From 24/7 To Community Independence: Protection, Reorientation, Choice, Risk And Independence

Carl R. Lokko, BA (Hon), MSW, RSW

Natalie Woods, BA (Hon), BST

Mikelle Bryson-Campbell, BA, BSc. (Hon)., MA

Presentation Goals

- To discuss decision points in community reintegration of individuals living with ABI
- To advance the notion of value re-orientation when transitioning clients to community independence
- To discuss practical approaches to transitioning clients to more independent living in the community

What do you need to live independently in the community?

Good Question!

Are They Tied To Expectations?

- Function at pre-morbid level or as close as possible, given residual or permanent losses
- Maximize level of independence
- Maximize quality of life
- Do well in overall rehab domains
- Do well with skills and behaviours within a domain
- Be able to love, work and play

DSM-IV Model of Adaptive Functioning

- Communication
- Community use
- Home living
- Health and safety
- Self-direction
- Leisure
- Self care
- Social
- Work
- Functional academics

The List From Staff

- Be free of maladaptive behaviours
- Complete emergency evacuation procedures
- Be pedestrian safe
- Minimize or eliminate suicide risk
- Be independent with medication
- Avoid scary areas of town
- Avoid dangerous people
- Be safe from the evil predators out there
- Cook without burning yourself and your house
- Have a support system in place

Do you really wanna know the answer?

The Participant's Answer

- I need a good roll of money in my account
- I need a friend, people around me
- I need my own place and my own life
- I need a driver's license and a car
- I need a job or something fun to do
- I need to get laid
- I don't need any bullshit from staff! Ever!

Mr. Nifty: Brief Clinical Profile

- Born in 1982
- Chronic and severe developmental disorders.
- Unremitting epileptic seizures.
- Brain surgery in 1998 to excise right temporal lobe epileptogenic tissues.
- Moderate mental retardation
- Multiple significant cognitive deficits.
- History of chronic and intractable explosive violence, property destruction, self mutilation and suicidal ideation.
- Numerous assaults on staff and vulnerable clients.

Mr. Nifty: Brief Clinical Profile

- Multiple failed community placements.
- Repeated hospitalizations.
- Police, courts, correctional and forensic psychiatric hospital involvement.
- Currently on probation for assault causing bodily harm.
- Long treatment history with wide range of high dosage, high potency psychotropic medications.
- Prognosis from two psychiatrists for community adaptive functioning and integration – pessimistic.

We Will Serve And Protect!

PSYCHOTROPIC MEDICATIONS	First Month After Admission November 15, 2002 – December 15, 2002	11 Months Later December 16, 2002- November 15, 2003	November 16, 2003 –October 15, 2004	October 16, 2004 – September 15, 2005
Haldol	15 mg/day	9 mg/day	4 mg/day	5 mg/day
Lorazepam	4 mg/day	0	0	0
Seroquel	0	350 mg/day	100 mg PRN	0
Zyprexa	0	0	0	10 mg BID PRN
Refusals	Frequent	0	0	0
TARGET BEHAVIOURS	**First Month After Admission November 15, 2002 – December 15, 2002**	**11 Months Later December 16, 2002- November 15, 2003**	**November 16, 2003 –October 15, 2004**	**October 16, 2004 – September 15, 2005**
Non Attendance	17	9	5	3
Physical Aggression Toward an Individual	14	0	3	2
Physical Aggression Toward an Object	14	0	0	2
Self Injurious Behaviour	14	0	1	0
Aggressive Communication/ Threats	26	8	3	2
Absconding	6	0	1	0

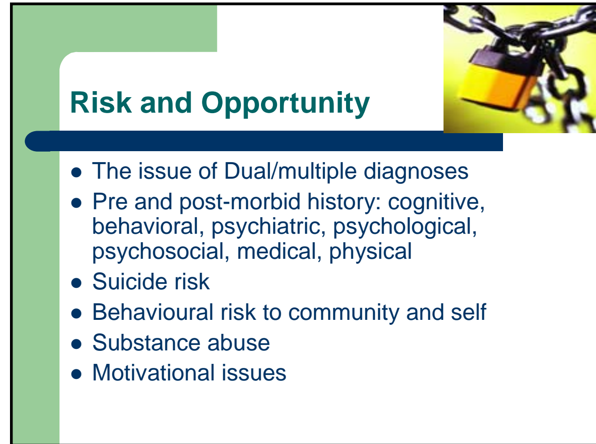
FUNCTIONAL OUTCOME CHART - Reduction and Stabilization of Target Behaviours & Psychotropic Medications Over Successive Rehabilitation Periods

