Improving Staff Comfort and Skill in Managing Challenging Behaviour after Brain Injury

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Objectives

By the end of the session, you will:

- Be able to identify the most common behaviours of concern following brain injury experienced on an inpatient ABI rehabilitation unit
- Understand the value of a collaborative team approach to working with clients exhibiting behaviours of concern
- Understand the framework undertaken to improve staff knowledge comfort and skill in working with individuals with brain injury
- Gain an understanding of the processes and tools that can be used by an inpatient ABI team to support behaviour care planning

Behaviour After ABI

- Changes in behaviour are common after ABI:
  - Agitation and aggression occurs in 33-70% of individuals with TBI(ERABI).
  - Anger proneness occurs in one third of stroke patients (JOS)
  - Apathy occurs in up to 25% of persons living with stroke (JOS)
- Behaviour changes after ABI are complex and can significantly impact an individual's ability to participate in rehab.
- Behaviours can be anxiety-provoking for staff due to its complex nature and many contributing factors
- Best practice guidelines emphasize the importance of skilled assessment and intervention delivered by a knowledgeable multidisciplinary team.
- Non-pharmacological and pharmacological interventions are recommended.

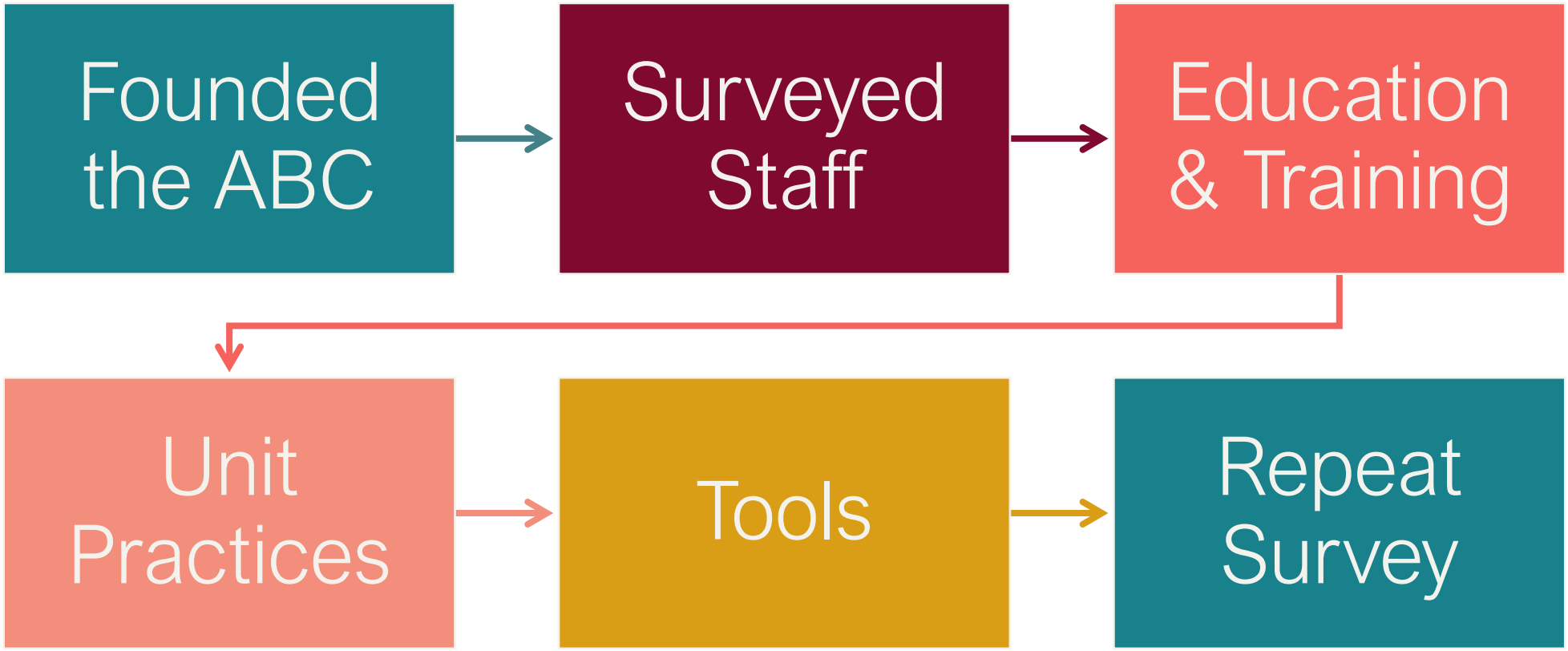
Background- the Unit

- 23-bed tertiary inpatient brain injury rehabilitation unit (stroke and TBI)
- Established a quality improvement initiative focused on a systems-based, collaborative approach to behaviour care planning

Goals of the Initiative

- To create a person-centered, trauma informed approach to understanding, preventing and responding to behaviour in ABI patients.
- To optimize patient and staff safety.

