Engage, Engage, Engage!
A Holistic Day Services Model for Individuals with Brain Injury

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Ellen Werner, MS, CAGS-ABA
Director of Enrichment Center

Financial Disclosures: Director of the Enrichment Center and full time employee of ServiceNet

Nonfinancial Disclosures: No relevant nonfinancial disclosures
Dr. Constance Carpenter-Bixler, PH.D.
Clinical Neuropsychologist

Financial Disclosures: Consultant with the Enrichment Center

Nonfinancial Disclosures: No relevant nonfinancial disclosures
Kathleen Pappas, PT, DPT
Physical Therapist

Financial Disclosures: Associate Professor at Springfield College in the Department of Physical Therapy and Consultant with the Enrichment Center

Nonfinancial Disclosures: No relevant nonfinancial disclosures
Mary Deyo, MA, CCC-SLP
Speech Language Pathologist

Financial Disclosures: Consultant with the Enrichment Center

Nonfinancial Disclosures: No relevant nonfinancial disclosures
The Enrichment Center

• Program Overview
  • Program Design
  • Importance of engagement

• Collaborative Process
  • Social
  • Cognitive
  • Physical
  • Cultural
Supportive Evidence and Literature

• What we know:
  • Interprofessional care is critical to meet societal needs
  • Triple Aim – The right care
  • Cost of care for persons with chronic brain injury is less in a community setting versus an institution.
  • Persons with chronic conditions show decline in function related to aging if they are not engaged at multiple levels: cognitive, physical, psychosocial
  • Engagement at multiple levels shows positive changes in neuroplasticity
Interprofessionality

“the process by which professionals reflect on and develop ways of practicing that provides an integrated and cohesive answer to the needs of the client/family/population... [I]t involves continuous interaction and knowledge sharing between professionals, organized to solve or explore a variety of education and care issues all while seeking to optimize the patient’s participation... Interprofessionality requires a paradigm shift, since interprofessional practice has unique characteristics in terms of values, codes of conduct, and ways of working. These characteristics must be elucidated”

Core Competencies for Interprofessional Collaborative Practice; Report of an Expert Panel; ©2011
Interprofessional Collaborative Practice
Competency Domains

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Triple Aim – Institute of Healthcare Improvement/Institute of Medicine

- Improving the patient experience of care (including quality and satisfaction);
- Improving the health of populations; and
- Reducing the per capita cost of health care.
Case Study 1
Case Study 1

- 22 year old female, 3 years s/p MVA
- Medical history is significant for traumatic brain injury, anoxic episode, ligamentous injury to neck, left frontal and temporal contusion and basal ganglia ischemia
- Prior to MVA, she was a college student working towards her nursing degree and an athlete/runner
- Following MVA, she has received the following medical and clinical care:
  - Initially a patient in acute care rehab
  - Next resided in a skilled nursing facility (approximately 1 year) and attended a day habilitation program
  - Currently residing with family and attending the Enrichment Center; she also receives outpatient Occupational Therapy
Case Study 1 – Goals

- **Personal Goal:** Client would like to take a college class for credit in the area of science and is considering earning a full degree
  - Take own notes while reading (critical to success with completing assignments based on reading, due to memory impairment)
  - Be more independent with mobility skills
  - Increase independence with self-feeding (socially important)
Long Term Goal: Take a college course for credit

Short Term Goal: Take own notes while reading (critical to success with completing assignments based on reading, due to memory impairment)

Plan: Try a variety of methods, compare pros and cons and determine what skills she has in regards to note taking, and what note taking supports she may need when taking a course for credit

Client is currently taking a not for credit class through Carnegie Mellon University’s Open Learning Initiative

http://oli.cmu.edu/learn-with-oli/see-our-free-open-courses/
Goal – Plan – Do – Review
Ylvisaker and Feeny (1998)

**Do:** Voice recognition software
**Review:** Voice too soft

**Do:** Have another person scribe for her
**Review:** Discussed concerns regarding getting full credit for her work and not wanting others to think the scribe may be “speaking for her”; this could be an option, but the person would have to be well trained in scribing

**Do:** Microsoft Snipping Tool
**Review:** Screenshots are saved as separate files; not a cohesive format for review afterwards

**Do:** Copy/paste relevant information into a Word Document
**Review:** Successful but slightly cumbersome; ability to highlight within copied text helpful

**Do:** Print pages and highlight with marker
**Review:** Too difficult to turn pages and use highlighter marker accurately
Case Study 2
Case Study 2

