

Track A: Resources and Strategies for
Management of Brain Injury:
Role of Resource Facilitation with VRS
and Community Service Providers

Breakout Session

Resource Facilitation Regional Conference
2016

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Local Support Network Leader

Indiana VRS and Brain Injury

Steve Upchurch, MA

Indiana VRS leads the USA in Vocational Outcomes for Brain Injury!

Indiana VR Commitment to Vocational Rehabilitation in Brain Injury

- 3 HRSA Brain Injury Grants from 2008-14
- Brain Injury Specialist in each office
- Ongoing Education in Brain Injury
- Continued presence at the Indiana Brain Injury Leadership Board
- Support of the Resource Facilitation program

Critical Success Factors in Vocational Rehabilitation in Brain Injury

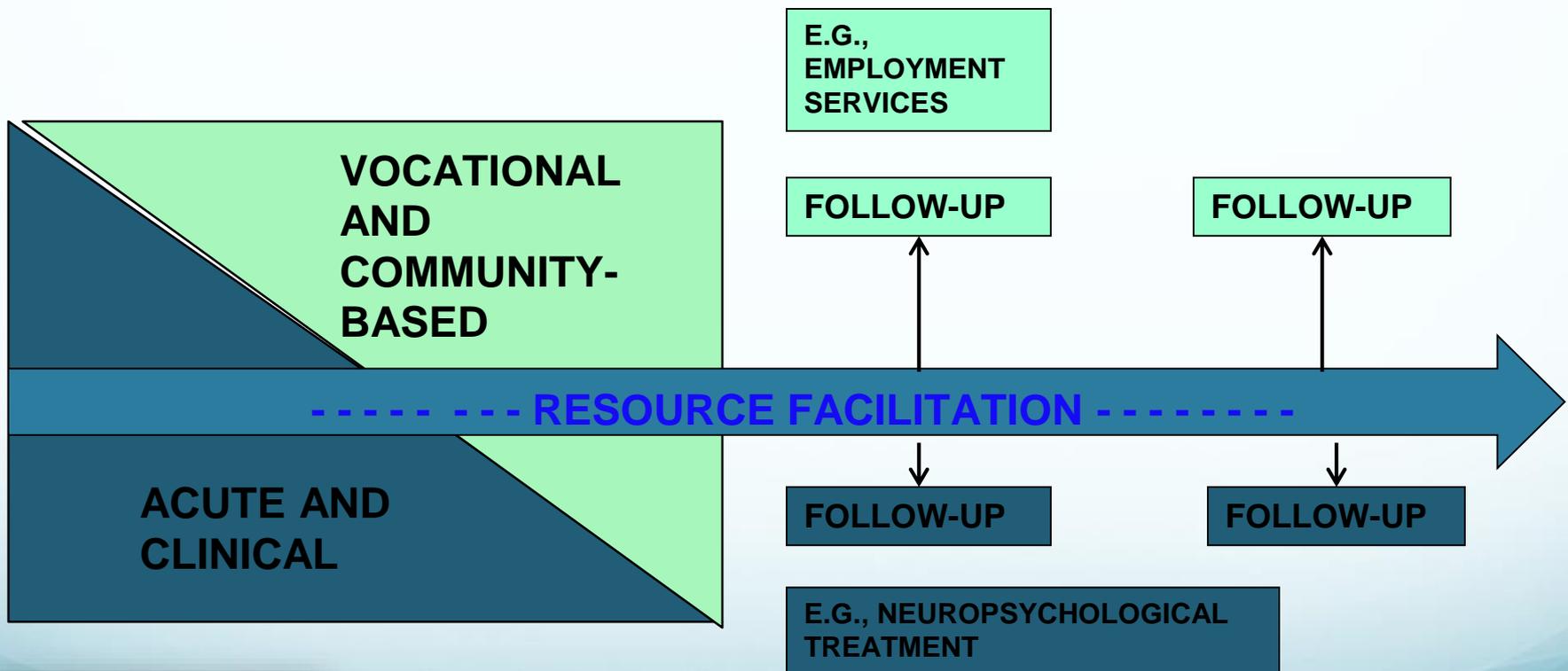
- The brain injury diagnosis changes the way services have to be provided
- “It takes a village” – different providers have to collaborate in brain injury to be successful
- Providers need to be knowledgeable about brain injury
- Resource Facilitation and the Regional Conferences address these needs

RHI Resource Facilitation: Structure and Program Model

What is Resource Facilitation?