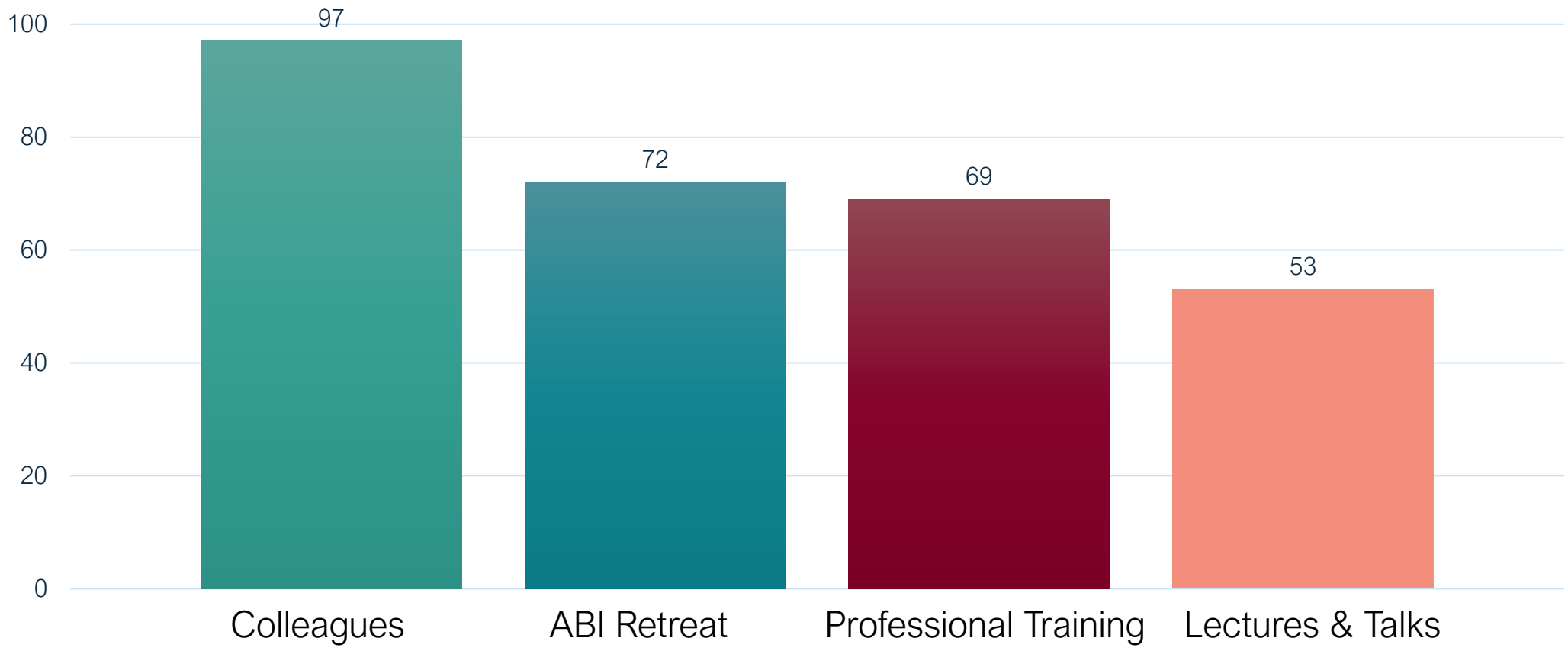
The Process- A Multi-faceted Approach





Where we started

Top 5 places people get information on ABI



Top 5 things that would help people improve

- Debrief sessions *
- In-person presentations/education sessions
- Discussion of real client in real time*
- Informal discussion with colleagues*
- Mini sessions on strategies

*Personal connection and discussion with colleagues is important

Multi-faceted Approach

- Education and training
- Physical environment
- Unit processes & practices

Education & Training

Format & content informed by survey results, with a focus on:

- Establishing a shared understanding of behaviour after ABI
- Using objective, non-stigmatizing language
  - **Behaviours of Concern** (BoC)
- Understanding causes and influencing factors
- Early identification & **communication**
- Emphasis on **preventive** strategies to reduce likelihood
- Included reactive strategies to reduce severity of harm

Creating a culture where behaviour is openly discussed and addressed in a blame-free manner

Education & Training

Incorporated into existing processes

- Annual Retreat Fall 2024
  - Focus on behaviour
- Monthly Program Meetings
  - Mini sessions on key concepts

Education & Training

Updated Process for Nonviolent Crisis Intervention(NCI) Training

- Tailored to brain injury population
- Annual training completed as a team – clinical and non-clinical staff
- All disciplines and roles represented in each session
- Link NCI principles and behaviour care planning

Education & Training

Key Resources

- Infographic on Behaviours of Concern
- Posters with NCI concepts posted in meeting room
- Orientation includes ABI foundations & key concepts in varied formats

Unit Practices: Standard Work Process

Step	Process Phase	Key Personnel	Description & Objectives
1	**Identification** Behaviour of Concern	All Team Members	Initial identification and documentation of patient behaviors that require clinical attention, support, or specialized intervention.
2	**Communication** Behaviour Care Plan Board, Team & Safety Huddles Case Conference, Daily CNL / Manager status exchanges, behaviour Rounds	Team Members, Clinical Nurse Leader (CNL), Manager	Rapid sharing of behavioral concerns during daily huddles to ensure immediate team awareness and safety adjustments.
3	**Detailed Analysis & Planning** Behaviour Rounds	Interdisciplinary Team CNL, Manager	In-depth collaborative discussion and clinical analysis of the type, frequency, severity & impact of behaviours, triggers, precipitating factors & tailored management strategies.
4	**Action Plan** Behaviour Care Plan	Clinical Team	Formulation of a structured, personalized care plan outlining specific behavioral interventions including preventive & reactive strategies; identify any operational issues.
5	**Ultimate Goal** Patient Experience	Patient, Family, & Care Team	Achieving a safe, supportive, & therapeutic environment that directly enhances the overall quality of the patient experience.

Benefits of Behaviour Rounds

- Dedicated time for behaviour rounds reflects importance of behaviour care planning as integral to patient care & safety for all
- Gains efficiency
- Structured approach grounds team and supports care providers learning & comfort
- Weekly debriefing provides regular practice in the process
- Encourages collaboration & creativity through group problem solving
- Enables the team to be proactive
- Supports continuous quality improvement (test and try)
- Builds team trust/ validates staff experiences
- Identifies operational needs (staffing, resource allocation, cross-departmental collaboration)

Assessment Tool: Overt Behaviour Scale



Overt Behaviour Scale

- Designed to rate severity, frequency and impact of overt behaviours that can occur after ABI
- Developed for community-dwelling individuals
- Meant to rate behaviour that occurred in past 3 months
- Divides behaviour into 9 categories called clusters
  - Each category has 3-6 subcategories, or levels, for a total of 34.
  - Each subcategory is assigned a clinical severity level of 1-4
  - Rates the Frequency & Impact of each level
  - Produces indices of:
    - Cluster (0-9)
    - Total Levels (0-34)
    - Clinical Weighted Severity (0-84)

Inpatient Rehab Application

- Created a 1-page brief form
- Completed by the team
- Rate behaviour that occurred in past 10 days to 2 weeks
- Calculate the average frequency and impact



Kelly, G. (2010). The Overt Behaviour Scale. The Center for Outcome Measurement in Brain Injury. http://www.tbims.org/combi/obs (accessed October 7, 2026).

OBS Ratings

FREQUENCY

- 1= ≤ 1/ month
- 2 = 1/month or +
- 3 = 1/week or +
- 4 = 1/day
- 5= multiple/day

IMPACT

subjective measure of emotional distress and/or practical disruption to self, team, others

