

An ABI Rehabilitation Service Delivery Model – Integrating Traditional and Contemporary Approaches

Hamilton Health Sciences
Chedoke Acquired Brain Injury Program

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Agenda

- Description of Model
- What is a Rehabilitation Therapist?
- Why this Model?
- History of the Model
- Challenges & Changes
- Questions



Description of Model

- Ages 16 to 65
- From Ontario
- The 3 inpatient units utilize the model of service delivery being discussed in some form. They include:
 - STR – Slow to Recover
 - CRU – Community Reintegration Unit
 - CBR – Centre for Behavioural Rehabilitation
- Focus on CRU – 8 regional and provincial clients



Description of Model cont'd...

- Revolves around goals of the individual and his/her family
- Transdisciplinary team
- The ABI team consists of:
 - rehabilitation therapists
 - health care disciplines (OT, PT, SLP, SW, TR, BT, RN, RPN, RD, RDA)
 - clinical coordinator
 - community intervention coordinators
 - clinical specialists and enablers (clinical psychology, neuropsychology, psychiatry, nursing, education and research)



Service Delivery Model



What is a Rehabilitation Therapist (RT)?

A paraprofessional (unregulated) working in conjunction with, and under the supervision of, regulated health professionals, to deliver rehabilitation programs to individuals with acquired brain injury



RT continued...

- **SYNONYMOUS JOB TITLES:**
 - Rehabilitation Therapist, Paraprofessional, Residential Staff/Counsellors, Support/Supportive Personnel, Life Skills Teacher
- **EDUCATION/EXPERIENCE:**
 - Bachelor's degree or community college diploma
 - Experience in ABI, rehabilitation and/or behaviour management
- **IN-HOUSE TRAINING:**
 - Certification in Non Violent Crisis Intervention (CPI)
 - RT Training Program (consisting of In-Class Training & hands-on 'Shadow Shifts')



RT continued...

- **JOB DESCRIPTION/RESPONSIBILITIES**
 - read and implement scripts
 - understand and explain rationale of program design for the specific client
 - collect data pertaining to client progress
 - participate in crisis management and emergency situations
 - chart pertinent information in client's medical chart
- **SUPERVISION**
 - supervised by clinical coordinators, behaviour therapists and regulated health professionals (e.g., Neuropsych., OT, PT, SLP, SW, T. Rec.)



Why use this model?

"...it is important to recognize that it is often easier for clients to understand the impact of their injury when they experience problems in their day-to-day living ... The skilled residential staff, with direction and support from the clinical team, can help the client connect the relevance of the clinical focus with real life experiences ..." (Durgin et al, 1993)



Why use this model?

- Transdisciplinary team approach
- Practice and repetition
 - increased opportunities for functional integration

"Often the greatest accomplishments take place in areas such as improving social skills and community mobility, making productive use of free time, tolerating help from others when needed, and restoring a sense of self that allows clients to move forward with their lives" (Durgin, 1993)



Why this model continued...

- 24 hour feedback and data collection
- Observations in various functional settings

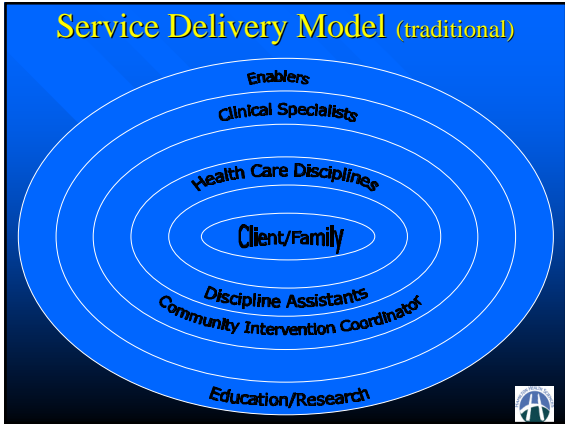
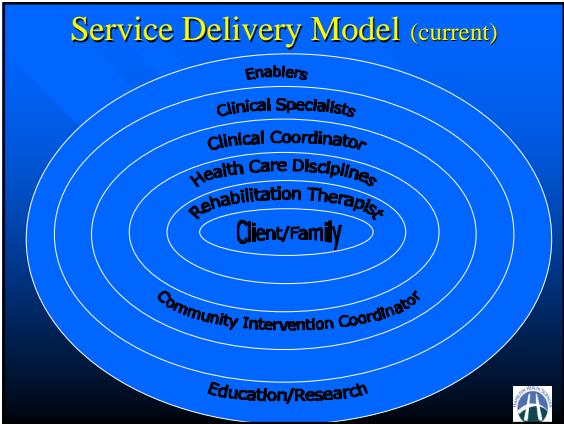
"... help the client connect the relevance of the clinical focus and real-life experience..." (Durgin, 1993)
- Therapeutic relationships with client and families



History of the Model

- CBR adopted RT model >10 years ago
- Needs of CBR clients
- The RT model facilitates consistent, integrated approach
- At this time, the CRU and STR adopted more traditional model
- Integrated approach recognized as the optimal approach for all ABI survivors and not just those with significant behaviours
- The traditional model had gaps





Challenges & Changes

<u>Challenge</u>	<u>Change</u>
At first, the model was intended to be implemented similar to the model at CBR.	Over time, we have come to achieve a balance driven by scope of practice.

<u>Challenge</u>	<u>Change</u>
Communication - therapy plans - tasks to be implemented - data collection - training requirements	Scripts Program binders White board Clipboards

<u>Challenge</u>	<u>Change</u>
Adequate training/preparation of new RTs in the absence of formal education.	Initial training period which continues to evolve.

Challenge

- RT job satisfaction
- challenging clients
- same client
- Jack-of-all-trades
- more autonomy to make decisions
- familiarity with many client programs

Change

- active participation in planning parts of client program, in clinical conference rounds, and in family meetings
- scheduling to allow for other RT staff to provide relief as needed
- comprehensive client program binders as a resource for client familiarization



“Creative, innovative and humane approaches to integrating cognitive rehabilitation and behavioural modification into traditional and nontraditional therapies, independent living skills ... remain the issues of the day” (Becker et al, 1993)



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We encourage any questions or comments at this time and invite you to become more familiar with the Chedoke Acquired Brain Injury Program by speaking with us after this presentation!

Thank you