- To provide brain injury specific education and promote awareness of resources to individuals with brain injury, their families, other providers and the community
- To proactively navigate the person and their family to needed instrumental, brain injury-specific, community and vocational supports and services
- To ensure collaboration, integration and coordination between providers and community-based resources

Resource Facilitation and the Post-Acute Continuum



Two Levels of Intervention in Resource Facilitation

Environmental and Social Barriers (Systems Level): The Local Support Network Leader

- Community brain injury education and awareness for providers, state agencies, etc
- Identification of private and public resources & services applicable to brain injury (e.g., health & mental health care, rehabilitation, state agency, transportation, employment services)
- Coordination and partnerships to promote seamless continuum from acute and clinical organizations to vocational and Community-based organizations

Two Levels of Intervention in Resource Facilitation

- Individual and Family Barriers (Service Level):
- The Resource Facilitator works with the person with brain injury and their family to provide:
 - Brain injury education
 - Facilitation of access to and coordination of services, systems and supports applicable to each person as derived through the initial evaluation for instrumental, brain injury-specific, and vocational needs
 - Ongoing assessment of progress towards goals
 - Monthly team conferences

Resource Facilitation Timeline



- Resource Facilitator
- Local Support Network Leader
- Neuropsychologist
- Clinical Therapist

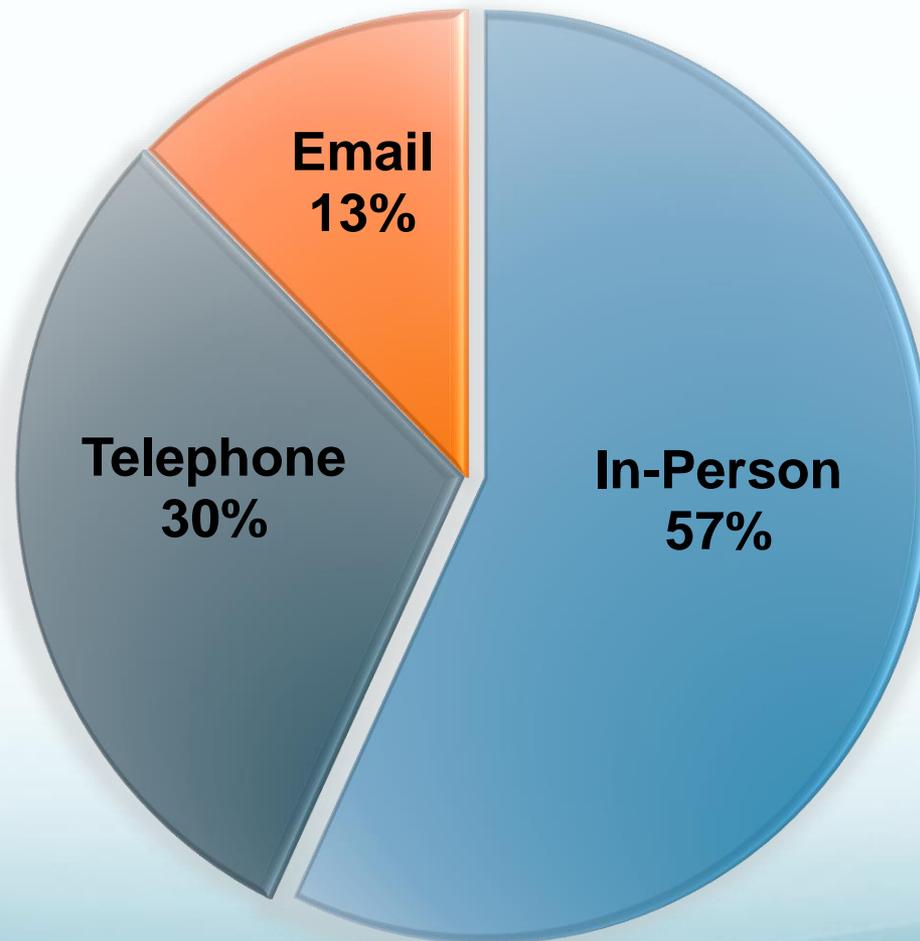
Resource Facilitation Initial Assessment

