

Marie

Marie survived an acquired brain injury from a snowboarding accident at the age of twenty-one which resulted in complex injuries where she had to adjust to wheelchairs and walkers. After her stay in hospital she lived in a long term care facility for seniors for a year, and then moved to a group home for individuals with cognitive disabilities. She remained at the group home for almost ten years before moving into a semi-independent apartment, where she was receiving 48 hours a week of staff support. At the time of assessment she was taking multiple anti-psychotic medications and receiving extensive psychotherapy and psychological counselling for long-term depression.

Marie was referred to Parley because despite all the treatment and staff support, she was experiencing increasing emotional distress with catastrophizing and performance anxiety, which led to self-harming actions. She remained sad and depressed about the loss of quality of life since the injury. She expressed deep concerns that she would never have a partner, finish university, or further her career teaching English as a second language. Marie's behaviours were pervasive and debilitating and she would cry alone or with others often for up to two hours daily. At the same time she was progressively more dependent on others to manage her basic needs, in spite of showing the capacity for competence in many activities of daily living. Parley's analysis revealed that supporters reinforced the emotional verbal behaviour which actually increased her despondency. She had minimal self-soothing strategies, lacked skills to cope effectively with problems, and had difficulty shifting her cognition. Behaviours including perseverative thoughts, perfectionism, self-blame, and negative comparison to others resulted in sympathetic attention from supporters that mirrored her concern. She would quickly escalate to outbursts and threaten/attempt to take actions to harm herself. This had the unproductive effect of causing increased support hours and increasing dependence.

Parley implemented rehabilitation plans as well as positive behaviour support plans for her team. Parley worked with Marie to increase self-monitoring behaviours and awareness of her emotional regulation by recording daily data sheets on her wellness. Parley taught differential reinforcement to supporters, and supporters were also asked to keep daily data to ensure their own interactions were being positively adjusted to elicit Marie's success. Marie demonstrated an increase in effective participation managing her own well-being and healthcare needs. Social and community involvement also increased. Marie developed productive engagement in activities, including learning when to take a break and employ self-soothing strategies that helped her to calm and refocus. Marie practiced alternate meta-cognitive behaviours for rehabilitation, independence and changing negative self-evaluations. Independent functional practice was enabled through developing a transition plan to reduce dependence on her supporters. All targeted teaching plans were established as goal-directed behaviours for Marie's achievable life plans. The more Marie could see herself increase her abilities, the less support she required, and the better she felt experiencing a more normalized life.

Marie now independently administers her medication, independently manages her self-care, wellbeing and healthcare needs; and goes to community activities independently. Marie enjoys participating in wheelchair basketball; painting and pottery; and teaching English as a second language to seniors. She exercises and attends computer education classes. Marie joined a single's group where she is actively enjoying meeting new potential relationships. She recently received a university certificate in liberal arts.

Marie continues to require rehabilitation and recovery-focused support where she is supported to achieve her self-identified goals with prompting and reminders that are faded and externalized from supporters. When staff reliably provide positive support by following her positive behaviour support plan and targeted teaching plans, they maintain an environment that accommodates for Marie's disability yet supports Marie's opportunities, dreams, and capacity to overcome challenges.