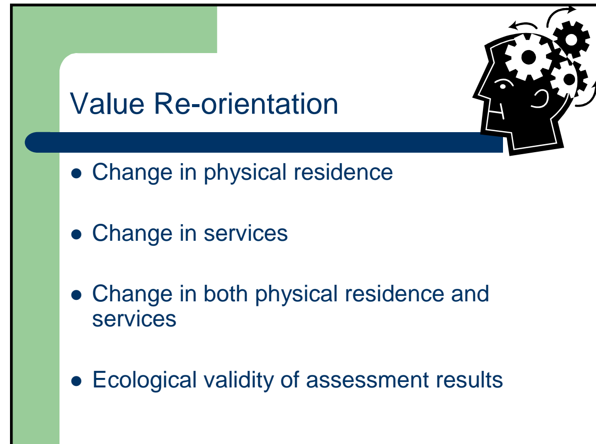
	November 15 to December 2002	January to April 2003	May to August 2003	January to April 2004	April to August 2004	August 2004 to January 2005	January to October 2005
Fire drills	Maximum Support	Moderate	Mild	Independent	Independent	Independent	Independent
Medications	Maximum Support	Moderate	Mild	Independent	Independent	Independent	Independent
Meal Planning	Maximum Support	Maximum	Mild	Minimal	Minimal	Minimal	Minimal
Grocery Shopping	Maximum Support	Moderate	Minimal	Minimal	Independent	Independent	Independent
Cooking	Maximum Support	Maximum	Mild	Independent	Independent	Independent	Independent
Laundry:	Moderate Support	Mild	Minimal	Minimal	Minimal	Minimal	Minimal
Money Management	Maximum Support	Maximum	Moderate	Moderate	Moderate	Refusing staff support-having some difficulties	Refusing staff support
Busing	Maximum Support	Maximum	Moderate	Minimal to Independent	Independent	Independent	Independent
Leisure/ Recreation	Maximum Support	Maximum to Moderate	Moderate to Mild	Minimal to Independent	Independent	Independent	Independent
Demonstrate Adaptive Behaviours and Free of Aggressive Behaviours	Maximum Support	Maximum	Maximum	Mild	Mild	Mild	Mild
Residential and Community Independence	Minimum of 2:1 staffing No independent time	2:1 staffing No independent time	1:1 staffing No independent time	Up to two hours weekly independent time in residence Up to 18 hours weekly independent time in community	Up to three hours weekly independent time in residence Up to 18 hours weekly independent time in community	Up to several hours weekly independent time in residence. Up to 18 hours weekly independent time in community.	Up to 14 hours weekly independent time in residence. Up to 18 hours weekly independent time in community.

INDEPENDENT ACHIEVEMENT CHART - Progress In Adaptive Functional Skills Over Seven Successive Periods of Rehabilitation

	Number Set	Number Achieved/Maintained	Discontinued
#1 ISP & Achievement Report **(12-02 - 04-03)**	21	21	0
#2 ISP & Achievement Report **(05-03 - 08-03)**	10	10	
#3 ISP & Achievement Report **(08-03 - 01-04)**	16	15	1
#4 ISP & Achievement Report **(01-04 -04 -04)**	10	8	2
#5 ISP & Achievement Report **(04-04 - 08-04)**	5	4	1
#6 ISP & Achievement Report **(09-04 - 01-05)**	5	4	1
#7 ISP & Achievement Report **(03-05 - 08-05)**	2	0	2
	Total # Achieved	**41**	

**GLOBAL GOAL ACHIEVEMENT CHART –
Number of Objectives Set, Achieved and Maintained Or Discontinued
Over Seven Consecutive Service Periods**





Value Re-orientation

- Need for meaningful community participation
- Opportunities for learning and personal growth
- Risk management, due diligence and accountability

Value Re-orientation

- Managing negative bias and premature judgments
- Dealing with nay Sayers
- Plan B if things do not work out

Practical Solutions

- Use support staff to help participant make sound judgments before taking action
- Develop a survival card to explain participant's needs and circumstances
- Follow specific strategies to avoid risks or temptations
- Establish clear cut agreements
- Use a buddy or mentor system

Practical Solutions

- Design check-in systems that can be initiated by participant or staff
- Support participation in positive social organizations and activities
- Promote the strengthening of alternate community supports e.g. partners in under-serviced communities

The Dale Services Road Map

- Transition plan and manager
- Involve the participant
- Specify the independence goal
- Address specific barriers and concerns
- Plan ecologically valid trials
- Include skill building and maintenance strategies
- Implement and evaluate
- Affirm and confirm
- Have a back up plan (Plan B)
- Let them go! Take the leap!

Conclusions

- Transitioning individuals with complex needs to more independent living requires deliberate and collaborative work with a range of stakeholders with multiple expertise
- Objective tracking of interventions and progress
- Ongoing clinical, individual and family consultation
- Re-examination of values regarding goals of community independence and integration
- A measure of calculated risk
- Support from the mother agency, systematic transfer to available local programs and supports
- Have a back up plan
- Don't quit!

Impossible Is Nothing !

Dale Brain Injury Services Inc. London, Ontario

Community-based ABI Service Provider

Residential Services
Outreach Services
Clubhouse Day Programs
Consulting & Training Services
Phone: 519-668-0023 ext. 313

carllokko@daleservices.on.ca
nataliew@daleservices.on.ca
mikellebc@daleservices.on.ca