- Resource Facilitation Intake
- NeuroVocational Evaluation
- Community Resources Assessment
- Initial Team Conference

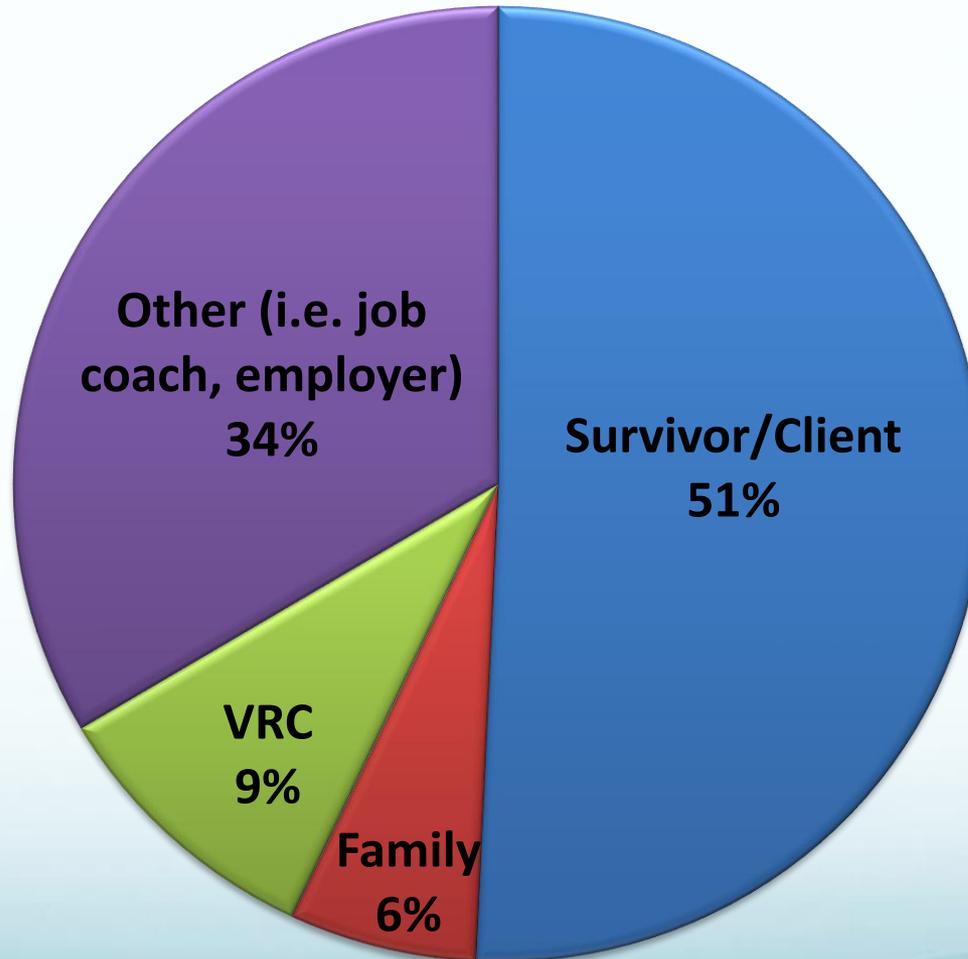
Resource Facilitation Services

- individualized assessment and
- proactive navigation to community-based supports, resources and services
- that remove instrumental barriers (e.g., housing) as well as brain injury-specific barriers (e.g., memory impairment) to successful community re-integration and return to work.

