

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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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

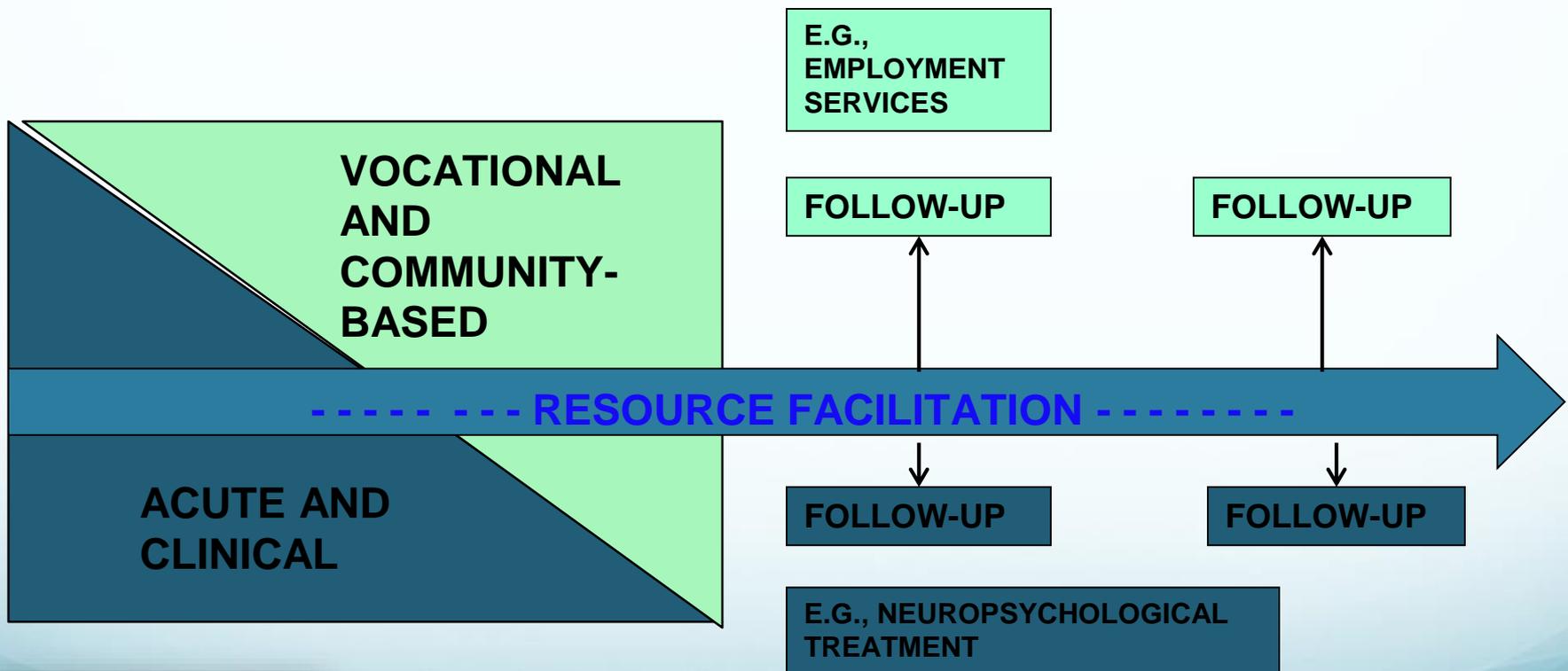
- The brain injury diagnosis changes the way services have to be provided
- “It takes a village” – different providers have to collaborate in brain injury to be successful
- Providers need to be knowledgeable about brain injury
- Resource Facilitation and the Regional Conferences address these needs

