

Living Loving and Doing: Our
Goals For Rehabilitation

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Disclosures

- Currently have research support from National Institutes of Health (NIH); American Medical Society for Sports Medicine; and the USA Department of Defence

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New concepts

Whatever It Takes: a model for community-based services

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Whatever It Takes

- A set of guiding principles for community based rehabilitation
- *We cannot cure brain injury but we can do an awful lot to help individuals cope and live a full life*

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Circles of Support

- A circle of friends and family chosen by the individual with brain injury, to assist the individual to achieve their dreams
- Dreams can be categorized as Living, Loving and Doing

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Dream Categories

- Living: A place to live that feels like home
- Loving: People to love and people that love you
- Doing: A meaningful activity during the day (a reason to get up in the morning)

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Can Individuals With Brain Injury Have Dreams?



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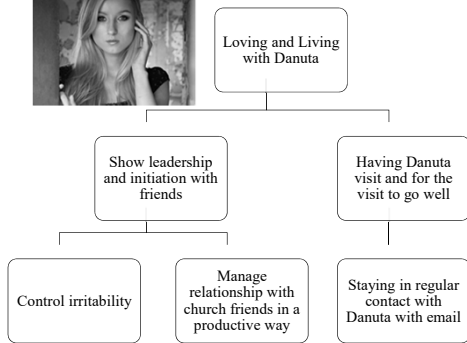
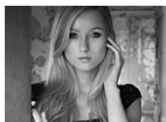
Rehab Goals Start With Dreams

- Most rehab programs set goals FOR the client, rather than With the client
- We start with dreams so the client “owns” the goals

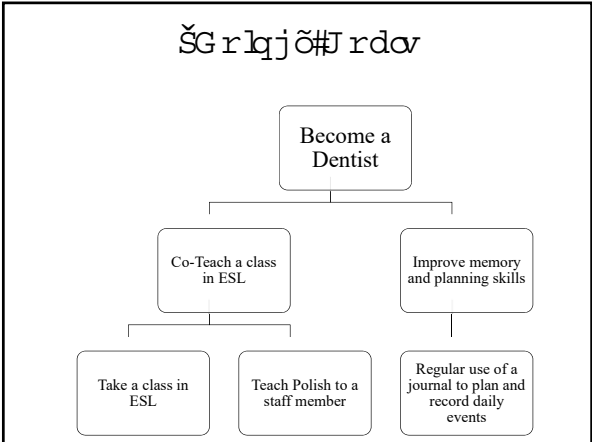


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Environments are easier to change than people




- The brain is the learning organ
- Yet we expect people with brain injury to make major changes in behavior

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Examples of Changing Behavior

- Man who eats meals alone
- Dealing with infrequent dangerous behavior
- Dealing with frequent annoying behavior



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Use the Brain Injury Against Itself



- Anosognosia: Unaware of disabilities
- Perseveration: Inability to stop behavior
- Failure to initiate

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Cognitive interventions



- Memory devices: diaries, phones, ipads
- Scripts: Small phrases used repeatedly to cue a behavior

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Our purpose? Community Integration

• Living, Loving Doing

THE COMMUNITY INTEGRATION QUESTIONNAIRE
A Comparative Examination¹

Barry Willer,² PhD, Kenneth L. Ottenbacher, PhD, OTR and Mary Lou Coad, BA

Community integration questionnaire: Outcomes of people with traumatic brain injury and high support needs compared with multiple matched controls

Christine Migliorini, Joanne Enticott, Libby Callaway, Sophie Moore & Barry Willer

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Outcomes for Adults in the U.S. Five Years after Rehabilitation for TBI

- TBI Model Systems subjects admitted to rehabilitation 10/01/2001 to 12/31/2007 (13,000+ admissions)
- Status 5 years later (weighted for national population characteristics):

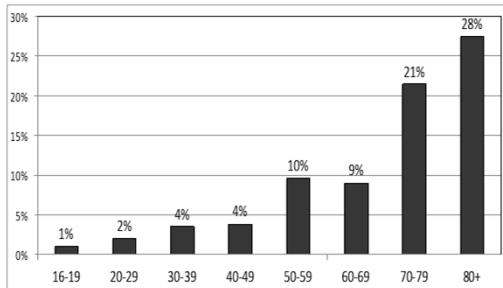
– 84.4% known outcome



for 1 in 5, the known outcome is “deceased”

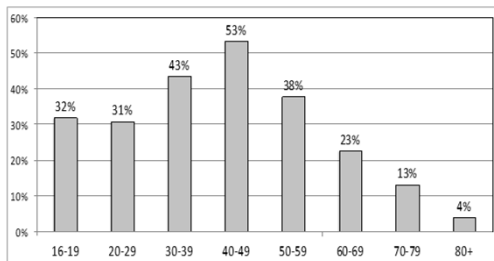
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12.3% are institutionalized 5 years post-injury

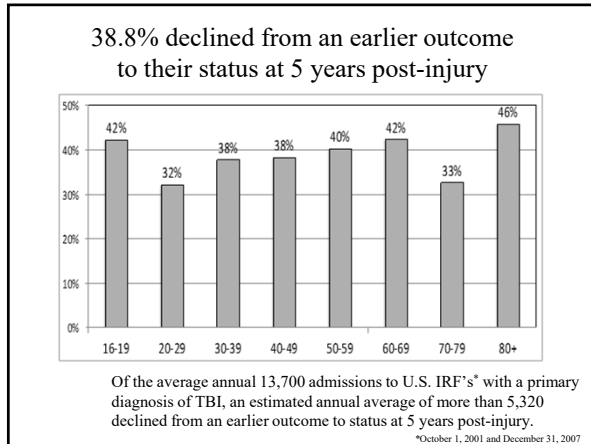


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29.1% are dissatisfied with life at 5 years post-injury




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- ### Possible Sources of Deterioration
- TBI triggers a progressive, degenerative process (e.g., Neuroendocrine dysfunction).
 - TBI causes loss of functional independence which interacts with normal aging to increase poor health.
 - Frontal lobe damage causes changes in self-regulation which lead to death and disability from risky behaviors.
 - Injury causes or exacerbates financial hardship, which in turn leads to poor health.
 - All of the above.

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- ### Other Possible Sources of Deterioration
- No access or poor access to post acute rehabilitation
 - Supported housing not available
 - Inpatient rehab programs are limited in what they can accomplish when it comes to community integration
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Other Possible Sources of Deterioration

- Poor access to medical care post discharge
 - Endocrine issues
 - Seizure management
 - Bladder issues

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What is needed to ensure better outcomes

- A recognition that the needs of individuals with brain injury last a life time.
- Development of Community Based Services is paramount

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Thank You



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