Contact Methods



Contact with Whom

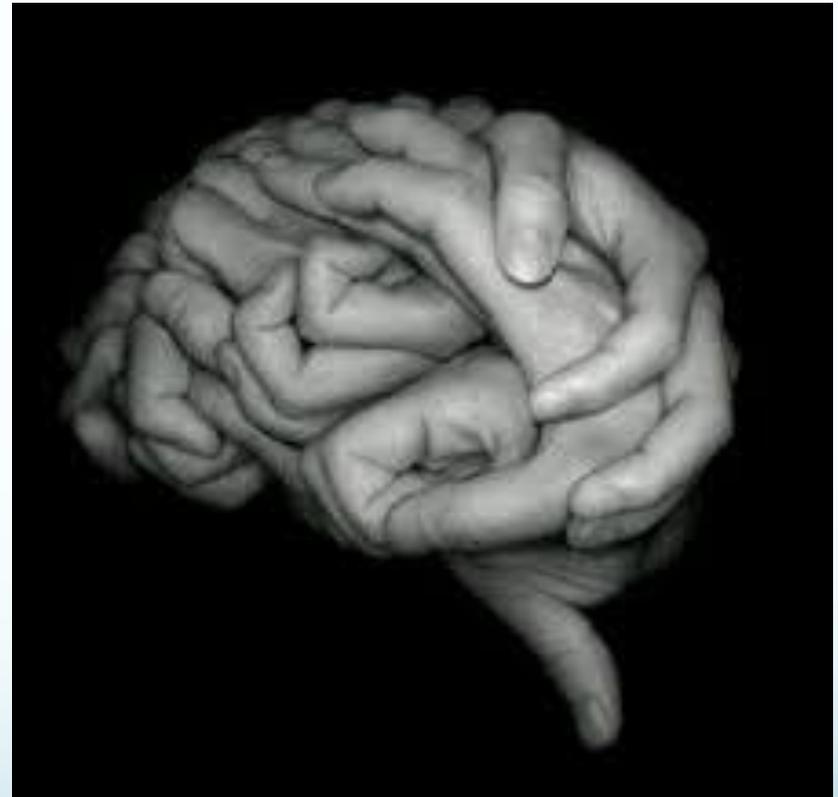


Vocational Placement

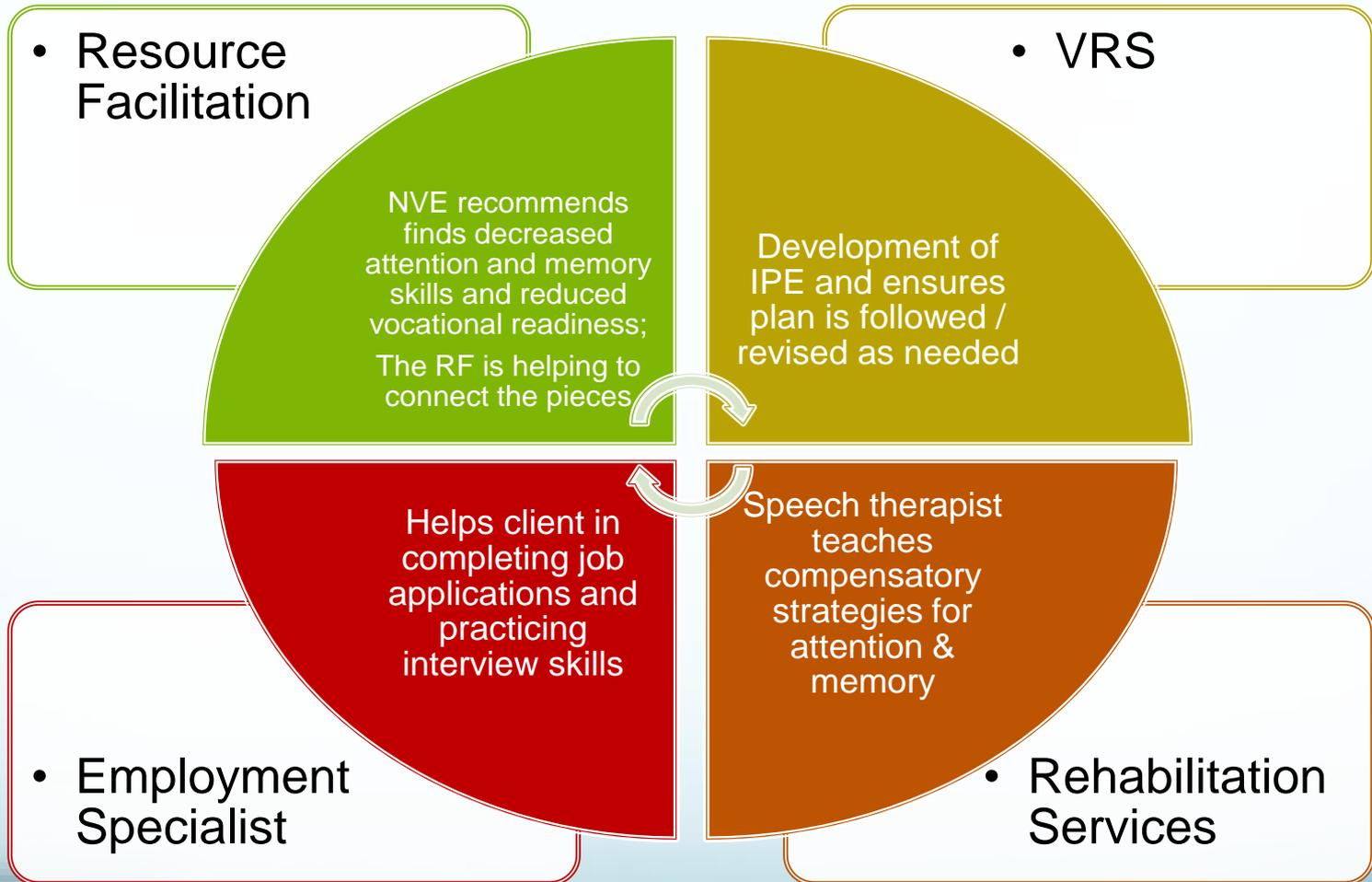
- Follow up LSN/RF services for 3 months post- employment or academic placement
- Employer/educator contact/consultation every 2 weeks
- Sustain/revise community supports and family stability
- Sustain cognitive or behavioral strategies to maintain work/school performance
- Collection of Quality Assurance/Program Evaluation Data
- 90-day Employment Final Report

Brain Injury Takes an Integrated Village

- Physical Medicine and Rehabilitation
- Neuropsychology
- Rehabilitation Therapists
- Employment Specialists
- Vocational Rehabilitation Counselors
- Mental Health / Substance Abuse
- Primary Care
- Other



Brain Injury Village



Working as a Team

Why is it important to collaborate as a team when working with individuals with brain injury?

Working as a Team

- **Because...**
 - Brain Injury is a complex condition
 - Every brain injury is different
 - The client may have difficulties generalizing from one setting to another
 - Each provider offers a unique contribution
 - Each provider has a specialization that cannot be fully addressed by another team member
 - Each provider relies on the others to enhance their own interventions and efforts

Working as a Team

VRS



State funds to access resources

RF



Specialty BI knowledge

ES



Vocational readiness training

MH



Counseling and medications



Working as a Team

- Each provider brings unique contributions to the team
 - Expertise / specialized knowledge
 - Provider resource network
- Each provider needs the other team members in order to do their jobs well