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

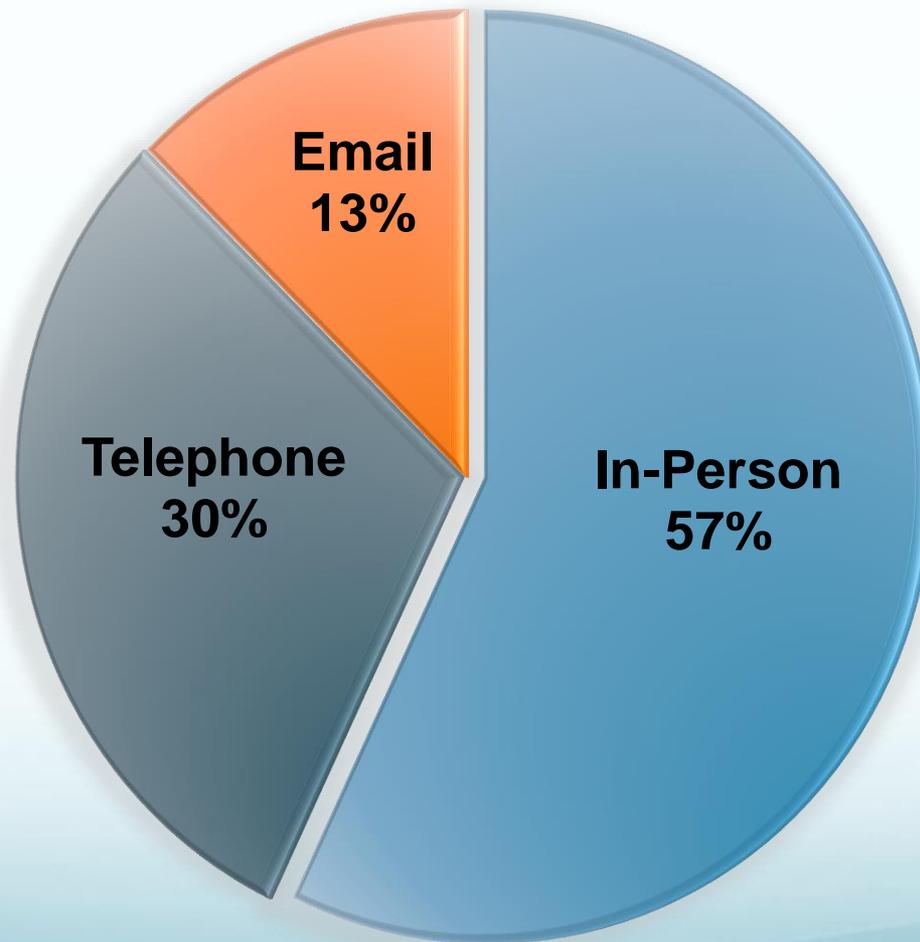
Resource Facilitation Initial Assessment

