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
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
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.
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 (e.g., 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 s/he generate unrealistic plans?
7. Does s/he act before they think?
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 understanding of disability

Issues
- recreation/leisure
- work/education
- accommodation
- respite care
- finances
- legal
- compensation
- other agencies
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
## Taxonomy of goals

<table>
<thead>
<tr>
<th>DOMAIN</th>
<th>CATEGORY</th>
<th>DESCRIPTORS</th>
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<tbody>
<tr>
<td><strong>Me and My Body</strong></td>
<td>Physical</td>
<td>Physical Rehabilitation</td>
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<td>Mobility</td>
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<td>Pain Management</td>
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<td>Pressure Care</td>
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<td>Prosthetics/Orthoses</td>
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<td>Tiredness/Fatigue</td>
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<td><strong>Personal Care</strong></td>
<td>Diet/Nutrition</td>
<td>Health</td>
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<td>Sleep</td>
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<td>Medication</td>
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<td><strong>Sexual Health</strong></td>
<td>Sexuality</td>
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<td></td>
<td>Contraception</td>
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<td><strong>Looking After Myself</strong></td>
<td>Domestic Skills</td>
<td>Gardening, Cleaning</td>
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<td></td>
<td>Equipment/Aids</td>
<td>Modifications, Appliances</td>
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<td><strong>Addressing Psychosocial Issues</strong></td>
<td>Communication</td>
<td>Verbal Communication, Non-verbal Communication</td>
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<td><strong>Cognitive</strong></td>
<td>Memory</td>
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<td>Problem-solving</td>
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<td><strong>Emotional/Psychological</strong></td>
<td>Anger</td>
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<td>Aggression</td>
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<td>Frustration</td>
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<td>Motivation</td>
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<td>Coping</td>
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<td>Grief/Loss</td>
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<td>Self-Esteem</td>
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<td><strong>Personal Effectiveness</strong></td>
<td>Time-Management</td>
<td>Goal Setting, Decision Making and Planning, Organisational Skills</td>
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<tr>
<td><strong>Recreation/Leisure</strong></td>
<td>Hobbies</td>
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<td>Interests</td>
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<td><strong>Vocational</strong></td>
<td>Paid Employment</td>
<td>Work Experience, Community Service, Child Care</td>
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<td>Voluntary Work</td>
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<td>Apprenticeships</td>
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### Taxonomy of goals (continued)

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<th>DOMAIN</th>
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<td><strong>Addressing Psychosocial Issues (continued)</strong></td>
<td>Education/Training</td>
<td>Academic Courses</td>
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<td>Community Skills</td>
<td>Budgeting</td>
<td>Transport/Travel/Driving</td>
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<td>Shopping</td>
<td>Environmental/Physical Access</td>
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<td>Accommodation</td>
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<td><strong>Relating To Others</strong></td>
<td>Partner</td>
<td>Intimate Relationships</td>
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<td>Relationship with Partner</td>
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<td>Family</td>
<td>Relationships with Parents</td>
<td>Relationships with Relatives</td>
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<td>Relationships with Siblings</td>
<td>Support for Parents/ Siblings/Relatives</td>
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<td>Relationships with Children</td>
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<td>Friends</td>
<td>Friendships</td>
<td>Support for Friends</td>
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<td>Carers</td>
<td>Relationships with Carers</td>
<td>Support for Carers</td>
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<td>Others</td>
<td>Acquaintances</td>
<td>Others</td>
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<td><strong>Services and Information</strong></td>
<td>Disability Related Information and Services</td>
<td>Respite</td>
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<td>Home Help</td>
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<td>Nursing</td>
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<td>Supported Accommodation</td>
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<td>Nursing Home</td>
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<td>Interpreter/Language Services</td>
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<td>Community Services</td>
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<td>Financial/Legal</td>
<td>Compensation</td>
<td>Insurance</td>
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<td>Benefits</td>
<td>Disability Allowance</td>
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<td>Superannuation</td>
<td>Funding</td>
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<td><strong>Disability Specific Information</strong></td>
<td>ABI Information</td>
<td>Information about</td>
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<td>Effects of ABI</td>
<td>other disabilities</td>
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**Reference:**
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:
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 compensable, 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.