

Southeast C.A.R.E. Network – September 23/20
“Engaging Younger Residents with ABI in the Long Term Care Setting”
Questions from LTC and Community Partners

1. In regards to effective interventions with ABI residents, I often set them up with the same routine each day to compensate for the resident’s impaired short term memory and recall and decreased attention span, is this beneficial to the resident or is changing the activity day to day to avoid boredom better? We complete an exercise program and a job such as folding clothes as part of the daily routine, are these good activities or should we be offering more cognitively stimulating activities (i.e. sorting) to create new brain pathways?
2. Is there support and/or caregiving groups available to families of the younger LTC residents with ABI? Are there specific support groups aimed at spouses/significant others, parents and young children?
3. We have had an increased number of residents with ABI’s resulting from anoxic brain injuries related to drug overdoses and hypoglycemic events. These individuals have often had longstanding risky life choices and mental health issues that have often not been addressed during the ABI rehab process. Is there support available in the LTC setting for these individuals who are struggling with untreated addiction or mental health issues if they are agreeable to treatment?
4. We struggle to engage and program for younger residents with ABI, because the group activities offered in the LTC setting are suited for the population living with dementia. Do you have any suggestions re: ways to engage and increase socialization opportunities for this younger population living with ABI in the LTC setting when they often have nothing in common with the rest of the LTC population? Is there case based support available in the LTC setting to assist with the identification of appropriate interventions and programming?
5. Are there specific websites that offer intervention specific resources or online education programs that you would recommend for LTC or community health care providers to increase their knowledge of ABIs?
6. A challenge that we have experienced is that these younger residents have difficulty coping with their often much older and cognitively impaired roommates – do you have any suggestions re: strategies that we could implement to support these residents more effectively?
7. We have had a few younger residents with ABI in our LTCH and we have struggled with care planning re: ADL’s (particularly around bathing and snacking rather than eating meals). We want to be resident-centred, however, if a resident refuses to bathe or eats snacks that do not meet diabetic choices instead of eating their meals, how can we set limits that meet the LTC Resident Bill of Rights”?