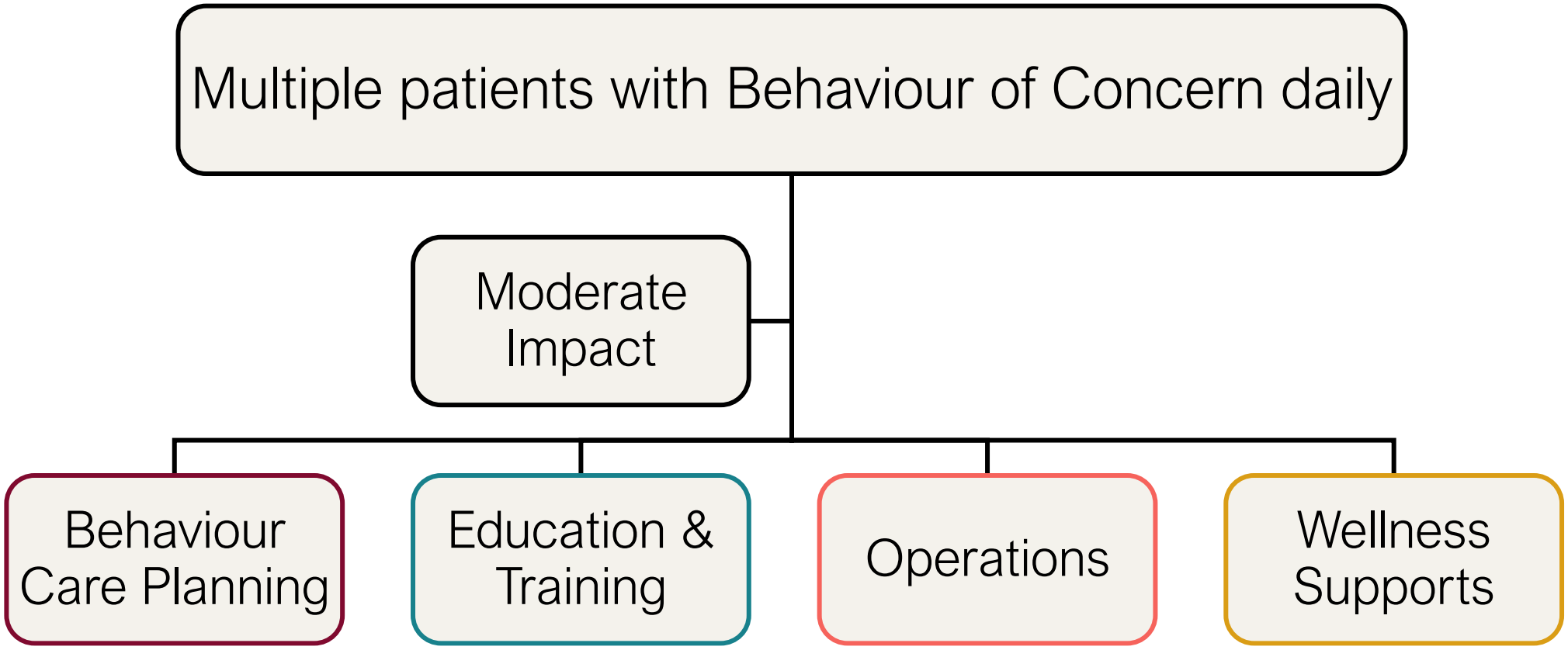
- 1 = none
- 2 = minor
- 3 = moderate
- 4 = severe
- 5 = extremely severe

Benefits of the OBS

- The tool informs educational materials for staff & patients.
- Provides a shared, specific, objective, non-stigmatizing language
- The qualitative information gathered by clearly describing behaviours and assessing the frequency & impact is extremely beneficial:
  - Offers a framework to support clinical reasoning and staff learning
  - Builds comfort and skill in discussing behaviour
  - Validates staff experiences

- The quantitative numbers enable us to track patterns of behaviour on the unit over time.
  - Supports program planning
  - Informs ongoing education, training & wellness supports

Data-Informed Program Planning



Key Takeaways

- Behavior care planning is an integral part of brain injury rehabilitation.
- Improving staff competence and confidence requires a multi-faceted approach including education and training, process changes, supporting tools, and environmental changes.
- Engagement & collaboration of team members across roles and disciplines throughout the initiative are fundamental to success.
- Systems-based processes and tools support care planning, communication and efficiency.
- Multiple touch points & communication avenues, including weekly behaviour rounds are cornerstones to:
  - Sustain a proactive approach to behaviour care planning
  - Support a consistent yet nimble team process
  - Inform clinical and operational decisions
  - Provide continual support for learning and knowledge translation
  - Support team wellness
- Data collection informs:
  - Education, training, & support
  - Operational/program planning

Behaviour is a shared responsibility

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Thank you!

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