

# Interdisciplinary Approach to Behavior Management in Long Term Recovery:

## A Case Study

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## Personal Information

- 19 y/o female
- PMH: unremarkable
- SH: functioning independently, driving, attending cosmetology school, working part-time, lives with parents/siblings
- Pre-morbid personality
  - Strong willed
  - Independent
  - Tactile sensitivity as a child



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## Medical Timeline

- **10/13/2017** – severe TBI sustained after a patient motor vehicle struck by tractor trailer and pinning her, she was found unresponsive, bradycardic and hypotensive; upon arrival at ED s/p grand mal seizure and diagnosed with large L frontal contusion
  - acute medical course includes ventriculostomy drain placement, PEG
- **12/1/2018** - Transferred to a Kessler Acute Rehabilitation facility
- **12/30/2018** – transferred to hospital removal/abscess drainage of retained fragment in @ thigh following swelling/fever
- **2/14/2018** – readmitted to a Kessler Acute Rehabilitation facility
- **4/2/2018** - Admitted to JFK JRI Extended Recovery Unit(ERU - specialized brain injury subacute unit) from Kessler Rehabilitation
- **4/16/2018** - Admitted to JFK Medical Center to r/o sepsis and brain abscess
- **4/24/2018** - Readmitted to ERU



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### Admission to ERU (6 months post injury)

- Presented at a Ranchos Los Amigos Level IV (Agitated/Inappropriate)
  - Motor restless
  - Tactile defensiveness- with all care
  - Orally defensive
  - No eye contact, head down
  - Spitting/drooling– aim for towel or side of chair to not get it on herself
  - removing clothes/diapers– at times when incontinent
  - Flat affect with no change in facial expressions
  - Occasional/infrequent command following
  - Wandering- at times to locate a bathroom



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### Admission continued...

- Extremely limited communication/nonverbal
- Dysphagia
- Spasticity in extremities and trunk,
- Poor balance
- Impaired WC mobility
- Ballistic movements with poor awareness of surroundings with difficulty maneuvering around obstacles
  
- These behaviors were exaggerated after hospitalization -2weeks



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### Personalized Treatment Plan

- Identified triggers
- We let the patient come to us
- Staged unit to provide functional opportunities
- flexible schedule, treat when opportunity presented, started her day with ADL at 11:00am
- OT collaborated with evening CNAs for safe care
- OT provided consistent self care
- "Give up" your discipline
- Informal/unstructured therapy
- Kept staffing as consistent as possible, however ALL staff trained
- Observing movement patterns and function in environment
- Great family support
- Medication management



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## Triggers and Intervention

- All Self care
  - Let her know what care was being provided and ask her if she would help and allow staff to help.
- Incontinence
  - Refusing diaper- trialed pull up, patient preferred underwear however unable to communicate, gave bell to ring (all staff trained to acknowledge)
- Tactile defensiveness
  - She preferred socks and sneakers at all times, resisted water, allowed patient time to ease into using water starting over toes and hands, Orally defensive with attempted PO trials.
- Need for privacy
  - Gave patient a blanket to cover herself during care for least exposure, then would allow staff to assist more with care
- Dehydration contributed to motor restless
  - extra fluids and/or Propel provided by nursing



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## Environmental Management

- Emptied out own closets as well as storage closets on unit
  - Kept dangerous items out of reach, locked doors as needed for safety
- Did not wake her up if asleep
- Wandered in wheelchair through out unit – at times secondary to need to toilet
  - toilet regularly
  - tilt her chair, removed sneakers or sitting with staff
  - Back in bed
  - Staged unit and allowed to stay in low stimulating treatment room
- TR initiated creating arrows with patient to help locate room to decrease wandering
- TR created box of activities available at all times for patient, this included notebooks/paper, crayons and magazines.
- TR set patient up with I-pad as desired



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## It takes a village

The staff saw tremendous potential in observations and chose not to give up just because she didn't do "what we wanted" so with the help of...

- Trauma staff and UMDNJ
- Kessler Acute Rehab Center
- Her therapy team
  - PT
  - OT
  - SLP
  - TR
  - SW
  - Nursing
- Primary Physiatrist
- Physician's assistant
- CNA's
- Unit volunteers
- House keeping staff
- Maintenance staff
- Dietary
- Acute care staff at JFKMC
- Her Family



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