

WAC 388-112B-0045 What are the competencies and learning objectives for the traumatic brain injury portion of geriatric behavioral health worker training? The competencies and learning objectives for the traumatic brain injury portion of geriatric behavioral health worker curriculum will include all knowledge, skills, topics, competencies, and learning objectives described in this section.

(1) Anatomy of the brain and brain injury basics. The worker will identify parts of the brain and have an understanding of how injuries may affect a Traumatic Brain Injury survivor. The worker will also identify possible signs, symptoms, severity levels, types of brain injury, and describe the regions of the brain and functions associated with each region.

(a) Anatomy of the brain including parts and functions; and

(b) Types of brain injury:

(i) Acquired brain injury;

(ii) Traumatic brain injury;

(iii) Concussion;

(iv) Brain cell damage;

(v) Secondary Events.

(c) Severity:

(i) Mild;

(ii) Moderate;

(iii) Severe.

(d) Possible effects of the injury:

(i) Apraxia;

(ii) Attention and memory;

(iii) Behavioral and emotional changes;

(iv) Bladder and bowel changes;

(v) Dizziness and balance;

(vi) Fatigue;

(vii) Headaches;

(viii) Muscle weakness/immobility;

(ix) Pain;

(x) Post-Traumatic Stress Disorder (PTSD);

(xi) Seizures;

(xii) Sensory changes;

(xiii) Sleep;

(xiv) Spasticity;

(xv) Swallowing, appetite, and weight;

(xvi) Visual problems.

(2) Brain injury management. The worker will recognize and identify strategies to provide individualized quality care and management of symptoms for individuals with brain injury including:

(a) Trauma informed care;

(b) Approach;

(c) Person centered approach and language;

(d) Enhancing recovery and healing process:

(i) Physical;

(ii) Short term (6-9 month)/Recovery or stabilize;

(iii) Long-term potential;

(iv) Sensory hypersensitivity;

(v) Additional considerations.

(e) Dual diagnoses (pre or post injury);

(i) Substance use disorder;

(ii) Mental health diagnoses;

(iii) Developmental disabilities;

(iv) Suicide.

- (f) Quality of life therapies:
 - (i) Occupational;
 - (ii) Speech;
 - (iii) Physical;
 - (iv) Music;
 - (v) Art;
 - (vi) Yoga and meditation;
 - (vii) Laughter yoga.
- (g) Prevention:
 - (i) Falls prevention;
 - (ii) Re-injury.
- (h) Activities of daily living and functional independence.
- (3) Behavior, mood, and cognition intervention and resolution.

The worker will demonstrate an approach to challenging behaviors to recognize and resolve changes in behavior, mood, and cognition.

- (a) Exploring behaviors;
- (b) De-escalation strategies;
- (c) Specific behavioral challenges and steps.

(4) Communication. The worker will demonstrate the ability to recognize communication styles and methods to communicate effectively with brain injury survivors, families of survivors, and other professionals.

- (a) Social Communication;
- (b) Communication tips for workers:
 - (i) Communicate clearly;
 - (ii) Provide support and opportunities for practice;
 - (iii) Be kind when giving constructive feedback;
 - (iv) Have realistic expectations.
- (c) Communicating with TBI survivors:
 - (i) Initiating conversation;
 - (ii) Following conversation;
 - (iii) Taking turns in conversation;
 - (iv) Difficulty with annunciating;
 - (v) Nonverbal communication.
- (d) Cultural diversity and communication;
- (e) Communicating with the family:
 - (i) Involve the family;
 - (ii) Supporting families;
 - (iii) When there is no family.
- (f) Communicating with professionals;
- (g) Reporting.
- (5) Self-care:
 - (a) Worker health and well-being;
 - (b) Take responsibility for your own care;
 - (c) Goals and self-care planning including examples of self-care.

[Statutory Authority: RCW 18.20.270, 74.39A.020, 74.39A.078, and 74.42.360. WSR 23-15-100, § 388-112B-0045, filed 7/18/23, effective 8/18/23.]