 - E.g., MH provides treatment for active substance abuse issue which is interfering with the client's ability to attend appointments with ES and VRC
 - E.g., RF team conducts an NVE which then provides objective evidence of functional deficits and how those may pose barriers to vocational goals

Case Study

- Kevin is a 52-year-old, divorced Caucasian male with 12 years of formal education
- Referred to VRS by his mental health case manager
- TBI in 2011 as result of a moped accident
 - Neuroimaging revealed “small” bleed in the left frontal region of the brain.
- Left acute hospitalization after 43 hours (AMA);
No Rehab

Case Study

- Since 2011, 2 bicycle accidents, at least one of which resulted in a concussion
- Premorbid history of epilepsy (diagnosed at a young age) and depression (2007)
- Three DUIs several years ago

Case Study

Psychosocial and Educational History

- Divorced and currently resides alone.
- He reported having a total of 7 daughters between the ages of 20 and 35, to three different mothers.
 - He noted he owes several thousand dollars in child support
- Graduated from high school with average grades.
- He denied any history of a learning disability or ADHD.
- Uses alcohol and marijuana “occasionally” and smokes a pack of cigarettes per day

Case Study

Employment History

- Joined U.S. Army in 1980 but was medically discharged due to “stress” after 6 months
- At the time of his accident, Kevin was employed as a janitor at a school for 2 years.
- Prior to that he reported a history of various short-term (less than 1 year) jobs in restaurants and warehouses.
- Since his injury, he stated that he has been unable to obtain employment.