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

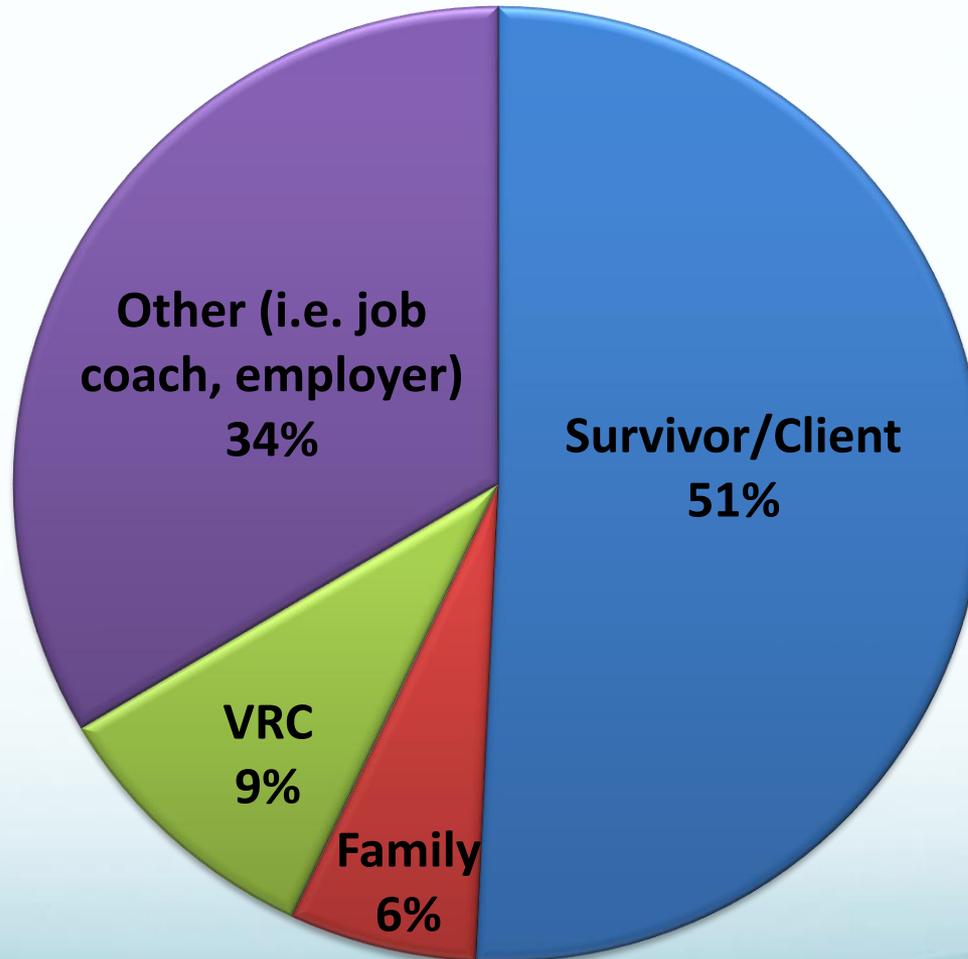
Resource Facilitation Services

- 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

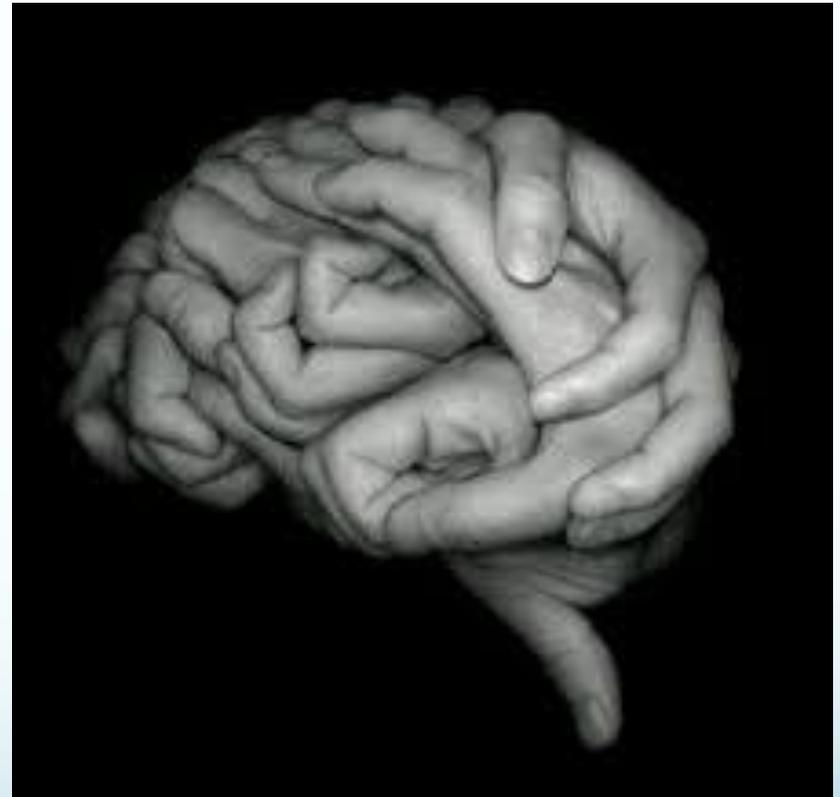


Vocational Placement

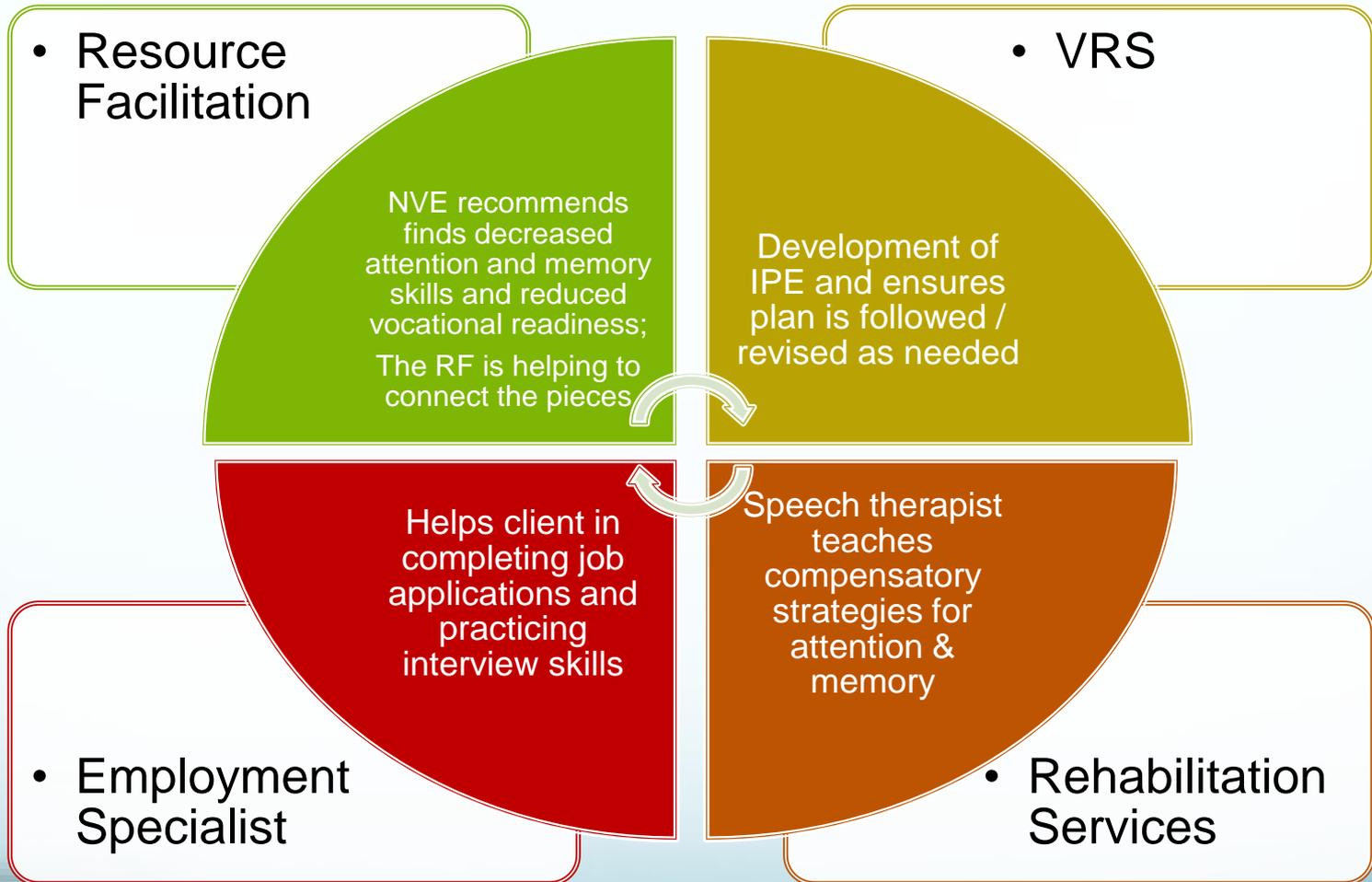
- Follow up LSN/RF services for 3 months post- employment or academic placement
- Employer/educator contact/consultation every 2 weeks
- Sustain/revise community supports and family stability
- Sustain cognitive or behavioral strategies to maintain work/school performance
- Collection of Quality Assurance/Program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

