There are a number of specific behavioural techniques or strategies that can be used in management of behaviour of concern after brain injury. It is important to have a good understanding of the purpose of each technique. They should be used to assist with learning, changing and maintaining appropriate behaviour. Inappropriate use of behavioural techniques and strategies can worsen behaviour of concern.

**Techniques explained:**

**Cues and Prompts**
- Cues are an indication to the person that they either need to do something or not to do something.
- Cues can help the person learn a task, skill or behaviour.
- Cues can be verbal, visual or gestural. Cues must be clear and direct, and should be the same each time for each behaviour.
- Prompts are similar to cues. They may tell the person when to start or stop doing a task or activity. Prompts can remind the person of the next step in a task or a sequence of steps.
- Prompts may help the person particularly if they have difficulties with initiation of activities, or with memory. Prompts can be faded or decreased as the person learns the task more independently.

**Modelling the Preferred Behaviour**
Modelling is demonstrating or showing the person an activity, task or behaviour so that they can observe and learn how it is done. Modelling can be used at the beginning of learning a new task or behaviour or in a situation which is unfamiliar. Modelling should show the person what is expected of them in a situation or task.
Repetition
Repetition is necessary with all behaviour change, whether you want to increase or decrease the behaviour.

Repetition is necessary when the person you are working with has impaired memory or difficulties learning and retaining new information or skills.

Reinforcement
Reinforcement increases the possibility of a behaviour occurring again in the future. It is important not to use reinforcement for behaviours that you want to decrease or are unwanted. Reinforcers are generally broken into five main categories:

- **Tangible** (food, money etc),
- **Activity** (movies, shopping, TV)
- **social** (praise, attention, time with someone)
- **Intrinsic** (part of the behaviour or task – natural reward e.g. I do the house cleaning, and the house is clean and tidy)
- **Token** (something that can be exchanged for something else e.g. an activity or something tangible)

It is more likely that a person will do that task again if they have received positive reinforcement and encouragement or rewards for that behaviour or activity.

Each person will find different things reinforcing for them. Some people respond best to verbal praise, being able to spend time with someone we like, or participating in an enjoyable activity.

Reinforcement of Other Behaviours
This involves weakening or reducing the likelihood of a behaviour of concern occurring by identifying and reinforcing a behaviour that is incompatible with it.

**For example:**
- Asking politely for an item is incompatible with swearing or yelling.
- Relaxation and calm is incompatible with stress and tension.

Reinforcement should be positive (e.g. attention, praise, access to desired activities).
Ignoring/Extinction
Ignoring or extinction can be used to weaken or decrease an unwanted behaviour, by providing no reinforcement. Ignoring a behaviour, and providing reinforcement for appropriate behaviour are often two interventions used together to shape behavioural change.

Sometimes when you ignore a behaviour, it will get worse before it gets better. You need to persist and eventually the behaviour will decrease in frequency.

It is important to keep records so that you can see whether behaviour is changing.

Contracting
Contracting can be effectively used with people who have some awareness and insight about their own behaviour and who are motivated to make improvements.

Contracting is an important tool in collaboration with and involvement of the person with brain injury.

Contracting is simply a process of:
  • Respectfully talking about the behaviour
  • Talking about expectations
  • Discussing priorities and goals for change
  • Deciding about behaviours you would like to see more of
  • Deciding about behaviours you would like to see less of
  • Considering consequences and rewards
  • Working out the support that might be needed to stay on track – who should do what, when should it be done
  • Writing things down that you agree on together
  • Setting a time frame for reviewing the contract or agreement

Wherever possible, some aspect of contracting should be integrated into every behaviour intervention plan because increased participation increases the likelihood of enduring and worthwhile behavioural change.

Resources