Case Study

Current Issues

- Physical
 - Pain and swelling in right knee and foot; dizziness with decreased balance; daily headaches; vision issues (recently lost prescription glasses); poor sleep pattern
 - Reports 2 grand mal seizures per week
- Cognitive
 - Difficulty with attention as well as short and long-term memory issues

Case Study

Current Issues

- Emotional

- Endorsed some symptoms of depression and anxiety
- Denied current suicidal ideation

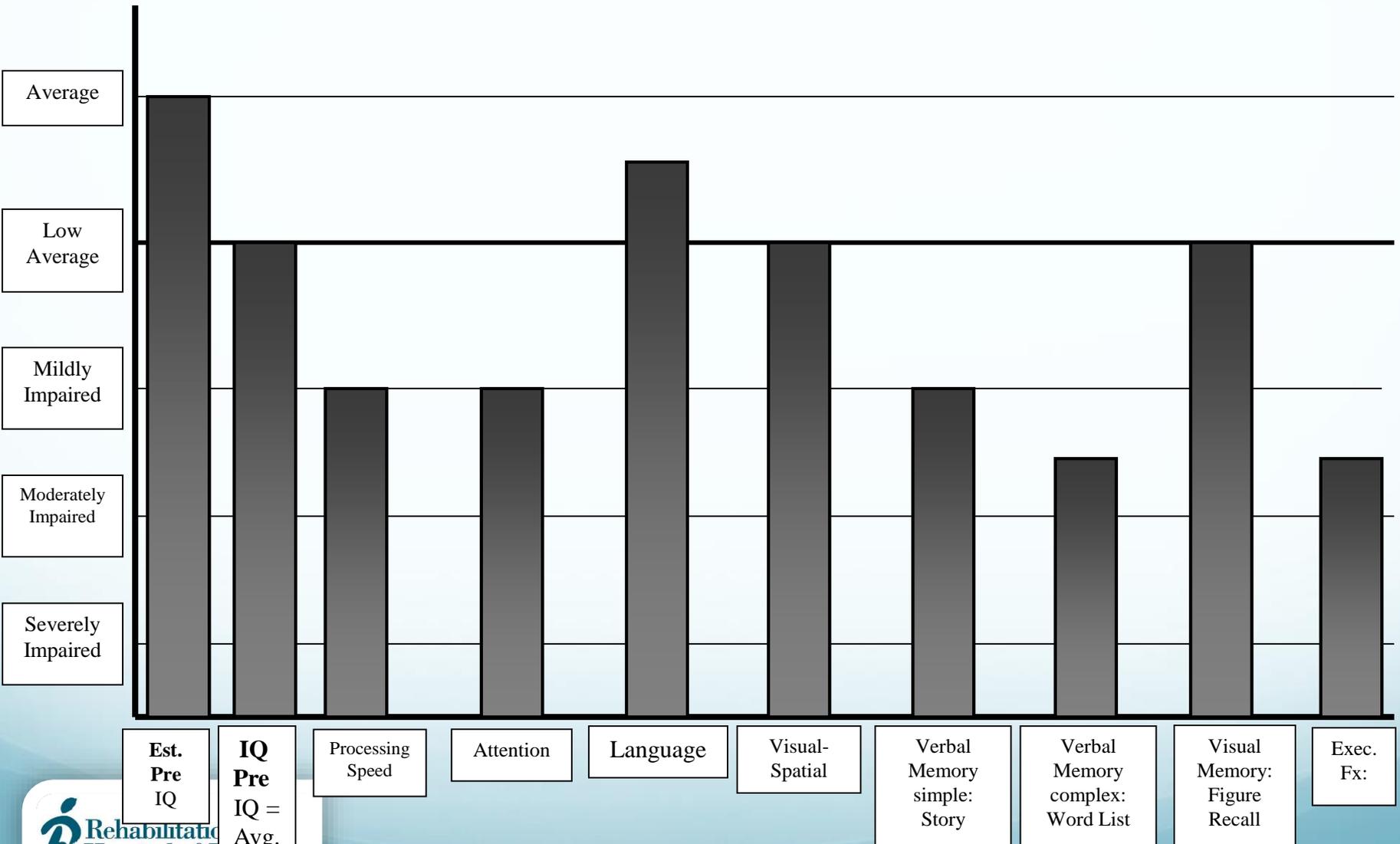
- Functional

- Independent for ADLs, cooking, and minor household chores
- Non-compliant with prescribed medications →