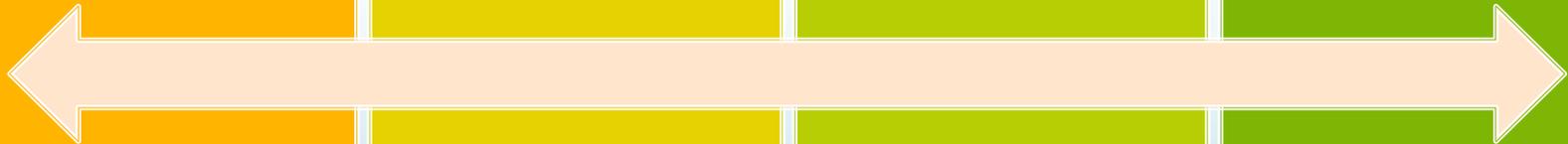


Vocational readiness training

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

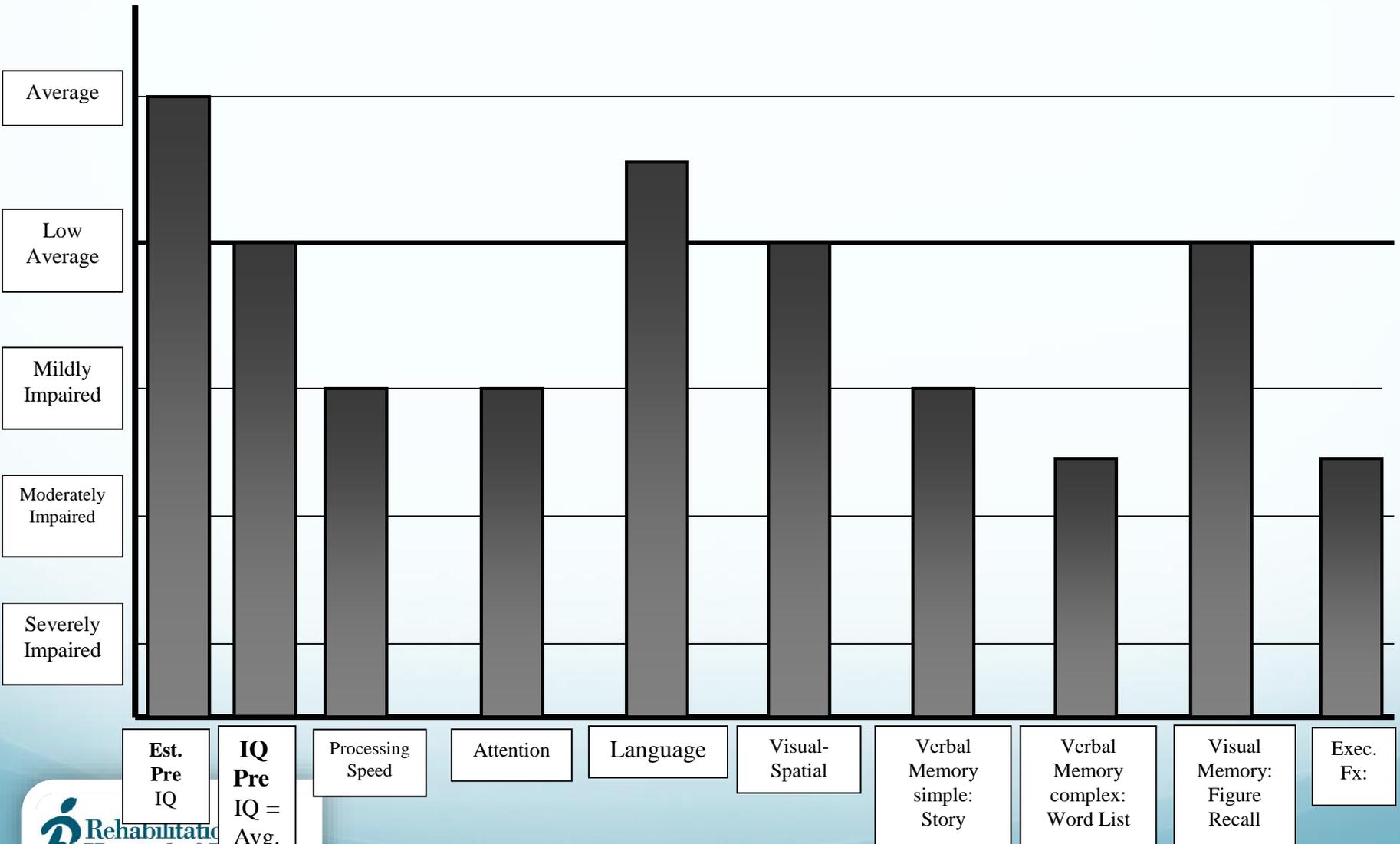
