



**Acquired
Brain Injury
Network**

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Conference Presentation Abstract ~ Podium Presentation

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Title:

Providing Services to ABI Clients in the Community: Two Different Models

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Summary:

Design: Repeated measures face-to-face instrument administration at baseline, 1 year, and 2 years.

Setting: Private homes in 2 small Ontario cities and surrounding rural areas.

Participants: Adults with ABI and a designated family member.

Intervention: In one city, a specialized multidisciplinary team provides rehab services directly to a shared caseload of 30-40 clients (ABI Team). In the second city, individual nurse case managers each allocates contracted services to their general caseloads of 110-120 clients, including those with ABI, according to their support needs (Generic Service).

Outcome Measures: Productivity Status, Mayo-Portland Adaptability Index, Disability Rating Scale, SF-36v2, Community Integration Questionnaire, Community Integration Measure, Burden Assessment Scale, Goal Attainment Scaling, and Family and Client Satisfaction with Services.

Results: One-year follow-up data (N=42) indicate that both groups improved their community integration and showed expected improvement toward individual goal achievement. The ABI Team clients showed improvement in health status and were more satisfied with the provided services over 1 year when compared to the Generic Service clients. Generic Service clients showed a decrease in functioning and health status over 1 year when compared to ABI Team clients. Two-year follow-up data (N=30) are consistent with the 1-year data.

Conclusions: It appears that specialized multidisciplinary teams are effective for meeting rehabilitation goals for ABI clients living in the community. Generic services are able to maintain clients in the community but they may experience some decline in functioning and health status. Relevant aspects of the two service models and the outcomes for each will be discussed.

Outcomes/Objectives:

To provide the audience with a better understanding of the advantages and disadvantages of two distinct ABI community-based service delivery models currently existing in two Ontario CCACs