1. The CDC estimated how many individuals sustained a TBI in 2010?
   a. 275,000
   b. 1.3 million
   c. 1.7 million
   d. 3 million

2. In a study of patients with TBI post-rehab, did agitation increase post-injury?
   a. first month post-injury
   b. 3-6 months post-injury
   c. 6-12 months post-injury
   d. 9-15 months post-injury

3. All of the following behaviors may occur if a patient with a TBI has a channel capacity deficit EXCEPT:
   a. outbursts of extreme anger
   b. difficulty multitasking
   c. slowed processing speed
   d. limited ability to handle stressful situations

4. Patients with TBI often exhibit behaviors associated with decreased self-awareness that are often perceived as:
   a. depression
   b. negativity
   c. irritability
   d. childishness

5. In one study that looked at the triggers or antecedents of aggressive behaviors in patients with TBI, 70 percent were related to:
   a. overstimulating environment
   b. activities of daily living
   c. confinement
   d. direct interaction with staff

6. Of the following drug classes prescribed for patients with TBI, which is the least frequently prescribed?
   a. beta-blockers
   b. antidepressants
   c. sedatives
   d. neuroleptics

7. Treatment plans for patients with TBI at Bryn Mawr Rehabilitation Hospital are individualized primarily by:
   a. age of patient
   b. type of injury
   c. cognitive capacity of the individual
   d. available support systems

8. Positive reinforcement for behavior change in patients with TBI is:
   a. rarely used with this population of patients
   b. must be used infrequently to increase its value
   c. can include praise or tokens
   d. best used with patients with increased cognitive functioning

9. In patients with TBI, the primary goal to mitigate challenging behaviors is to:
   a. maximize patients’ rehab potential so they can continue to increase functioning in all areas
   b. provide the patient with vocational skills so they can be independent
   c. assist the patient to be able to control their emotions
   d. provide an environment that is stress-free for all patients

10. In patients who sustain a TBI, inability to achieve emotional control and inhibit certain behaviors indicates the area of the brain injured is the:
   a. temporal lobe
   b. occipital lobe
   c. frontal lobe
   d. hippocampus

**Evaluation**

1. I can recognize factors associated with challenging behaviors in individuals following TBI.
   a. strongly agree
   b. agree
   c. neutral
   d. disagree
   e. strongly disagree

2. I can discuss assessments utilized in the collection of data around challenging behaviors.
   a. strongly agree
   b. agree
   c. neutral
   d. disagree
   e. strongly disagree

3. I can evaluate the interventions used to mitigate challenging behaviors in patients and families post-TBI.
   a. strongly agree
   b. agree
   c. neutral
   d. disagree
   e. strongly disagree

4. The objectives relate to the overall goal of the article.
   a. strongly agree
   b. agree
   c. neutral
   d. disagree
   e. strongly disagree

5. The article is well-written and logically organized, and defines terms adequately.
   a. strongly agree
   b. agree
   c. neutral
   d. disagree
   e. strongly disagree

---

**Post-TBI Behavioral Management**

*Earn 1 Contact Hour NOW!*

**Registration/Answer Form #385**

**LEARNER FEEDBACK QUESTIONS**

1. A B C D
2. A B C D
3. A B C D
4. A B C D
5. A B C D
6. A B C D
7. A B C D
8. A B C D
9. A B C D
10. A B C D

**EVALUATION**

1. A B C D E
2. A B C D E
3. A B C D E
4. A B C D E
5. A B C D E

**CUSTOMER INFORMATION**

For accuracy, please print clearly. (NW)

Name:
Street Address:
City: State: Zip:
Daytime Phone:
E-mail Address:
License No. (FL required):
Credit Card No.:
Exp. Date:

Keep ADVANCE Coming!

This may be only a trial copy or it may be time to renew. You won’t continue to receive ADVANCE for Nurses unless you contact us for your FREE subscription.

☐ YES! I am a Nurse, sign me up!
☐ I prefer to receive a PRINT SUBSCRIPTION.
☐ I prefer to receive the DIGITAL EDITION. (E-mail address required below)
☐ I prefer to receive BOTH a print and digital edition. (E-mail address required below)

Date: Signature (required):

E-mail:  

**JOB TITLE** that best describes your position (fill in just one circle completely)

RN
☐ Director of Nursing
☐ Manager/Supervisor
☐ Nursing Administrator
☐ Supervisor
☐ Private Practice
☐ Staff Development
☐ Staff Nurse
☐ Program Director

LPN
☐ Nursing School Student
☐ RN
☐ LPN
☐ Grad. date:

☐ Director of Nursing
☐ Manager/Supervisor
☐ Nursing Administrator
☐ Supervisor
☐ Private Practice
☐ Staff Development
☐ Staff Nurse

**PRACTICE SETTING** that best describes your setting (fill in just one circle completely)

☐ Ambulatory
☐ Cardiovascular
☐ Case Management
☐ Chemical Dependency
☐ Clinical Specialist
☐ Critical Care
☐ CNNA
☐ Dermatology
☐ Dismissal
☐ Education
☐ ED/ER

☐ Geriatric/LTC
☐ Gynecology
☐ Home Health
☐ Hospice
☐ ICU
☐ Infectious Control
☐ IV Therapy
☐ Managed Care
☐ Management

☐ Administrative
☐ Medical/Surgical
☐ MOG
☐ Nursing Clinics
☐ Occupational Health
☐ Office
☐ Oncology
☐ OR/OTACU
☐ Orthopedics
☐ Pediatrics

☐ Psychiatric
☐ Public Health
☐ Rehab Research
☐ Sales/Marketing
☐ School Nurse
☐ Student
☐ Substance Abuse
☐ Support Staffing
☐ Travel Nursing
☐ URI/OA

---

E-mail: