HO 7.1

Workshop Outcomes

At the end of this session, participants should be able to:

- identify ways in which to ensure a comprehensive case history is taken
- discuss key aspects of the tri-level approach to case management
- define the role of the case manager
- identify key issues related to setting goals
- recognise the impact of compensation on service provision
- locate community resources

HO 7.2

Taking a case history

1. Period of unconsciousness/post-traumatic amnesia (PTA)
2. Date and type of accident
3. Rehabilitation history
4. Types of impairments
   - physical
   - cognitive
   - personality
   - communication
5. Level of functioning
   - self-care
   - living skills
   - work/avocational
   - behavioural problems (eg. aggression, sexuality, disinhibition)
6. Functioning before the injury
7. Current social situation (accommodation, finance, social supports, current support)
8. Compensation status
9. Other agencies involved

HO 7.3

Information to assess needs

Agency reports

(obtain copies from family, hospitals, legal representatives)

- *Discharge summaries* can be obtained from acute hospitals or rehabilitation services, Commonwealth Rehabilitation Service, private rehabilitation providers.
- *Neuropsychological reports* – done by neuropsychologists or clinical psychologists. Usually focus on changes to cognitive function. Some assessments include I.Q. score, usually not very helpful.
- *Rehabilitation/medical reports* – done by rehabilitation specialists, physiotherapists, speech pathologists, social workers, rehabilitation counsellors.
- *Other therapist reports* – include occupational therapy, physiotherapy, speech pathology, social work and rehabilitation counsellor reports.

Self report

- *Pre-morbid functioning vs. current status*
  It is important to get an idea of a person's ability before the injury and compare that with current functioning. Otherwise you can make any number of erroneous conclusions about the impact of the TBI.
- *Verbal vs functional ability*
  Some people are verbally articulate, but still have significant problems at a practical level that may be identified in an interview.
- *Difficulties with insight*
  Some people have reduced awareness about their needs, and may not fully understand the level of support being provided by key people in their lives.

Family report

- *Impact on the family*
  Families are often a key support for people with TBI. Information from families can provide valuable additional information in making an assessment.
- *Under reaction vs over-reaction*
  Family members sometimes minimise or over-emphasise the disabilities of their relative.

Others

- Other people may have valuable additional information. This may include agency/staff/friends/employers, etc. The more sources of information, the better the quality of the assessment.

HO 7.4

Questions to assess cognitive status

Asking these questions can be useful to get a sense of the client's cognitive status.

Please note: any of these characteristics could exist due to other reasons. This is purely a guide and in no way a diagnostic tool or indicator of brain injury. However if the person has sustained a brain injury, these are common difficulties they may experience.

1. Does he/she have problems with day-to-day memory?
2. Does he/she have problems with attention/concentration (eg. while reading a book, watching TV or watching a movie)?
3. Does s/he make a mess of simple tasks they could complete before injury?
4. Does s/he get easily confused when things are explained?
5. Does s/he get stuck on a point and become unable to think or talk about anything else?
6. Does she/he find it hard to change their opinions or their routine, and become easily upset by small changes?
7. Does s/he generate unrealistic plans?
8. Does s/he act before they think?

HO 7.5

Case manager's issues checklist

History of accident and recovery

- date of accident
- period of unconsciousness/post traumatic amnesia
- type of accident
- rehabilitation history

Rehabilitation

- rehabilitation reports
- rehabilitation goals
- rehabilitation contact

Pre-morbid status

- pattern of behaviour
- education/employment
- social background
- medical issues

Status post-injury

- activities and daily living skills
- communication/language difficulties
- cognitive impairments
- personality/behaviour problems
- emotional states (depression, anxiety, anger)
- adjustment difficulties
- awareness of disability
- sexuality issues
- relationship issues
- medical issues (brain-injury related and non-brain-injury related)
- medication
- substance use or abuse
- psychiatric status

Client's needs and goals

- identify and establish

Family and significant other assessment

- impact on the family
- relationship issues
- behavioural issues
- adjustment to disability issues, including undertsanding of disability

Issues

- recreation/leisure
- work/education
- accommodation
- respite care
- finances
- legal
- compensation
- other agencies

HO 7.6

Individual program plan

1. **Physical/mobility/transport**
   - Physical abilities, driving ability, public and alternative transport
2. **Relationships**
   - Maintenance of existing relationships, sexuality
3. **Accommodation**
   - Includes respite
4. **Autonomy**
   - Goals regarding decision-making
5. **Communication**
   - Speech, non-English-speaking background, phone, reading, writing
6. **Living skills**
   - personal care – showering/shaving/grooming/dressing/eating/hair and nail care
   - health – health and medication/substance use/abuse issues
   - food preparation
   - household chores – washing dishes/vacuuming/bedmaking/washing and ironing
   - money management – budgeting
   - time management – organising and keeping appointments
7. **Social and personal skills**
8. **Recreation and leisure**
9. **Vocational**
   - education and training

