

FACT SHEET:



ABIOS

Acquired Brain Injury Outreach Service

Category:
Behaviour

Audience:
Professionals

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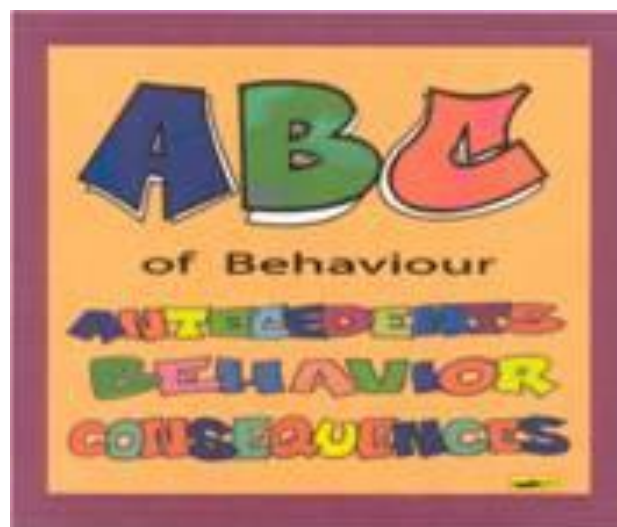
Behaviour Intervention: The ABC of Behaviour

Introduction

Management of behaviour of concern after brain injury includes a comprehensive assessment of the individual, the environment they are in and the impact of the brain injury on cognitive and behavioural functioning.

Assessment of behaviour of concern should ideally include getting an understanding of:

1. The person – personality, interests, preferences, skills
2. The brain injury, and areas of the brain that are affected
3. The severity and range of cognitive, language and communication difficulties
4. The environment the person is in – social, relationships, accommodation, finances, transport, community activities and participation and how all of these affect behaviour.



A stands for Antecedents

Antecedents are typically any prompts, cues, stimuli, events or interactions that come before a behaviour. Sometimes it is useful to think of **Antecedents** as **Triggers** for behaviour.

Antecedents:

1. may be things that contribute to or cause behaviour
2. may happen just before the behaviour (seconds or minutes) or a long time before the behaviour (hours, days, weeks)
3. the consequences of behaviour (reactions from other people for example) can be antecedents or trigger other behaviour

Antecedents can be divided into five main kinds:

1. **Organic Causes** – related to the brain injury, including physical, cognitive, communication and behavioural impairments; epilepsy, pain, fatigue, or other medical factors
2. **Emotional State** – happiness, sadness, guilt, anxiety, depression, jealousy
3. **Cognitions or Thoughts** – what we think about ourselves, others and events
4. **The Environment** we live in or things that surround us – noise, heat/cold, activity, activities, space, freedom/confinement
5. **Social Relationships** – interactions with others in our environment, family or community

B stands for Behaviour

Any behaviour of concern that we want to reduce in:

1. **Frequency** (how often it happens OR
2. **Intensity** (how severe it is).

Behaviour is of concern if it interferes with a person's ability:

1. to be independent,
2. to pursue quality of life goals,
3. to participate in the community, or
4. to access services and support

A **behaviour** should be something that you can **see** or **observe** and describe clearly. For example, **anger** is a **label** that can be used to describe a range of different **behaviours** (for example; yells, hits people, pinches, swears, pulls faces, and talks loudly)

C stands for Consequences

Consequences are what happens after the behaviour has occurred.

Consequences either **increase** the likelihood of a behaviour of concern occurring again, or **reduce** the likelihood of the behaviour occurring again.

Consequences can be things that we deliberately put in place as a response to behaviour, or they can be naturally occurring consequences in the environment that may influence the frequency of the behaviour.

Examples of ABC Relationship

Antecedent	Behaviour	Consequence
Asked to put clothes away while watching TV	Yelling, throwing clothes	Someone else puts clothes away Next time less likely to put clothes away
Child sees chocolate on a shelf	Yelling, kicking	Mother buys chocolate for child Next time more likely to yell and kick to get chocolate.
Fatigue	Irritable tone of voice - yelling	Person left alone to rest
Frustration with task - too hard	Hits wall, throws object	Hurts hand, stops hitting Stops task
Sexually inappropriate joke or comment	People laugh, show enjoyment	Tells more jokes
Touches person on bottom	Person ignores touching	Person touches again

Notes:

Resources

See other Acquired Brain Injury Outreach Service (ABIOS) Information sheets at <http://www.health.qld.gov.au/abios/>