- 51 year old male; 3 ½ years s/p CVA
- Medical history is significant for coronary artery disease, residual left hemiparesis, diabetes insipidus, history of seizures, acquired brain injury marked by mild cognitive impairments
- Prior to CVA, he earned a BS in Computer Science from the University of Massachusetts and then worked at an accounting job for a major chain store. He was an avid runner, and reports that he ran daily.
- Following the CVA, he received the following medical and clinical care:
  - Initially a patient in acute care rehab
  - Next resided in a skilled nursing facility
  - Currently residing in a group residence supported by ServiceNet and attending the Enrichment Center
Case Study 2 Goals

• **Personal Goal**: Client would like to run, return to fishing
  • Consult regarding strategies for processing directions was conducted, followed by monthly treatment sessions from ST and follow up PT observation/consults
  • Improve quality and safety of walking, progress to higher level activities related to speed of walking and fishing (balance, monitoring of fatigue)
Cognitive Consult ➔ Physical Goals

- Personal goal is physical (to run)
- Mild cognitive impairment seemed to be causing plateau with PT
- Consult regarding strategies for processing directions was conducted, followed by monthly treatment sessions from ST and follow up PT observation/consults
- Goal – Plan – Do – Review (walkie talkie)
Cognitive Consult  Physical Goals

• Suggested PT shorten language and chunk directions (he reliably repeated 5 words in assessment, but gave the impression that he was comprehending much longer/more complex language, until asked to follow complex or abstract directions)
• Suggested he repeat directions after PT, and not start the exercise until PT said “go” (which was not done until he repeated the directions accurately)
• Asked them to joke less when he was completing an exercise – they are very close and have a great rapport
• Video feedback was effective in helping him gain additional insight
• PT and client reported better results in sessions
Cognitive Consult  Physical Goals

Sohlberg and Turkstra (2011)

• Client responded best during ST sessions when practicing in the context of PT exercises
• Discontinued repeating sentences and following unrelated novel directions tasks because they did not have face validity and he was not engaged
• Research suggests inability or unwillingness to engage in activities that do not have face validity is often due to cognitive impairments that disinhibit the person’s ability to delay gratification
• Observe PT and/or check in to be sure ST sessions incorporate current PT work
Case Study 3
Case Study 3

- 54 year old male
- Medical history is significant for TBI (1985) s/p left craniotomy with right side hemiparesis and seizure disorder
- Resided in a skilled nursing facility for approximately 20 years
- He has been living in a ServiceNet group residence and attending the Enrichment Center since December 2014
Case Study 3 - Goals

• **Personal Goal**: Client would like to feel comfortable and safe in a community that he identifies with.
  - Appropriate interactions within his environment
  - Develop the ability to express his wants and needs to assist in increased control of his environment
  - Engage in therapy sessions
Positive Everyday Routines
Ylvisaker and Feeny (1998)

• Positive Everyday Routines are provided:
  • in the context of activities that are meaningful in the person’s everyday life/routine
  • by people that are in the person’s life on a daily basis (such as peers, direct care staff, SLPA, clinicians/consultants, case managers, site supervisor and program director)
• No explicit instruction
• Patiently practice skills and behaviors to the point of habituation
• Errorless learning strategy
• Communication examples (case 3): chocolate milk, coffee and conversation
Case Study 4
Case Study 4

• 56 year old male; 5 years s/p MCA stroke
• Medical history is significant for diabetes, thyroid disease and history of seizures
• Graduated from high school then served 4 years in the Navy. Afterwards, completed one year of community college, studying music therapy. He worked as a bus driver for many years prior to his stroke. He has 7 children, is a very active member of his church and is a musician. He played in a band for years.
• Following the CVA, he received the following medical and clinical care:
  • Initially a patient in acute care rehab
  • Next resided in a skilled nursing facility (2 years)
  • Currently residing in a group residence supported by ServiceNet and attending the Enrichment Center
Case Study 4 - Goals

• **Personal Goal**: Client would like to take music lessons to improve his skills playing instruments with a hemiparesis.
  - Investigate resources available to achieve this goal
  - Improve ability to stand and transfer, improve walking quality, improve overall endurance
Clinical areas targeted in this project:

- Research/initiation
- Problem solving
- Negotiation
- Scheduling
- Planning
- Social communication
- Building community ties
- Quality of life
Andy Anderson, Music and Human Service Instructor from Berkshire Hills Music Academy, provides a private lesson for relearning to play the guitar and piano with one hand.
Berkshire Hills Music Academy student and talented musician, Tori Ackley, now teaches a weekly interactive music class at the Enrichment Center.
Wrap Up and Questions
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