



Dale Brain  
Injury Services  
*We build futures*

Dale Brain Injury Services

# Intensive Community Transitional Support Services

**November 2023**

*We build futures.*

1

## Outline

- Intensive Community Transitional Services (ICTS)
- Admission/Discharge Criteria
- Client Assessment
- Client Rehabilitation

*We build futures.*

2

## Intensive Community Transitional Services

- Support people to continue to live in their own homes and avoid the need for alternate living arrangements or placements such as long-term care homes or hospital.
- Services aim to set individuals up to be successful in their home through training, making linkages to other service providers and community resources and by providing education, support and training across the person's support network to strengthen and secure adequate supports that can be sustained on an ongoing basis.
- Short-term and intensive assessment, rehabilitation and recovery in the person's home.
- Skills training, respite, support with tasks of daily living, and capacity building with the client, family and their support system.

### Services Offered include:

- Needs Assessment & Skills Assessment
- Respite
- Personal Care Support
- Functional Independence Skills Training
- Support with prescribed therapies
- Education, Support and Training to family, caregivers and other service providers
- Increasing confidence and self-efficacy
- Emotional supports and counselling available where required
- Making connections and linkages to other service providers and community resources
- Service Coordination
- Positive Behavior Support and Management

*We build futures.*

3

## Admission/Discharge Criteria

### Eligibility Criteria

- Potential to improve through the rehabilitation process within 6 months and ability to remain in the home ongoing
- Have identified rehabilitation goals
- Initial service level requirement (minimum of 10 hours/week; maximum of 16 hours/daily)
- Safe without direct supervision for at least 30 minutes at a time (unless care partner is present)
- Family/caregiver commitment to participate where applicable
- Medical needs able to be supported by community nursing or delegated acts (DBIS specific)

### Discharge Criteria

- Achievement of rehabilitation goals as identified in the Individualized Service Plan
- 12 months in service (maximum length of stay in program)
- Low levels of participation (ongoing service planning and referrals arranged as needed)
- Repeated breach of service conditions as outlined in the Service Agreement
- Significant change in medical condition
- Unanticipated change in functional status where higher levels of support are required, exceeding available program staffing resources

*We build futures.*

4

## Assessment Phase

- Up to six weeks long, individualized, based on client needs and occurs in client's home and community.
- Focus is on strengths and abilities, areas in which growth/capacity and confidence building could occur.
- Assessment areas may include:
  - Problem solving, memory, community orientation, organization, information processing, self-awareness, initiation of tasks.
  - Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL): cooking, cleaning, grocery shopping, budgeting/money management, medication management, personal hygiene, laundry, health and safety, pedestrian safety, transportation, etc.
  - Interpersonal skills: positive social interactions.
  - Behavioral skills: initiation, motivation, coping skills.
  - Physical abilities: pain management, fatigue and physical mobility.
  - Psychosocial Skills: self-care, resilience, hope, self-efficacy, mental toughness, ability to mobilize internal resources and access supports from others.

*We build futures.*

5

## Rehabilitation Phase – Individual Growth Plan

- In the Rehabilitation stream, clients will develop, with the support of their Team, specific goals and objectives that will form the basis of the Individual Growth Plan (IGP).
- An IGP will outline the abilities that are necessary and sufficient for the client to learn and perform in order for them to live successfully in their home environment once they are discharged from DBIS services.
- All client goals are designed to develop and/or improve functional skills in the areas of DBIS' Clinical Framework: Wellness, Interpersonal Skills, and Meaningful Activities (WIM).

*We build futures.*

6

## DBIS' Clinical Framework

### Wellness, Interpersonal Skills, Meaningful Activity (WIM)

**W:** maintaining a state of physical, emotional and spiritual health by engaging in activities and performing tasks that are consistent with the individual's personal goals and values and with the recommendations of recognized authorities.

**I:** demonstrating the social skills required to interact effectively with others in the individual's residence, immediate environment and larger community. These skills include communication and conversational skills, exhibiting care and concern (empathy) toward others, seeking and maintaining friendships and deeper relationships and resolving conflicts.

**M:** refers to identifying and participating in activities that are personally meaningful to the individual and that are consistent with their goals and values. These activities can include leisure/recreation, educational, vocational and volunteering.

*We build futures.*

7

## Communication

- DBIS Community Teams work closely with SLP from the CSRT and CORP teams, using a train the trainer model, to implement recommended prescribed therapies.
- Using DBIS' WIM framework, the Client/Family and DBIS Team may recommend/choose goals that incorporate SLP therapies to improve interpersonal skills in day to day functional activities such as:
  - Engaging in positive social interactions (family, peers, strangers, caregivers)
  - Utilizing positive coping technique
  - Participating in social activities
  - Using conflict resolution skills
  - Problem solving in the area of interpersonal skills
  - Communicating needs
- Our teams are trained to develop an understanding of aphasia and how it affects communication and learn techniques to decrease language barriers and improve access to healthcare for individuals with aphasia.
- The DBIS Community Team uses supported conversation strategies such as
  - Using key word charts, schedules with pictures
  - Supporting learning how to use and implement communication apps (such a Proloquo2Go)
  - Using methods such as writing things on paper, whiteboards, or cellphone to communicate needs to others in the community
  - Completing recommended SLP exercises on computer and on paper (worksheets, aphasia apps (ex: Tactus Therapy), etc.)
  - Using Aphasia friendly kits that include adult pain scales, yes-no-boards, adult needs boards, and medical decision making boards

*We build futures.*

8

## Arm and Hand Exercise Programs

- DBIS Community Teams work closely with PT and OT from the CSRT and CORP teams, using a train the trainer model, to implement recommended prescribed therapies.
- Using DBIS' WIM framework, the Client/Family and DBIS Team may recommend/choose goals that incorporate PT prescribed therapies to improve mobility, strength, and endurance in day to day functional activities such as:
  - Support with safe implementation of prescribed therapies such as passive/active range of motion exercises for client's affected upper extremity
  - Adhering to safe practices while walking and standing
  - Walking and stair use
  - Using the bathroom
  - Entering and exiting the home safely
  - Using assistive devices as recommended
  - Use affected limb during daily activities

*We build futures.*

9

## Thinking/Concentration/Memory

- DBIS Community Teams consists of a clinical team comprised of a Behavior Therapist and consulting Psychologist who work closely to implement cognitive strategies.
- Using DBIS' WIM framework, the Client/Family and DBIS Team may recommend/choose goals to implement cognitive strategies that are useful and meaningful in day to day functional activities such as:
  - Problem solving
  - Using compensatory strategies to optimize cognitive functioning/mental health (relaxation techniques, fitness, light therapy, notebooks, smart devices/apps)

*We build futures.*

10

## Mental Health Support

- DBIS Community Teams partner with Community Mental Health Association when possible.
- DBIS Teams consult regularly with psychiatry and psychology.
- DBIS utilizes the WIM framework to offer a standardized goal area to improve and maintain wellness and meaningful activities. The client/family and DBIS team may recommend/choose objectives such as:
  - Monitoring own health and physical condition per identified area (medications, diet, exercise, sleep, pain, stress, anxiety)
  - Arranging for medical, dental and vision appointments when required
  - Developing and implementing a daily/weekly wellness plan for themselves (routine, schedule, organization, planning, time management)
  - DBIS offers a Group Services program where emphasis is placed on social interaction
  - DBIS implements a Rising Strong Framework

*We build futures.*

11

## Mental Health Support-Rising strong Framework



*We build futures.*

12

Questions

*We build futures.*