- Unable to drive; no valid DL

Medications

Zoloft
Meloxicam
Minipress
Naproxen
Keflex
Carbamazepine

Case Study

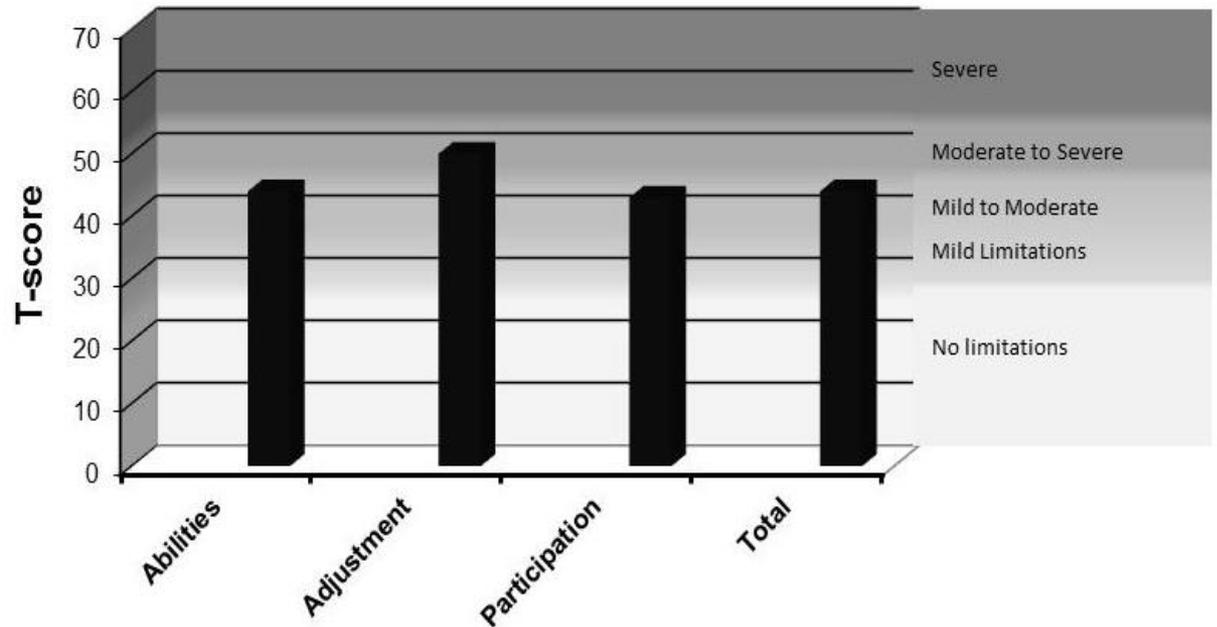


Case Study

- NVE Test Results continued...
- **Psychosocial Functioning**
 - Depression = mild level; no SI
 - Anxiety = mild level
 - Awareness = fair to poor
 - Judgment = poor
 - Alcohol and marijuana history with current “occasional” use
 - Perceived social support = “fair”

MPAI

- Functional Capacity
 - Moderate difficulties (score of 3):
 - Pain & daily headaches
 - Attention / Concentration / Verbal Memory
 - Family Stress
 - Social and leisure activity
 - Employment



