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.

Introduction

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Any behaviour of concern that we want to reduce in:

1. **Frequency** (how often it happens)
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)

**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.

**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/confine
5. **Social Relationships** – interactions with others in our environment, family or community

C stands for **Consequences**

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## Examples of ABC Relationship

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

### Notes:

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### Resources