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Active Case Management and Discharge Planning Makes a Difference for Clients with Cognitive Deficits and Addictions

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Chemical Dependency and Disability

- Every client has a story, and for every client with a disability, the disability has a story as well.
- Goal: Help the client change her/his relationship with the disability.
- Look at how the problem ties in with or affects the client's life story.

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Disability Acquired at Birth or Early Childhood

- Disability since birth or early childhood (FAS, DD, birth trauma, or TBI), they have assimilated the limitation into their life and identity.
- May have been dependent on others for lots of reasons. Chemical use may have been managed/enabled by caregivers.

Adolescence

- An adolescent who suffers TBI typically misses a big chunk of a school year in acute care and rehab.
- Peers go off to work, college, military.
- Client must deal with the "loss of what might have been."
- Addiction, dependency, criminal behavior begins with predictable consequences.

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Adult Onset

- Cognitive deficits that begin in adulthood:
  - TBI, mental illness, memory loss or other dementia
  - Strokes, AV malformations, brain tumor
- AOD dependency might have contributed to the cause.
- Drug dependency may develop due to depression or pain related to injury.

Adult Onset Cont.

- Career, marriage, or parenting experience may have been impacted or destroyed.
- Challenge: Grieving the loss of "old normal" and moving on to "new normal."
- Crossed the line beyond which they are no longer able to live independently.
  - Civil commitment and waivered services

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Working with Clients

Typical clients have:

- Experienced multiple treatments
- Been hospitalized for TBI or MI
- Been in jail or prison
- Limited education
- Limited work experience or job skills

Multiple Treatments and Hospitalizations

- Lack of information is not the problem.
- What did they get from treatment that's been helpful?
- What's missing?
  - Stable housing
  - Position - paid or volunteer
  - Sense of purpose

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Mental Health Diagnoses

- Discuss what diagnosis means to client.
- Do they think diagnosis is accurate?
- One of "those people."
- An individual is not his/her diagnosis.
- Client describes in his/her own words negative impact of behaviors and/or symptoms.

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Mental Health Diagnoses Cont.

- MI diagnoses are based on behavior over time.
  - Difficult to get an accurate diagnosis during crisis.
- Diagnosis is a chance to look at problems that may have been around for a while.
- Realizing there may be ways of managing them without alcohol or other drugs.

Medications

- Combination of appropriate medication and psychotherapy provides the best results for people trying to manage mental illness.
- Easy to say, harder to do.
  - Take meds for a few days, then decide to stop.
  - Individual is done with medication until the next crisis.

Medications Cont.

- Help clients see that the meds do make a difference.
- Some meds take longer to be effective.
- Getting effective psych meds is a several step process that will take time.
- Follow-up appointments should be a regular part of the client's recovery plan.

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Medications Cont.

- Addicts are used to taking drugs that work RIGHT NOW and in large doses.
- Client needs to understand that prescribed meds will work in more subtle ways.
- The Bipolar Disorder Survival Guide, by David J. Miklowitz, Ph.D., 2011 the Guilford Press.

Psychotherapy

Typical obstacles are:

- Funding
- Developing a therapeutic relationship
- Talking about feelings
- Therapist as an AUTHORITY FIGURE

Psychotherapy Cont.

- Many of Vinland's clients have little experience in developing and nurturing healthy relationships.
- Regular appointments are an important part of their structure.
- Explain to clients: Don't expect therapist to tell you what to do.

Limited Education

- Spelling, punctuation, grammar don't matter.
  - Writing is about communicating ideas.
  - For many clients, reading, writing, and speaking to a group were shaming experiences in school.
- Remove barriers to client expressing himself by helping him write.

Limited Education Cont.

- Do the work necessary with the client to feel safe and comfortable in group.
- Make group a no shame, no failure experience.
  - Emphasize that we all have skills and limitations.
  - Use the skills you have to work around limits and accept help from those you trust.

Traumatic Brain Injury

General Observations about TBI:

- Most are invisible.
  - If you lost an arm, nobody would ask you to pick up a box with both hands.
- Treated as if they don't have deficits.
  - Want to be normal and play along as though they understand everything.

Traumatic Brain Injury Cont.

- At what point in the job interview do you say, "By the way, I won't remember anything you tell me after 10 minutes."
- We all have strengths and limitations.
- How to get it in front of you so you don't have to keep tripping over it?

Traumatic Brain Injury Cont.

- Get limitations out in front of us.
- First you have to be aware of them. Some have little or no awareness, others minimize, avoid, try to wish it away.
- Use TBI resources.
- Complete the grieving process of what may have been lost.

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Discharge Planning

- Start the day of admission.
- Housing: Halfway house, IRTS facility, 60-90 days. GRH, year or more. Sober housing requires income. Subsidized housing, takes time, requires some income.

Waivers

- Caveat: This is not an exhaustive explanation of waivers. It is based solely on my experience in navigating the process on behalf of clients. Read the rules and check with your county social services staff for more complete information.

Waiver Eligibility

- Eligibility for waivers requires certification of disability. This comes either from being found disabled by Social Security or by the State Medical Review Team (SMRT). The client must also be eligible for MA.
- Once eligibility is established, client must be assessed for waiver eligibility by county public health nurse.

Connect Housing to Funding

- It often helps to have the prospective placement contact the county workers who will be placing the client. We are in a better position and more incentive to move client. The prospective program likely wants the business and probably know the county workers they will be asking for funding.

Finding the Program

- Contact facilities that may be appropriate for client based on level of care needed, level of structure, location, whether client will fit in with milieu, e.g., age, level of activity of client and activities offered for client, such as day programming, going out to school, job, or volunteer position. Access to medical and psychiatric care.

Funding Level

- The program will have a budget they feel is appropriate for the client and are in the best position to negotiate for the funding they need to care for this client. This helps the county in their not having to find the program and will likely move the process along more quickly than it would otherwise go.

Short Term Placement

- Halfway houses, OP with lodging, good for right clients, who will be capable of living independently and being self-supporting within 60-90 days.
- Step down outpatient treatment.
- AA/NA, other self help programs to keep client engaged in and focused on recovery.

My wish for all my clients:

That you can call me in a year and say:

"I'm sober and I like my life."

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Thank You!

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