HO 7.7a

Taxonomy of goals

DOMAIN	CATEGORY	DESCRIPTORS	
Me and My Body	Physical	Physical Rehabilitation Mobility Pain Management Pressure Care Prosthetics/Orthoses Tiredness/Fatigue	Exercise/Fitness Swallowing Drinking Breathing Vision/Hearing
	Personal Care	Diet/Nutrition Sleep Medication	Hygiene Self-care
	Sexual Health	Sexuality Contraception	Family Planning Sex Education
Looking After Myself	Domestic Skills	Gardening Cleaning	Cooking Home Maintenance
	Equipment/Aids	Modifications Appliances	Rehabilitation Equipment
Addressing Psychosocial Issues	Communication	Verbal Communication Non-verbal Communication	Literacy Speech Therapy
	Cognitive	Memory Problem-solving	Information Processing Language
	Emotional/Psychological	Anger Aggression Frustration Motivation Coping Grief/Loss Self-Esteem	Manage Stress Relaxation Lifestyle Adjustment Role Changes Counselling Behaviour Management
	Personal Effectiveness	Time-Management Goal Setting	Decision Making and Planning Organisational Skills
	Recreation/Leisure	Hobbies Interests	Holidays Art/Music
	Vocational	Paid Employment Voluntary Work Apprenticeships	Work Experience Community Service Child Care

 HO 7.7b

Taxonomy of goals (continued)

DOMAIN	CATEGORY	DESCRIPTORS	
Addressing Psychosocial Issues *(continued)*	Education/Training	Academic	Courses
	Community Skills	Budgeting Shopping Accommodation	Transport/Travel/Driving Environmental/Physical Access
Relating To Others	Partner	Intimate Relationships Relationship with Partner	Support for Partner
	Family	Relationships with Parents Relationships with Siblings Relationships with Children	Relationships with Relatives Support for Parents/ Siblings/Relatives
	Friends	Friendships	Support for Friends
	Carers	Relationships with Carers	Support for Carers
	Others	Acquaintances	Others
Services and Information	Disability Related Information and Services	Respite Home Help Nursing Supported Accommodation Nursing Home Interpreter/Language Services Community Services	Service Provider Information Liaising Advocacy Health Professionals Needs Assessment Referrals
	Financial/Legal	Compensation Benefits Superannuation	Insurance Disability Allowance Funding
	Disability Specific Information	ABI Information Effects of ABI	Information about other disabilities

Reference:

Kuipers P, Foster M, Carlson G, et al. (2003) *Classifying client goals in tertiary ABI rehabilitation: A taxonomy for profiling service delivery and conceptualizing outcomes, Disability and Rehabilitation*, 25(3), 154-162

HO 7.8

What can insurance payouts finance?

1. **Equipment**
   - hoist
   - bed
   - wheelchair
   - household appliances
   - tilt table
   - computers
2. **Transport**
   - payment of taxi fares
   - purchase of vehicle
3. **Respite/holidays**
4. **Attendant carer**
   - for client to be able to attend day program
   - to enable client to do activities such as going on an outing or shopping
   - number of carer hours is dependent on the client's needs and recommendation by rehabilitation team
   - support at home
5. **Home modification**
6. **Private therapy**
   - physiotherapy
   - counselling
   - speech therapy
   - occupational therapy
   - assessments

Note: These are suggestions only. Be creative with your ideas. Please add more ideas from the group discussion here:

HO 7.9

Accessing generic services

Be honest!

Be accurate in providing information about the client's needs and disabilities, particularly with difficult behaviours

Case-by-case basis – don't overload

Many agencies find providing service to a person with a TBI resource-intensive and stressful. Refer to agencies on a case-by-case basis. Some agencies can deal with one or two people with a TBI but not more. If an agency is overloaded, it may end up rejecting all people with TBI.

Education – key workers or inservice for agency

Ensure that key staff , or all staff if appropriate, receive adequate education and training to provide services. This may be general education about brain injury, or specific training on the management of a particular client.

Provide staffing

Some agencies will accept referrals if they come with their own staffing. This can often be arranged through employment of carers if a person is compensible, or through the use of respite workers or volunteers if there is no compensation.

Recruitment of specific staff

Sometimes the recruitment of specific staff can help. For example a home support service providing showering to a sexually disinhibited male found that the employment of a male personal carer for the task was a simpler strategy than training a female carer in behaviour management.

Agency support

Be pro-active in providing agency support. For example, demonstrate behavioural guidelines, encourage people to contact you if problems arise, or better still, take the initiative in contacting the agency to check on how things are going. Sometimes people make contact only when there has been a crisis – too late to solve problems that have arisen.

Provide respite

Not only families require respite. Agencies and staff need respite from clients as well. Providing agencies with breaks is another pro-active way of maximising the chance of a client being able to continue accessing a service over the longer term.