Know different types of acquired brain injury | 1.1 Describe different types of acquired brain injury  
1.2 Describe possible causes of acquired brain injury |
| **2**  
Understand the impact of an acquired brain injury on the individual | 2.1 Explain initial effects of acquired brain injury on the individual  
2.2 Describe the long-term effects of acquired brain injury, to include:  
  - physical  
  - functional  
  - cognitive  
  - behavioural |
| **3**  
Understand the specialist communication needs of an individual with acquired brain injury | 3.1 Describe what is meant by the term ‘dysphasia’  
3.2 Describe what is meant by the term ‘dysarthria’  
3.3 Explain the communication challenges presented to the individual by:  
  - dysphasia  
  - dysarthria  
3.4 Explain how to support an individual with specialist communication needs |
| **4**  
Know the impact that personality changes can have on an individual with acquired brain injury and those providing support | 4.1 Outline changes in personality that an individual may experience as a result of acquired brain injury  
4.2 Describe how lack of self-awareness may affect the individual with an acquired brain injury  
4.3 Explain the impact of personality changes on those providing support |
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| 5 Know the impact of challenging behaviour caused by an acquired brain injury | 5.1 Describe behaviours that may be considered challenging  
5.2 State what to do to avoid confrontation with someone who is emotionally agitated as a result of an acquired brain injury  
5.3 Describe how challenging behaviour impacts feelings and attitudes of others  
5.4 Identify what support is available to respond to challenging behaviour  
5.5 Describe how to report challenging behaviour |
## What needs to be learned

### Learning outcome 1: Know different types of acquired brain injury

**Acquired brain injury and its causes**
- Traumatic brain injury (TBI) – due to an impact to the head, e.g. road traffic accident (RTA).
- Non-traumatic brain injury (atraumatic) – due to internal causes, e.g. infection.
- Mild/moderate brain injury, e.g. concussion.
- Severe brain injury, e.g. resulting in loss of consciousness.

### Learning outcome 2: Understand the impact of an acquired brain injury on the individual

**Initial effects of acquired brain injury on the individual**
- The individual is the person requiring support. An advocate may need to act on behalf of an individual.
- Concussion, e.g. headaches, fatigue, dizziness.

**Long-term effects of acquired brain injury on the individual**
- Behavioural, e.g. disinhibition, impulsiveness, depression, mood swings.
- Cognitive, e.g. memory loss, reduced concentration.
- Physical, e.g. sensory impairment, reduced mobility.
- Functional, e.g. related to the ability to perform everyday tasks. It does not solely mean the physical ability but can also mean concentration and the motivation for carrying out tasks.

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

**Dysphasia**
- Receptive dysphasia, e.g. inability of an individual to understand what they are saying.
- Expressive dysphasia, e.g. lack of fluent speech.

**Dysarthria**
- The effects of dysarthria on communication, e.g. slurred speech, problems with regular rhythm in speech.
- A disorder of language.

**Communication challenges can include the following**
- Word finding.
- Indistinct speech.

**Support for an individual with specialist communication needs**
- Reliable support network, including family, friends, carers, relevant professionals.
- Use of communication tools that work with the individuals.
- Use of preferred methods of communication.
- Assistive technology.
- Use of picture cards.
- Use of information and communication technology.
- Use of sign language.
### What needs to be learned

- Gesturing.
- Patience.
- Involvement of professionals, e.g. speech and language therapists.
- Multi-agency, multidisciplinary approach to support.
- Advocacy, supported self-advocacy.
- Guidance, including information on entitlements to, for example, benefits, compensation.

### Learning outcome 4: Know the impact that personality changes can have on an individual with acquired brain injury and those providing support

#### Personality changes

- Personality changes, e.g. irritability, disinhibited behaviour, frustration, loss of social skills, lack of self-awareness, lack of insight.
- Impact on the individual:
  - confusion
  - social isolation
  - breakdown of relationships
  - loss of personal integrity
  - fear
  - frustration.
- On those providing support:
  - reduced trust in the individual
  - emotional pain
  - sense of loss
  - anger
  - decreased willingness to participate in intimacy.

#### Support

- Those providing support may include; family, friends, care workers, practitioners, other professionals.

#### Self-awareness

- Self-awareness – the ability to understand the impact of behaviour on others.
- Tendency to blame external factors rather than self.
- Insistence on carrying out activities beyond current capability.
- Lack of insight into current state of own cognitive functioning.
- Tendency to misread social and professional situations.

#### Impact on those providing support

- Anxiety.
- Guilt.
- Frustration.
- Loss of outside interests.
- Social isolation due to reduced contact with friends, colleagues.
- Sense of bereavement.
- Change of role, e.g. from partner to carer.
### What needs to be learned

**Learning outcome 5: Know the impact of challenging behaviour caused by an acquired brain injury**

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<th>Challenging behaviours</th>
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<tbody>
<tr>
<td>• Verbal abuse/threatening language.</td>
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<tr>
<td>• Shouting.</td>
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<td>• Tantrums.</td>
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<tr>
<td>• Self-harming.</td>
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<td>• Disruptive.</td>
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<td>• Physical violence.</td>
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<td>• Refusal to cooperate.</td>
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<tr>
<td>• Sexually inappropriate.</td>
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<tr>
<td>• Non-compliance.</td>
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<tr>
<th>Avoidance of confrontation with individuals with challenging behaviour</th>
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<tr>
<td>• Use of non-defensive body language.</td>
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<td>• Use of calm tone.</td>
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<tr>
<td>• Reduction of overstimulation in the environment.</td>
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<td>• Modification of task demands.</td>
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<tr>
<td>• Use of distraction/redirection.</td>
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<td>• Awareness of triggers.</td>
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<tr>
<th>Impact of challenging behaviour on others</th>
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<tr>
<td>• Fear.</td>
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<tr>
<td>• Stress.</td>
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<tr>
<td>• Feelings of inadequacy.</td>
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<tr>
<td>• Frustration.</td>
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<td>• Anger.</td>
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<tr>
<th>Available support for responding to challenging behaviour</th>
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<tr>
<td>• General practitioners (GPs).</td>
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<td>• Behavioural therapists.</td>
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<td>• Nurse practitioners.</td>
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<td>• Social workers.</td>
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<td>• Voluntary organisations, e.g. Samaritans.</td>
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<th>Reporting and referring challenging behaviour</th>
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<tr>
<td>• Constant monitoring of the individual.</td>
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<td>• Regular reporting to appropriate management person or group.</td>
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<tr>
<td>• The ABC model (A – activating event; B – behaviour; C – consequence) leads to an outcome.</td>
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<tr>
<td>• Regular meetings with care management, GP, community nurses and other professionals involved in the care process.</td>
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<tr>
<td>• Implementation of agreed ways of working, report back at meetings and so on in an ongoing cycle.</td>
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Information for tutors

Suggested resources

Books

Websites
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 online communities for people with a brain injury.

www.nhs.uk/conditions/dysarthria/ Factsheet on dysarthria and dysphasia.
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.