Participation in a social and recreational day program increases community integration and reduces family burden for persons with acquired brain injury.
Why a Day Program?

- Reduce isolation
- Increase participation
- Learn social skills
- Reduce family burden
Getting Started

- Joint submission with COTA Health
- Funding from Toronto Central LHIN
- Joint planning and implementation with COTA Health
- Accept participants who exhibit challenging behaviours
Program Components

- Staffing
- Participants
- Physiatry consultation
Include participants with challenging behaviours
Case Examples

- **Case Study 1:**
  - Aggression
  - Inappropriate social skills

- **Case Study 2:**
  - Undeveloped social skills
  - Dependent and withdrawn
Day Program Activities
Day Program Activities
Day Program Outings
Day Program Workshops

- Effective Communication
- Passion Management
- Time Management
- Self-Esteem
- Building Relationships
- Healthy Living
- Safety and Awareness
- Skill Streaming (social skills)
Case Management

- Individualized plan
- Education about acquired brain injury
- Development, support and education for the support network
- Encouragement, emotional support
- Development of self-management strategies
- Referral to and help accessing community and primary healthcare services
Respite

- Attend day program
- Evening activities
- Overnight on unit
- Stay 1 - 10 days
Outcomes

Pre-post design

Measures completed by Day Program staff
- Community Integration Questionnaire
- Goal Attainment Scaling
- Burden Assessment Scale

Health care utilization
Sample description (N=46)

<table>
<thead>
<tr>
<th>Cause of Injury</th>
<th>Count</th>
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<tbody>
<tr>
<td>CVA</td>
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<tr>
<td>Blow/fall</td>
<td>12</td>
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<tr>
<td>MVC</td>
<td>7</td>
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<tr>
<td>Tumour/disease</td>
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<tr>
<td>Anoxia/overdose</td>
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<table>
<thead>
<tr>
<th></th>
<th>Average (yrs)</th>
<th>SD</th>
<th>Range</th>
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<tbody>
<tr>
<td>Age</td>
<td>44.33</td>
<td>11.75</td>
<td>23-67</td>
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<tr>
<td>Time since injury</td>
<td>8.59</td>
<td>10.48</td>
<td>0.33-37</td>
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(November 2012) West Park Healthcare Centre – Day Program
Community Integration

- **Community Integration Questionnaire**
  - Established reliability and validity
  - Developed for use with brain injury

- **Significant improvement after 6 months; \( p = .003 \)**

<table>
<thead>
<tr>
<th></th>
<th>Mean</th>
<th>N</th>
<th>Standard Deviation</th>
<th>Standard Error</th>
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<tbody>
<tr>
<td>Baseline</td>
<td>10.25</td>
<td>33</td>
<td>4.48</td>
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<td>6 months</td>
<td>12.07</td>
<td>33</td>
<td>5.13</td>
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Goal Attainment Scaling

• Standardized method for development and scoring (Kiresuk, Smith, & Cardillo, 1994)

• T-scores are constructed with a mean of 50

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<tbody>
<tr>
<td></td>
<td>Much less than expected</td>
<td>Somewhat less than expected</td>
<td>Expected</td>
<td>Somewhat more than expected</td>
<td>Much more than expected</td>
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</table>

Average 60.14
Burden and Satisfaction

- Burden Assessment Scale (Reinhard et al, 1994)
  - Non-significant decrease

- Satisfaction with Services Scale (locally-developed)
  - Maximum score is 28
  - Client (N=33): 22.97 (SD: 4.51)
  - Family (N=16): 25.50 (SD: 2.99)

- Health Care System Utilization
  - Most usage for scheduled follow up appointments after brain injury incident
  - No change with involvement in program
Benefits of Collaboration

- Synergy from mix of skills and experience of hospital and community organization
- Start-up planning and implementation
- Getting referrals
- Follow-up after discharge from program
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