Case Study

- NVE Test Results continued...
- Vocational Interests, Values, and Barriers
 - Perceived Vocational Barriers
 - Reduced job seeking knowledge
 - Difficulty with career planning
 - Vocational Interests
 - 1) Realistic Theme
 - 2) Conventional Theme
 - 3) Social Theme
 - Work Preferences and Values
 - Enjoys working with children
 - Wants to work in an area that is well-lit and temperature controlled
 - Prefers daytime hours with a consistent schedule

Breakout Session 12:30-2:00pm

- Multiple types of providers in each group
- Group Tasks:
 - 1) List the vocational strengths that exist in this case
 - 2) How can these strengths be used to help client meet his goals
 - 3) List the specific challenges this case presents for vocational rehabilitation
 - 4) Describe how these challenges may affect service delivery
 - 5) How do you (multiple providers) work together to address the challenges?
 - 6) What specific strategies and resources may you utilize?
- Breakout group presentations and discussion 2:30-3:30pm

Recommendations

- **1) Vocational Strengths**
 - Grossly intact (low average) language, visuospatial and visual memory skills
 - HIP insurance
 - Some social support from his mother

Recommendations

- 2) How these strengths can be used to help client meet his goals
 - Grossly intact (low average) language, visuospatial and visual memory skills
 - Hands-on learning methods and visual cues/aids will be most helpful
 - HIP insurance
 - Will help him access medical / rehab therapies
 - Some social support from his mother
 - Talk with mom (with client's consent) about reinforcing and generalization of strategies to the community

Recommendations

- **3) Challenges and Potential Vocational Barriers**

- Pain, HAs, Seizures – non-compliant with medications
- Cognitive impairments
 - Processing speed, attention, verbal memory, executive fx
- Mild to moderate mood issues
- Current alcohol and marijuana use
- Diminished awareness and judgment
- No driver's license; history of DUIs
- Owes child support
- No work since injury; reduced vocational skills

Recommendations

- **4) How these challenges may affect service delivery:**
 - Pain, HAs, Seizures – non-compliant with medications
 - Unable to work a regular schedule due to these being uncontrolled and unpredictable
 - Cognitive impairments
 - Processing speed, attention, verbal memory, executive fx
 - Client will likely be slower to learn new information, more likely to become distracted in a busy environment, difficulty with remembering verbal instructions, inability to find solutions to novel problems
 - Mild to moderate mood issues
 - Depression may lead to missed work days, reduced initiation, decreased frustration tolerance → possible conflict with coworkers

Recommendations

- **4) How these challenges may affect service delivery:**
 - Current alcohol and marijuana use
 - Failed drug test; intoxication at a job interview
 - Diminished awareness and judgment
 - Does not understand the need to be compliant with recs
 - No driver's license; history of DUIs
 - Limited transportation to appointments / jobs
 - Owes child support
 - Financial strain and possible legal ramifications
 - No work since injury; reduced vocational skills
 - Prospective employer may wonder if able to actually work

Recommendations

- **5) Strategies and Resources:**
- The client should be urged to take these medications as prescribed.
- While the client continues to experience uncontrolled seizures, he likely should not operate around heavy machinery or in settings which require constant awareness like assembly lines with many moving parts.
- RF to education that continued medication non-compliance for his seizures may lead to further brain damage and possibly death.

Recommendations

- **5) Strategies and Resources:**
- Reach out to his MH case manager to see how his treatment has been going. Client should be encouraged to re-engage in weekly counseling for his mood issues.
- The client may require substance abuse treatment and this may be important for ultimately controlling his seizures, which may be exacerbated by his alcohol use.
- Once medically and psychologically stable, may consider brief, targeted cognitive rehabilitation for compensatory attention, verbal memory, and executive function
- Possible AT eval for cognition depending on job goal

Recommendations

- **5) Strategies and Resources:**
- ES/JC to assist with increasing vocational readiness skills
- RF/LSN to provide BI education to employer and other community service providers
- RF to aid client in learning to use the bus system, request bus passes for work-related activities

Questions & Discussion