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" TBI long term case management towards familial, social and vocational reintegration "
(Case Management after Traumatic Brain Injury)

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CONCLUSIONS : Jean-Luc TRUELLE

According to the definition given by C. JOHNSON, "Case Management" is, above all, a process of coordinating resources and developing flexible guidelines, with good value for money. These guidelines concern victims of acute or chronic affections. They are determined on a case by case basis in order to respond optimally to the needs and goals of each person.

I. The « Case Management »

Let’s see how to make these prerequisites operative with traumatic brain injured persons:

1. The coordination involves the trans-disciplinary, so a true integration of the contributions of supporters of the necessary disciplines: medicine, psychology, social work, occupational, ergotherapy, employability, around the wounded, in the case at hand, and his family, themselves same party of the multidisciplinary team.

2. This coordination requires a consistency of decisions, so a coordinator, the "Case Manager" who shall organize the work in time and space, that is to say, a chain of support that fit together steps, like so many handoffs and a geographic network, in which the entire target population should have easy access.

3. Flexibility is a necessity in front of vulnerable persons, with swinging moods, often destabilized by the events of life. It is also because the needs change as goes the recovery and the long process of rehabilitation and reintegration.

4. "A good value for money." This notion may offend some professionals, who oppose the deliberate intrusion of money in an area where it might appear as a difficult to assess limit to human engagement, in its inevitable subjectivity. However, faced with multiple possibilities for action, a choice is essential to select the techniques and programs whose effectiveness has been demonstrated. In theory, public or private donors, divide in transparency, the budget based on that value for money, even if only to limit the effects of conflicts of interest and lobbying. This involves assessment tools, not only accounting, but most of the benefit,
objectively measured on the reduction of disability, but also on the subjective quality of life of the injured person himself. We now have such assessment tools, specific and validated for TBI (EBIS document, MPAI-4, BNIS, GOSE, QOLIBRI).

5. "Case by case .... " Case management is an individual approach. Certainly, it is based on scientific data of "Evidence-Based Medicine", which are also developing in the field of rehabilitation: for example, cognitive rehabilitation, effective at the stage of recovery, must give way to a more ecologic approach at the stage of vocational reintegration, with emphasis on practical skills of the injured person (drive again) with respect to mental functions (improving the capacity of memory). But to this scientific medicine, based on large numbers, must appoint a medical issue, taking into account the individual history, personality, environment, all complex and difficult to scan data. Between these two complementary approaches, it is the "Case Manager " mission to constantly move the cursor to the measure of a life project in progress. Because issues regarding the existence of brain injured are often volatile and unpredictable.

6. "Meeting the objectives of each person .... " Pedagogy by objectives is far from having entered the field of rehabilitation of traumatic brain injured. Consciousness to do his work according to normal practices and available resources may be sufficient to professional. However, setting specific and realistic goals is an increased chance of achieving them: the opposite would be surprising. Better they be subject to a written contract. But this is not enough: we must also set deadlines on these objectives and human and material resources to achieve them. Finally, a manager, the "Case Manager" is responsible for its implementation and assess whether objectives have been achieved.

II. The «Case Manager»

1. Who should be this "rare bird" who we ask so many different functions?

The corresponding qualities lead to a boring and unrealistic "listing". Let’s try to emerge from our practices what are essential:
- First, he is responsible, and responsibility is difficult to share, even if he should base on the comparison of expert advice in a multidisciplinary team. But ultimately, the decision is his. It is also necessary that the patient accepts and gets involved;
- He must establish a relationship of trust with the injured and his entourage, first and foremost family: it is this patient path that leads to the indispensable "therapeutic alliance", which guarantees a long-term support;
- Life project - and its subset, the treatment plan - indeed require perseverance and long-term vision, particularly among those injured.
- The explanation, putting himself "within reach", taking account of those such frequent anosognosia and denial, checking what the patient has withdrawn, is a powerful spring of the
therapeutic alliance.
- He must be the mediator of the consistency of the team
- Be alert to the risks assessment, available to respond to crises
- He can not control all areas, but be fairly warned, do not be guided by the only blinders of his own professional training, to construct a team consensus. He must therefore train on techniques of case management, on what constitutes a brain injury. Here, theoretical and practical training are combined
- he must be especially trained to deal with cognitive mood and behavior troubles of brain injured persons and to communication skills;
- Finally - and perhaps most importantly - he must be flexible, ready for innovation and challenge to realism, to get the patient and his family as most involved as possible;
- And anxious not to book his services to a small percentage of brain injured persons: those who have the greatest chance of escape.

III. The brain Injured person:

"Never lose sight that the diagram of a human life is, whatever is said, a horizontal line between two angles, but three wavy lines, which converge, diverge and intersect at infinity: what a man wanted to be, what he grew to be and what he was."

The purpose of Yourcenar applies quite well to coaching and life project of traumatic brain injured: long-term, the increased by the vulnerability fluctuations, desire and projection into the future, so difficult utopian or discouraged, self-image affected by the lack of self-criticism ... and reality.

And few diseases involve all the family circle that much.