- Functional

- 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

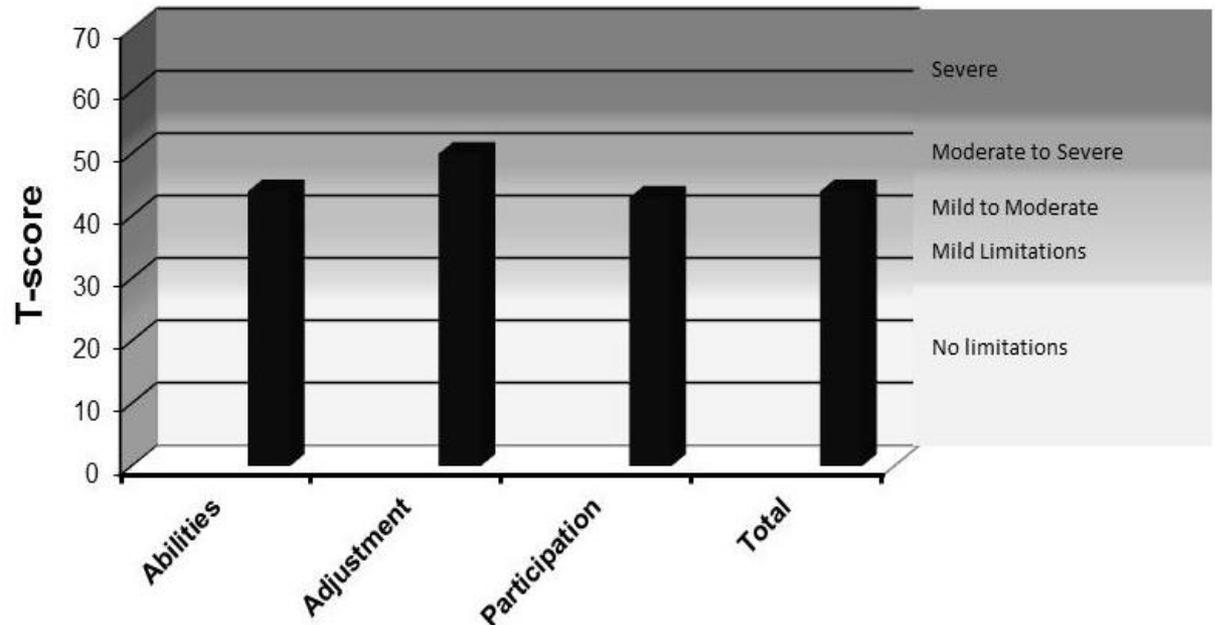


Case Study

- 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