




Life After Discharge: Facilitating Healthy Transitions after Rehabilitation


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Disclosures

- The presenter has no significant financial relationship with any commercial or proprietary entity that produces healthcare-related products and/or services relevant to the content of this presentation.

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Topic List


- Patient / Family Expectations and Solutions
- Neuroplasticity
- Brain Injury Coping Skills (BICS)
- Facilitating Awareness
- Fostering Engagement




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Aligning Patient / Family Expectations:

- Brain injury affects the entire family
- The caregiver's needs are AS IMPORTANT AS that of the survivor
- How families experience and adapt to changes in roles after brain injury differs.




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Common Family Themes in Post-Acute Transitions

- Hopes for a rapid recovery
- Rehabilitation will "fix" my loved one.
- "Nobody ever told me this."
- Increased isolation and decreased social support
- Physical and emotional exhaustion
- Concerns of what to do next
- Beginning awareness of real changes in the person
- Guilt about absence from home and work
- Financial concerns




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10 Principles of Neuroplasticity

1. Use it or lose it
2. Use it and improve it
3. Specificity
4. Repetition matters
5. Intensity matters
6. Timing matters
7. Salience matters
8. Age matters
9. Transference
10. Interference



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Brain Injury Coping Skills (BICS)

Modules:

- Healthy Brain
- Effects of Brain Injury
- Importance of Family
- Expectations for Recovery
- Challenges after Brain Injury
- Depression
- Stress Management Skills

Arch Phys Med Rehabil. 2010 Jun;91(6):840-8. doi: 10.1016/j.apmr.2010.03.015 Brain injury coping skills group: a preventative intervention for patients with brain injury and their caregivers. Backhaus SL, Dorn SL, Klyse D, Treveler LE, Males JE

Brain Injury Rehabilitation Specialists

Neurorehab...What's the Difference?

- Cognition...Cognition...Cognition!
 - Relearning
 - Adapting
 - Cueing
 - Facilitating
 - Developing Compensatory Strategies
 - Developing Community Supports

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Brain Injury Rehabilitation Specialists

Treating Deficit Awareness

- What do we usually do? Why doesn't it work?
 - Cue
 - Cue
 - Cue
 - Cue
 - Cue
 - Cue
 - Cue
 - Cue
 - Cue
 - Cue
 - Cue
 - Cue
 - Cue


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Deficit Awareness...Practice Standard

- Predict-Perform Procedure:
 1. Therapist introduces a task. This can be purely paper and pencil, real, or simulated...along the gamut of task complexity.
 2. PS is asked to:
 1. Set a goal
 2. Predict their performance
 3. Anticipate and pre-plan for any anticipated types of errors or obstacles (i.e. are you going to need reminders or physical help with any aspect of this task?)
 4. Choose a strategy to circumvent these difficulties
 5. Assess the amount of assistance he/she will need to successfully complete the task
 3. Following the above, the PS completes the task
 4. Complete structured self-evaluation
 5. Collaboration and comparison of perceived performance and reality
 6. Record experiences, including tips or strategies to be successful next time

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TBI PBE Study...The Importance of Effort

Discharge Rasch-Adjusted FIM Motor
Regression: Significant Covariates (treatments)


FIM Points per Covariate	Cog ≤6	Cog 7-10	Cog 11-15	Cog 16-20	Cog ≥21
Average OT,PT,ST level of effort	28.33	18.58	23.14	17.57	-
OT casting min/week	-0.78	-0.55	-	-	-
OT cognitive impairment min/week	-	-	-	-	1.72
OT community IADLs min/week	-	0.81	-	0.52	-
OT home IADLs min/week	2.53	-	0.95	-	-
OT physical impairments min/week	-3.64	-3.17	-1.70	-1.16	-
OT assessment min/week	-1.29	-	-	-	-
OT bed/chair W/C transfer, feeding, dressing (basic) min/week	-	-1.38	-	-	-0.98
OT personal care/transfers (advanced) min/week	1.96	-	-	-	-

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Engagement...the critical difference in a Survivor / Caregiver

- How do you measure it in terms of competency development for caregivers?



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