

GUIDE TO SUPPORT FOR PERSONS
WITH HIGHER BRAIN
DYSFUNCTION II

Editor
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FOR PERSONS WITH DISABILITIES
JAPAN

(WHO COLLABORATING CENTRE)

February, 2008

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- 3 To undertake studies of community-based rehabilitation (CBR), primary health care, and other social support systems for PWDs..
- 4 To undertake research and development of affordable assistive technologies in collaboration with PWDs.
- 5 To prepare manuals for education and training of professionals in health, medical and welfare services for PWDs.
- 6 To support organization of conference and/or seminars on rehabilitation of PWDs.

National Rehabilitation Center for Persons with Disabilities
WHO Collaborating Centre for Disability Prevention and Rehabilitation

Rehabilitation Manual 22

Guide to Support for Persons with Higher Brain Dysfunction II

February 29, 2008

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PREFACE

The purpose of this manual is to explain, in detail, the standard rehabilitation, livelihood support and care programs available for persons with higher brain dysfunctions and present this as a sequel to the "Guide to Support for Persons with Higher Brain Dysfunction I" published in December 2006.

As a sequel to the "Guide I" which uses a medical model to describe diagnosis and rehabilitation, the "Guide II" describes ways to support persons with higher brain dysfunctions from the standpoint of assistive technologies and systems, etc. involving the use of a welfare model which can help them achieve social independence. More specifically, the "Guide II" describes various ways to support persons with higher brain dysfunctions in the chronic phase or in the fixed phase in order to achieve social independence (depending on the characteristics and the degree of severity of their disabilities). It also describes the various support networks available, which enable them to achieve social independence.

Persons with higher brain dysfunctions require a correct diagnosis and the provision of medical rehabilitation services that suit their disabilities. A series of training programs for daily living and vocational training programs will help them achieve an independent lifestyle within a society in which they may often encounter difficulties.

I hope that this manual will be used for the practice and improvement of skills by professionals engaged in the rehabilitation, livelihood support and care of persons with higher brain dysfunction.

I also sincerely hope that these two manuals will contribute to the independent living and employment of as many persons with higher brain dysfunctions as possible and assist the achievement of their social independence.

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Introduction

This manual is a sequel to the "Guide to Support for Persons with Higher Brain Dysfunction I". It is necessary to correctly diagnose higher brain dysfunctions at hospitals, implement medical rehabilitation programs that suit individual disabilities, and implement training programs for social skills and vocational training programs that complement each other seamlessly in order to ensure that persons with higher brain dysfunctions will be able to live independently within the society.

As a sequel, this manual describes, in detail, various ways to support persons with higher brain dysfunctions in the chronic phase or the fixation phase achieve social independence (depending on the characteristics and the degree of severity of their individual disabilities).

Support Coordinators with professional skills and the ability to coordinate support programs and provide assistance are necessary to ensure that various support programs such as clinical rehabilitation, social and vocational rehabilitation and local welfare services are offered depending on the situation and needs of persons with higher brain dysfunctions. This is achieved through the organic and effective division of roles, with Support Coordinators providing consultation services for the client and his/her family, etc., offering advice, and serving as a bridge between the client and his/her family and the appropriate supporting organizations. They also formulate a support program and coordinate ongoing support programs, as appropriate, while offering advice whenever they are consulted by municipal governments and welfare institutions.

I Planning and Implementation of Support

Figure 1 illustrates procedures for rehabilitation into society, livelihood support and care programs.

1 Consultation Service

The Support Coordinator shall engage in the following activities. The Support Coordinator shall;

- 1) Listen to a client or counseling organization in order to identify needs
- 2) Determine with or without higher brain dysfunctions, based on information obtained from a client and his/her family, medical certificates, referral forms and written opinion.
- 3) Determine whether identified needs arise from higher brain dysfunction or not.
- 4) Advise a client to apply for support if the Support Coordinator has decided

that rehabilitation into society, livelihood support and care programs are necessary.

- 5) Introduce a client to another institution if identified needs arise from other causes.

2 Application for Support

- 1) A client or his/her family shall apply for support.
- 2) A committee, consisting of the Support Staff and others, shall decide if an applicant is eligible for rehabilitation into society, livelihood support and care programs.

3 Support Needs Survey and Formulation and Implementation of the Support Program

- 1) Appointment of the Support Staff
- 2) Support Program Formulation Committee

The Support staff shall prepare all necessary materials such as specialist evaluations based on support needs and decide on the members of the committee. The Support Officer shall make every possible adjustment so that the client and his/her family will be able to participate in the committee meeting.
- 3) Formulation of the Support Program

The Support Program Formulation Committee shall formulate the support program.
- 4) Explanation of the support program to the client and his/her family

The support program shall be explained to the client or his/her family and written consent shall be obtained.
- 5) Implementation of the Support Program
- 6) Review of the Process of Support Implementation and Results (Monitoring)

The Support Program Formulation Committee shall review the process of support program implementation and results. If ongoing support is required, support needs shall be reaffirmed and a new support program shall be formulated.

4 Content of Support Services and Target Persons

- 1) Employment Support

Employment support shall be offered to a client who intends to return to the previous job, find a new job or become self-employed.

A client who intends to transit from medical treatment in the acute phase or rehabilitation medical treatment after injury or onset of illness, who intends to transit from "work preparation support" or "social skills training

support", who intends to grow out of a "sheltered workshop" or "small-scale workshop", who has received "school attendance support" and has graduated from a school, and who has failed to adjust to reinstatement and has therefore "left a job", etc. shall be eligible for employment support.

【Content of the Support Program】

Support is offered by the rehabilitation center and employment support department of welfare institutions and institutions that specialize in vocational rehabilitation, such as vocational centers for the persons with disabilities (hereinafter referred to as "support facilities for persons with disabilities).

The Support Coordinator needs to convey medical information about a client and his/her training records to the Support Staff of the support implementation institution. The Support Coordinator also needs to keep track of the progress of any employment support program on an ongoing basis.

2) School Attendance Support

School attendance support shall be available when a client returns to a school he/she is enrolled in, when a client is transferred to a school for persons with disabilities, etc., or when a client enters a senior high school, university or vocational school, etc.

【Content of the Support Program】

During the transition to school life, the Support Coordinator shall formulate a support program in order to provide the following assistance and implement the support program in a timely manner.

- e.g. Organizing a lecture, etc. for teachers and students in order to promote increased understanding of higher brain dysfunctions
- Explaining about the disabilities of the client and explaining to the person in charge at school how to respond to him/her
- Establishing a support program formulation committee within the school and ensuring coordination
- Consultation with the client and his/her family

Ensuring that the school staff understand the role of the Support Staff and the Support Coordinator when starting reinstatement negotiations with the school.

The client will also require additional support such as "employment and school attendance preparation support" and "employment support" when he/she graduates from school and school attendance support is completed.

3) Support at a Sheltered Workshop or Small-Scale Workshop

This type of support shall be provided to a client whose work ability

(performance and adaptability) has not yet reached the ability level required for general work.

【Content of the Support Program】

This includes such things as adjustment of the environment, livelihood support and care, and family support.

Staff at the facility concerned shall provide this type of support.

The Support Coordinator shall select a facility that suits the client and provide information on the client, including medical records, training records, anticipated problems they may face in daily life, and details regarding the cause of their problems and all necessary responses.

Persons with higher brain dysfunctions can easily be influenced by the surrounding environment. Therefore, various problems occur when a client is using a sheltered workshop. The Support Coordinator shall work closely with the facility concerned, understand how the client is using the facility, establish a support committee and implement a support program. It is important to determine the individual roles of all the people involved in providing support.

It is also necessary to consider the possibility that the client may migrate to "employment support", for example, by moving from a sheltered workshop to general employment.

4) Employment and School Attendance Preparation Support

This type of support shall be provided to a client who requires preparation support such as training to develop their adaptability and ability to perform work before entering employment or who requires training for social skills before entering school.

【Content of the Support Program】

This type of training aims to support a client understand the problems that he/she may encounter when he/she tries to take control of their life or when he/she enters employment. It also aims to support the client develop ways to respond to such problems.

Employment preparation training shall be conducted at a rehabilitation facility or vocational center for persons with disabilities offering vocational training, etc.

School attendance preparation support is similar to employment preparation support. If a school has a support system in place to help a client lead his/her daily life, there is no need to provide school attendance preparation support separately.

The Support Coordinator may provide this type of support directly. It is important that the Support Coordinator plays a role in "connecting" a

client with the people who are involved in providing support for the client.

5) Home Assistance

This type of support shall be available for a client who lives at home while receiving care.

【Content of the Support Program】

Livelihood support and Care, Environmental Coordination Support, and Family Support, etc.

These support programs shall be made available under the long term care insurance and assistance benefit supply system and through day-care at a psychiatric clinic.

- The client shall use home-visit nursing care, day service, and short-stay service to receive livelihood support and care. This includes assistance with personal hygiene, dressing, toileting, eating and bathing.
- The client shall use home-visit nursing care, public transportation fare discounts, welfare taxis, etc. as assistance when going on outings, shopping and visiting hospitals and the like.
- The client shall use home-visit nursing care, management guidance for in-home care, home-visit rehabilitation, etc. as medication administration guidance and support.
- Environmental coordination support aims to help a client through the procedures needed to make use of various support systems.
- Family Support aims to prevent the client's family from being isolated. The client's family shall be introduced to a support center for persons with disabilities or in-home care support center, and shall be encouraged to participate in the activities of family associations.

6) Social Skills Training at Facility

This type of training is provided at a facility which conducts social skill training.

【Content of the Support Program】

Social Skills Training

Social skills training supports the client acquire the skills required in order to conduct the activities of daily living (ADL) such as eating, toileting, bathing, personal hygiene and dressing and the instrumental activities of daily living (IADL) such as cooking, laundry, management of personal clothing, management of bedclothes, cleaning, money management and shopping. Providing the relevant support such as career guidance, psychological support for the family, disability acceptance support and self-awareness development support for the client is also important.

This type of training is offered at a rehabilitation facility for persons with

disabilities, or at a group home and welfare facility for the aged. A client can also receive social skill training at a day-care institution if he/she has no problem living at home.

Support Staffs include life support staff, helpers and nurses at the facility concerned, as well as counselors, physical therapists and occupational therapists. The client's family is also an important support staff when a client lives at home. Personnel at the facility concerned shall provide guidance and advice on necessary support to the family. The Support Staff shall join home helpers in providing support when a client moves from a facility to his/her home.

Work instructors and vocational instructors shall also take part when training and work support is provided in consideration of the client's future. It is desirable that a nurse is responsible for health management.

7) Facility Livelihood Support

This type of support is available for persons with severe intellectual disabilities or physical disabilities, persons who have great difficulty with interpersonal skills or desire control or emotional control, etc., persons who are single, and households comprising an aged person or another person who also requires care.

【Content of the Support Program】

Consideration shall be given to assistance with medical procedures, protection against obesity, and physical cleanliness, in addition to physical nursing care involving eating, toileting, bathing, personal hygiene and dressing, and livelihood support such as drug administration guidance and support. Functional training, occupational support and training for rehabilitation into society shall be conducted in an active manner.

Support Implementation Institutions include rehabilitation facilities for persons with disabilities, nursing care facilities for the disabled, and welfare facilities for the aged.

Support Staffs may be the life support staff, helpers and care managers of welfare facilities for the aged, etc.

If a client has a substantial need for health management, a doctor, nurse, health nurse, physical therapist and occupational therapist shall also join the Support Staff providing training.

II Consultation

Procedures for carrying out consultations with a client with higher brain dysfunctions and his/her family are described below, based on the general principles of consultation provided within the framework of casework theory proposed by Felix P. Biestek.

1 Principle of Casework

1) Principle of Individualization

Even if clients are similar in terms of their severity of disabilities, age, sex and family composition, etc., their problems, needs and the types of support required are different. Personal characteristics, the environment and the needs of individual clients should all be considered when providing support.

2) Principle of Acceptance

The interviewer shall accept the client's behavior, attitude, sense of value and emotional state, etc. as they are. In many cases, persons with higher brain dysfunctions are not aware of their disabilities, can become confused and feel abandoned, or give up hope. An interviewer needs to take time to conduct an interview and accept the client as a human being.

3) Principle of Client Self-Determination

The client has the right to make choices about his/her future direction and the services that he/she will use, etc.

In reality, the client and his/her family often cannot make a decision by themselves. Therefore, it is essential to provide all necessary information and support in order to help them make a decision by respecting the view of the client as much as possible.

4) Principle of Purposeful Expression of Feelings

The client must be allowed to express his/her own feelings, especially his/her negative feelings. The client must be helped to express his/her own feelings freely in a way that will contribute to subsequent casework.

5) Principle of Controlled Emotional Involvement

The caseworker must be sensitive to the client's feelings, understand the meaning of expressed feelings, and respond appropriately in order to meet the casework objective.

6) Principle of Nonjudgmental Attitude

The caseworker must not criticize the client's behavior or attitude based on the caseworker's own sense of value or judgment, based on the caseworker's moral value. The caseworker must not force his/her value or moral value on the client.

7) Principle of Confidentiality

The caseworker must never release a client's personal information.

2 Consultations and Interviews with Persons with Higher Brain Dysfunctions

Listed below are the major facts that a caseworker needs to know when interviewing a client with higher brain dysfunctions and his/her family. These facts are taken from the Principles of Casework proposed by F. P. Biestek.

- 1) Basic Information: Name, age, sex and address, etc. (Use Form 2)
- 2) Medical Information: Diagnostic name, injury, date of occurrence, etc.

If the client has been diagnosed with higher brain dysfunctions, the caseworker shall ask the client when he/she was diagnosed, either in the acute phase, recovery phase, or maintenance phase, and examine the need for a second diagnosis. If the client has not been diagnosed or if it is not clear if the client has been diagnosed, the caseworker shall advise the client to get a diagnosis at an appropriate medical institution. If it is found that the client has cognitive impairments such as memory problems, attention problems and executive dysfunction, various tests, such as intelligence, memory problem, attention problem and executive dysfunction tests, shall be conducted.

- 3) Daily life and social life situations (to identify problems and inconveniences)
The caseworker shall listen to the client in order to find out when he/she started experiencing problems or inconveniences, either before the injury or occurrence of symptoms, or after the occurrence of symptoms. If the client says "There is no inconvenience," or "There is no problem", the caseworker shall then proceed with the interview by describing a specific scene of daily life in order to obtain information.
- 4) Level of the client's and family's awareness of disabilities. (Degree of acceptance)
- 5) Financial situation of the family and welfare services used
- 6) Needs of the client and family

The caseworker shall sort out the above information and, specifically, examine a support policy such as a supporting method and support service provider, present examination results to the client and his/her family and obtain their consent.

3 Key Points Regarding the Provision of Support

- 1) Understanding of Problems Arising in the Social Life
The following problems may be encountered at a workplace, in relationships with friends, or at home as a result of higher brain dysfunctions.

- Workplace problems

Symptoms of higher brain dysfunctions such as "I can continue doing an established task, but I cannot continue doing the task if there is a change in working conditions such as the addition of new tasks", or "I do not know how to do a task without detailed instructions" may make other people think that the client "does not have their heart in it" or that the person "is not making an effort to remember", etc. That could easily lead to the person leaving a job.

- Relationships with friends

A client who has lost the trust of his/her friends will eventually lose them because he/she has forgotten the arrangements he/she has made with them.

- Problems at home

Problems at home may include instances where "a client goes shopping alone and forgets how to get to a store (the client had no such problems shopping before the injury or occurrence of symptoms) or how to come home," or "a client cannot remember what he/she wanted to buy, or buys something that is not necessary," or "a client gets confused after returning home because he/she did not buy what he/she wanted to buy or he/she bought something that was not necessary". A client may become involved in a new situation such as a traffic accident if his/her attention is distracted, if his/her field of vision is too narrow, or if he/she suffers from lack of balance while out walking. The client's family may tend to confine him/her in a house out of concern.

2) Difficulty accepting disabilities

Whether or not a client and his/her family understand that the problems they experience in daily life arise from higher brain dysfunctions (i.e., whether or not they have accepted the disabilities) can have a significant impact on the success of support.

To solve a problem arising from higher brain dysfunctions, it is important that the client understands the need to participate in various support programs.

In many cases, the client's family may fail to accept his/her disabilities. It is important that the interviewer encourages the client and his/her family to participate in support programs at the appropriate time.

3) Support the family

Although the client's family may understand him/her very well, it is difficult for them to make a levelheaded judgment because of their special feelings and expectations for him/her. They sometimes underestimate the

client's disabilities and may not accept the need to provide support, or they may overestimate his/her disabilities and limit his/her activities too much. In these cases, introducing the family to a family association, etc. is an effective means of helping them.

4) Support without changing the environment

It is desirable that persons with higher brain dysfunctions involving cognitive impairments such as memory problems should participate in various support programs while still living at home with no change in the living and family environments, compared with their life before the injury or occurrence of symptoms. If outing training is conducted in a place far from home, the client often cannot demonstrate his/her acquired ability after returning home.

5) Understanding of welfare systems, etc.

It is important to know what welfare services are available for a client. If physical functions are impaired, a client may be eligible for a physical disabilities certificate. If a client has psychiatric or psychological symptoms such as impaired attention, loss of concentration, inability to remember something new, or lack of emotional repression or behavioral control, he/she is eligible for a mental health welfare certificate.

The caseworker shall check whether or not a patient qualifies for a disability basic pension and a disability employees' pension.

The caseworker shall also understand the availability of local sheltered workshops, rehabilitation facilities and workshops that a client can use and the content of their programs, and collaborate with organizations such as public employment security office and vocational centers for persons with disabilities.

6) Protection of personal information

Persons involved in support are obliged to protect the client's personal information. The following items must be taken into consideration in order to protect the personal information of the client.

(1) When the client's medical records are required

The client's' medical records shall be obtained through the client or his/her family. If that is difficult, the caseworker shall submit an inquiry to a medical institution with the (written) consent of the client or the family.

(2) When communicating with other organizations

The caseworker shall receive the consent of the client or family in advance. Close attention shall be paid to document management.

(3) Management of memory media

Close attention shall be paid to the management of memory media for PCs. Memory media shall never be removed from the office.

III From Application for Support to Support Needs Survey and Formulation and Implementation of the Support Program

The higher brain dysfunctions model project has developed a support system in which the Support Coordinator is consulted by a client with higher brain dysfunctions (the "client"), his/her family ("family") or the relevant organizations about support programs. The Support Coordinator shall then formulate and implement a support program. This section introduces the necessary procedures (materials: Procedures from Application for Support to Completion of Support) ranging from application for support through to a support needs survey, the formulation and implementation of the support program, and the completion of the support program, as well as the relevant forms used throughout the entire process. Directions are also provided on how to fill in these forms.

1 Application for Support

Procedure

- (1) The Support Coordinator shall confirm the chief complaint of the client, his/her family or the relevant organization when being consulted.
- (2) The Support Coordinator shall check the presence or absence of higher brain dysfunctions, based on information provided by the client and his/her family and medical certificates [Reference at the end of the manual: Form 1-1 Medical Certificate Issued by a Doctor (for Diagnosing Higher Brain Dysfunctions), etc.], referral forms and written opinions, and confirm if the contents of these documents describe symptoms arising from higher brain dysfunctions.
- (3) The Support Coordinator shall provide information about supporting organizations and the content of the support program to the person consulting him/her.
- (4) The Support Coordinator shall explain how to apply for support and shall explain the procedures involved to the client and his/her family wishing to apply for support.
- (5) The Support Coordinator shall provide the necessary advice and support required in order to prepare and submit the documents required for applications for support.

2 Acceptance of Application

Procedure

- (1) The client or agent (e.g. the family) shall use an application form (Form 1-2) to apply for support.
- (2) The Support Coordinator shall check the information provided on the application form and collate the necessary documents.
- (3) The Support Coordinator shall check the personal history of the client, the status of use of various programs, the financial situation of the client and the composition of the family of the client, and then enter this information on a Case Card (Form 2).
- (4) The Support Coordinator shall create an application register, in addition to a personal file (Form 2).
- (5) The Support Coordinator shall disclose these documents promptly in response to any such request from the applicant.

3 Support Needs Survey

Procedure

- (1) A support needs survey shall be conducted in order to determine the content of the support program required by the applicant (the client and his/her family).
- (2) The higher brain dysfunctions support needs determination form (Form 3) shall be used to identify the need for the following types of support.
 - ① Physical nursing care: Support concerning ambulation, personal hygiene and eating
 - ② Livelihood support: Support concerning money management, unexpected behavior and hyperkinesis, and perseveration
 - ③ Health management support: Support concerning hospital visits and drug administration
 - ④ Consultation support: Support concerning consultations regarding anxiety and distress, and liaison and coordination with the family
 - ⑤ Activity participation support: Support concerning participation in events organized within the facility and the activities of clients
 - ⑥ Training and work support: Support concerning motivation for training and work, understanding the content of training or work, and implementation of training or work
 - ⑦ Communication support: Support concerning the implementation of communication training, and the handling of telephone calls and fax messages
 - ⑧ Support to return to society: Support concerning liaison and

- coordination with the relevant organizations, and on-the-job training
- ⑨ Family support: Support concerning mental care for the family, and utilization of the appropriate systems and social resources.
 - ⑩ Other support: Support that does not fall within categories ① to ⑨.

4 Request for and Implementation of Evaluation

Procedure

- (1) The Support Coordinator shall ask the relevant organizations to implement functional assessment relating to areas requiring support, based on the results of the support needs survey, etc.
- (2) A formal request for evaluation shall be made in the name of the chairperson of the support program formulation committee. The Support Coordinator shall implement the relevant procedures (e.g. coordination of an evaluation schedule, liaison and coordination with the client and his/her family).
- (3) Evaluations of occupational, vocational, life and psychological functions shall be carried out, based on the individual needs of the client which have been specified in the higher brain dysfunctions support needs determination form (Form 3), etc. The Support Coordinator shall explain the evaluation results to the client and his/her family and examine the draft support program.

5 Support Program Formulation Committee and Determination of the Support Program

1) Procedure

(1) Support Program Formulation Committee

The committee shall examine the required support, goal of support, content of the support program, Support Staff, support period and frequency of support, etc., then decide on a suitable support program and prepare a Support Program Document (Form 4).

(2) Members of the Committee

Members of the committee include the Support Coordinator, the person in charge of social skills training, the person in charge of vocational training, the person in charge of psychological therapy, and the client's attending doctor.

- (3) Due consideration shall be given to ensure that the client and his/her family will be able to attend the committee meetings, wherever possible.

- (4) Materials to be used
Application, Case Card, Support Needs Determination Form and medical certificate (to diagnose higher brain dysfunctions), returning to society, livelihood support and care support program documents, and other evaluation results, etc.
 - (5) Management concerning the operation of the committee
The Support Coordinator shall be responsible for all such management.
 - (6) The support program adopted shall be explained promptly to the client and his/her family once the committee meeting is over.
- 2) Explanation of Support Program Document (Form 4)
- (1) Goal and Period of Support
A target goal and an expected duration for the support program required for the client in order to achieve the target goal shall be provided.
 - (2) Content of the Support Program
Support services shall be selected from the following options: employment support, school attendance support, noncompetitive employment support, employment and school attendance preparation support, home assistance, daily living training at a facility, and daily living support at a facility.
 - (3) Required support
Support services shall be selected from the following options: physical nursing care, livelihood support, health management support, consultation support, activity participation support, training and work support, communication support, support to return to society, family support and other support services.
 - (4) Goal of the support program
The goal of the support program shall be specified, based on the support required.
 - (5) Content of the support program
Details of support, which comply with the target goal set out in (4), shall be provided.
 - (6) The support facility, person in charge of support, and the frequency of support, etc.
The names of the facilities providing support, the names of the staff in charge, and the frequency of support shall be provided.

6 Review of the Support Program

Procedure

- (1) If the applicant (the client or family) does not give consent for the support program adopted by the Support Program Formulation Committee, the Support Coordinator shall listen closely to the reasons given, formulate a new support program, and convene a support program formulation committee meeting in order to review the new support program.
- (2) The procedure for convening the committee meeting is as described in section 5 (Support Program Formulation Committee and Determination of the Support Program), above.

7 Notification of the Support Program

Procedure

- (1) The applicant shall be notified of the support program using the Support Program Notification Form (Form 5).
- (2) The support period shall be an approximate estimate only. The applicant shall be informed of the possibility that there may be a change in the support program depending on any change in living conditions or support implementation conditions.
- (3) The applicant shall keep the original of the Support Program Notification Form, and the support organization shall keep a copy of the notification form.
- (4) If there is a change in the content of the support program, a new support program shall be formulated every time a change is made and the relevant notification shall be prepared in order to inform the applicant of the change.

8 Implementation and Reevaluation of the Support Program

Procedure

- (1) If the needs have changed or a situation has arisen in which it is desirable to change the content of the support program, the support program shall be reevaluated.
- (2) The support program formulation committee shall adopt a new support program.
- (3) The applicant shall be notified of the new support program, in accordance with the results of the committee meeting held in (2) above (Form 5).
- (4) When making a change to the content of the support program, the Support Program Notification Form shall be used in order to notify the applicant of the change and to explain the change.

9 Service Use Contract Concerning Support for Persons with Higher Brain Dysfunctions

Procedure

- (1) The service use contract is a signed contract between the applicant who will use the service (the person who will receive support) and the organization which will provide support.
- (2) The service use contract shall be signed after the decision to implement a support program is made but before the applicant starts receiving support.
- (3) The supporting organization shall prepare a document that clearly states all matters related to support and which require explanation (including the general outline of facilities, equipment and personnel, etc.)
- (4) The Support Coordinator shall explain the content of the support program to the applicant based on the materials provided in 3) above, and prepare a service use contract upon obtaining the consent of the applicant.

10 Completion of the Support Program

Procedure

- (1) If it is considered appropriate to stop providing service, the support program formulation committee shall decide whether or not to terminate support.
- (2) The support staff (e.g. the Support Coordinator) shall discuss the progress of the support program with the client and his/her family, and examine future directions, etc.
- (3) After the termination of support, the Higher Brain Dysfunctions Support Program Completion Report (Form 6) shall be used in order to promptly report the completion of the support program to the applicant in writing.

IV Environmental Coordination Support and Livelihood, Care and Family Support

A support environment needs to be developed involving support related to environmental coordination and life, and the care and family support needed for the smooth and efficient implementation of up to eight types of support (employment support, school attendance support, noncompetitive employment support, employment and school attendance preparation support, home assistance, living training support at a facility, and livelihood support at a facility).

1 Environmental Coordination Support

There are two types of environmental coordination: the creation of the basic infrastructure necessary for sustaining human life, and the creation of an environment in which persons with higher brain dysfunctions can operate without anxiety.

- 1) Development of the basic infrastructure necessary for sustaining human life
The major infrastructures required are a living environment and an economic environment.

- (1) Development of a living environment

First, it is necessary to examine whether or not the client can continue to live in their existing dwelling-place. If there are economic problems, or if the client lives alone, or if the family is unable to provide care, then the use of public housing, an appropriate facility or a group home shall be considered.

Major remodeling of the house is rarely required. A guide rope, room signs, and guideboard in a passage, etc. shall be installed to deal with disabilities such as orientation disturbance and visual impairment. On rare occasions, a client may be forced to move after causing trouble with neighbors due to his/her social behavioral disorder.

- (2) Development of an economic environment

How to ensure "economic security" and "economic assistance" also needs to be considered. Economic security includes public pensions, compensation for industrial accidents, car accident liability insurance and life insurance.

Economic assistance for a client who has a physical, intellectual or mental disability certificate includes various benefits, medical expense subsidies, transport expenses, exemptions from house rents for public housing, and preferential tax systems.

- 2) Coordination and development of the environment

The key to successful environmental coordination is "structuring" (making

things easier for a client). A client's whole life needs to be structured so that, for example, there is a daily routine schedule that is "cut-and-dried" or simple and instantly recognizable.

Examples of support given in order to structure the daily life of a client who lives alone or who stays at home during the day are as follows:

- ① Make a checklist and put it in a noticeable place to ensure that the client puts out the fire and locks up the house.
- ② Write directions for the operation of electric appliances such as washing machines and microwaves and put them in a prominent place on the relevant appliances.
- ③ Make a list of things that should be done each day. The client then crosses out what has been done.
- ④ Place drugs in a medicine cabinet, or use a drug administration calendar so that the client does not miss taking his/her medicine.
- ⑤ Make a mark on the calendar to indicate garbage collection times.
- ⑥ Decide where to put important objects.
- ⑦ Put essential clothes in a transparent clothes box. Put a label on the box to show what's inside.
- ⑧ Install a "wandering sensor" if the client has wandering symptoms.

Physical support also needs to be structured. Those who provide support need to share information, set the same goal, and provide the same advice. The goal and the means to achieve the goal need to be described in an easy-to-understand manner, using a diagram, so that the whole support procedure can be properly structured.

There are some other options that also need to be considered when structuring a client's daily life. These options include specifying a person that the client can go to when he/she has a problem, clarifying the roles of each member of the staff, clarifying rules about do's and don'ts, and setting a daily routine schedule. If a client causes trouble because of a social behavioral disorder, it is desirable to try to identify the word, object or situation that triggered such behavior, and reduce stimulation.

Clients can live secure lives in an environment where they can participate in activities that they can do and like, where they have access to someone they trust, and where they have someone who will help them solve any problems. Persons with higher brain dysfunctions can easily get confused or cause trouble due to a change in the environment. Therefore, the development and coordination of their surrounding environment is vital.

Because it is difficult to recognize or understand higher brain dysfunctions at a single glance, persons with higher brain dysfunctions can be

misunderstood or isolated. It is, therefore, important to develop a local support system by increasing the number of people who can understand higher brain dysfunctions, involving people who can provide consultation and organizations that can accept persons with higher brain dysfunctions, and then encouraging the relevant organizations to start providing support in a smooth and efficient manner.

2 Livelihood and Care Support

There is a great need for physical nursing care, livelihood support, health management support, consultation support, activity participation support and communication support.

This section describes the support available for a client who lives at home while receiving support from his/her family.

(1) Physical nursing care

Persons with higher brain dysfunctions have a great need for "personal hygiene-related assistance such as assistance with face washing, brushing teeth, shaving, and applying makeup", "assistance with ambulation", "assistance with meal preparation and tidying up after meals", "monitoring and observation during bathing", "assistance with getting up and going to sleep on a bed", "assistance with taking off and putting on clothes", and "awakening the client to go to the toilet, and assisting the patient to go to the toilet".

Nursing care activities such as these are required because persons with higher brain dysfunctions either do not try to engage in these activities or do not know how to carry them out, and not because they are persons with physically disability.

"Assistance with waking up and going to sleep on a bed" is connected to daily rhythms. The family needs to encourage the client to go to sleep in the evening and wake him/her up in the morning.

In the case of decreased willingness or spontaneity, it is necessary to encourage the client to carry out every single daily activity. Assistance is required when the client is pressed for time.

(2) Livelihood support

Livelihood support includes "assistance with money and account management", "assistance with outings, use of transportation and recreational facilities", "assistance with dressing to suit the time and place", "assistance with clothes, personal belongings, keeping the room in good order", "assistance with outings and shopping", "assistance relating to unexpected behavior such as impulsive movements and hyperkinesis",

"assistance responding to perseveration", "assistance responding to inactivity in life in general", "assistance with unbalanced diet, overeating, allotriophagy, or rumination problems", "assistance responding to panic", and "intervening in a dispute between clients in a care setting". These support services are related to daily living skills, life management and social behavioral disorders.

If a client has severe disabilities, he/she will have a great need for all of these services. If a client has moderate disabilities, he/she will have a substantial need for daily living skills and life management, even if he/she has little need for physical nursing care. Some assistance with money management is necessary, even for clients with only mild disabilities. More serious disabilities produce an even greater need for assistance with money management.

Money management-related problems arise from memory problems (e.g., the client loses a bankbook or cash card, the client forgets a pin number or does not remember how much he/she has spent), executive dysfunction (e.g., the client cannot use money in a well-planned manner), or the lack of control of desire (e.g., the client spends all the money he/she has). Different types of assistance are required for different types of problem. In many cases, the client is only given the amount of money which he/she can manage (e.g. \$5.4 per day, \$54 per week, or \$ 217 per month). Keeping a cashbook helps raise the client's awareness of money management.

In order to use public transportation, a series of activities must be performed, including the choice of public transportation and the closest station to the destination, checking a train timetable, buying a ticket, getting on a train after checking the destination, changing a train, and then getting off at the final destination. In addition, some problem-solving ability is required in order to overcome any other problems encountered.

There are times when a client requires a companion for an outing. The client may be able to go to a familiar place alone if he/she has visited that place repeatedly. A memo outlining the route and train to be used, and a timetable, may help him/her get to that place by themselves.

The need for assistance with schedule management and time management should also be considered. This is particularly important when considering possible employment.

Livelihood support includes support for problems arising from social behavioral disorders such as inactivity, panic, abnormal eating behavior and problems with other people. However, abusive talk and violence resulting from decreased emotional control are not included in livelihood

support and since such behaviors will lead to termination of employment if they occur at work they are major impediments to social participation. Some people with higher brain dysfunctions become violent at home, even though they may be quiet outside the home. It is necessary to listen to the family in order to understand what the client is like at home before considering a suitable response.

Decreased control of desire may result in abnormal eating behavior, causing the client to eat everything placed on the table. The family is therefore required to serve only a portion of the meal by placing the plate in front of the client and hiding all confectionery etc.

(3) Health management support

Health management support includes "assistance with hospital visits", "drug administration guidance, support and monitoring, etc.", "medical procedures regarding illness and injury, etc.", "assistance understanding a medical diagnosis and the explanations provided by doctors and nurses, etc.", and "responses to health management". Assistance understanding a medical diagnosis and the explanations provided by doctors and nurses, etc. and assistance with drug administration are required even for patients with only mild dysfunctions.

The family often accompanies the client when he/she goes to a hospital because the client cannot explain his/her conditions adequately to a doctor, or adequately understand and communicate what the doctor says to the family, even if he/she can go to a hospital alone. A client often administers drugs him/herself by using compensatory means. The family often needs to check or monitor drug administration, or repeatedly explain the need to take drugs.

"Overeating", "too much intake of alcohol and coffee", "excessive smoking" and "lack of exercise due to inactivity" are deeply related to social behavioral disorders. The family often has to set a daily intake and make the client promise to stick to it.

(4) Consultation Support

"Consultation about anxiety and problems in daily life", "liaison and coordination with relevant organizations" and "psychological counseling" are necessary even for persons with only mild disabilities. Consultation support for "anxiety and problems in daily life" is necessary for all clients, regardless of the severity of their disabilities. This is the type of support needed most by persons with mild higher brain dysfunctions. Their families provide consultation on a daily basis. Specialist staff from supporting organizations or medical institutions may also provide frequent

consultation.

(5) Activity Participation Support

Persons with moderate or serious higher brain dysfunctions are likely to require "assistance with participation in recreational activities and events, etc." There is a great need for "assistance with learning activities, self-determination and self-choice" among all clients.

(6) Communication Support

There is also a need for assistance with the "preparation of materials for information provision" and the "operation of word processors and PCs as a communications tool".

In real life, a client can find himself/herself in a situation where "he/she cannot use a telephone because he/she cannot take a message properly", "he/she feels lonely in a group conversation", "he/she is misunderstood because his/her understanding or communication is inadequate", and "he/she has difficulty conducting a smooth conversation and interacting with people". Support is required in order to help the client and other people understand each other, and help the client so that he/she will be received into the group.

(7) Other Support

A client's family tries to support the client as best as they can in the "act of signing a contract" and the "preparation of documents". In some cases, the client is forced into a "con game" with his/her family struggling to sort out the mess. A person with mild higher brain dysfunctions has difficulty responding to unexpected situations, even if he/she is independent in daily life. In many cases, the family can help the client solve these problems.

3 Family Support

It is often the case that people with higher brain dysfunctions live at home while receiving care. Therefore, their families undertake most of the daily living support described in the "livelihood support and care" section above. Families are placed in a situation where there are few consultation bodies and facilities available that they can use, and so they are unable to use public welfare services. In addition, medical institutions and those around them may have little understanding of higher brain dysfunctions. As a result, some families cannot understand the disabilities they are faced with and have no way of knowing what to do, which only deepens their confusion further.

Family support includes "home helpers", "mental care and consultations", "introduction to and the use of family associations and seminars", "the provision of information about systems and social resources", "coordination of the use of

systems and social resources", "day service" and "respite care".

One of the means available to provide mental care and consultation to families is to reduce their mental stress by listening to their problems and hardships, and helping to facilitate their acceptance of clients' disabilities. If families do not know how to respond to social behavioral disorders, it would help if they were taught what to do in specific terms.

Experts are not the only ones who can provide mental care and consultation. Providing peer counseling by bringing families in a similar situation together can also be very effective.

It is often the case that not only those around clients but also their families lack a good understanding of higher brain dysfunctions. The participation in seminars related to higher brain dysfunctions by healthcare and welfare professionals, clients and their families will help. Families will then come to understand that there are many people who have the same disabilities and that they are not the only ones who are suffering. They will be heartened by that fact and will then be able to view higher brain dysfunctions more objectively.

Once in possession of a disability certificate, clients have greater access to welfare services and social resources. Therefore, they should be encouraged to investigate whether any physical, intellectual or mental disability certificates are obtainable and if it is possible to apply for one.

To coordinate the use of social resources, tours of inspection and experience programs should be conducted in order to decide whether a client will use them or not.

If a facility is used as a means of social participation, it is necessary to approach the facility in order to help the staff understand higher brain dysfunctions and have them provide suitable support. It is also necessary to provide consultation services and advice to the facility if they have difficulty in providing support to persons with higher brain dysfunctions. Persons with higher brain dysfunctions may have negative feelings about a facility for persons with disabilities and may resist involvement because they do not fully understand their own disabilities. Therefore, it is necessary to provide a comprehensive explanation so that they can understand what the facility offers and will be motivated to use it. Otherwise, they will not be able to make full use of the facility and their condition will not be stabilized.

The facility must understand not only the clients' physical disabilities but also the characteristics of their higher brain dysfunctions if they are to provide day service and respite care. Otherwise, various problems may arise and the facility could refuse admission to clients. Clients' families feel cornered when they hear a facility complaining about its clients.

In order to support families, it is necessary to consider not only families' problems and look for ways to solve them, but also to increase the number of people in the community who understand higher brain dysfunctions.

References

- 1 Model Project for Supporting Persons with Higher Brain Dysfunctions Interim Report, March 2003, National Rehabilitation Center for Persons with Disabilities, Japan
- 2 Model Project for Supporting Persons with Higher Brain Dysfunctions, Case Report
Vol. 1, March 2003,
Model Project for Supporting Persons with Higher Brain Dysfunctions, Local Base Hospital Liaison Council
- 3 FY2002 Higher Brain Dysfunctions Support Model Project Implementation Report, May 2003, Higher Brain Dysfunctions Support Model Project Local Base Hospital Liaison Council
- 4 Higher Brain Dysfunctions Support Model Project Report - from FY2001 to FY2003, March 2004, National Rehabilitation Center for Persons with Disabilities, Japan
- 5 Higher Brain Dysfunctions Support Model Project, Collection of Case Examples Vol. .2, March 2004, National Rehabilitation Center for Persons with Disabilities, Japan
- 6 FY2004 Higher Brain Dysfunctions Support Model Project Implementation Report, Higher Brain Dysfunctions Support Model Project Local Base Hospital Liaison Council

For information about the Higher Brain Dysfunctions Support Model Project, please visit the website below.

<http://www.rehab.go.jp/ri/brain/index.shtml> (in Japanese only)

Higher Brain Dysfunction Support Application Form

※For support base organization use only
No. _____

I am applying for Higher Brain Dysfunction Support as follows.

Date of Application (Date) (Month) (Year)

APPLICANT	Name		Date of Birth	(Date) (Month) (Year) (Date) (Month) (Year) (Age:)
	Present Address	〒	Sex	Male • Female
			TEL :	— —
			FAX :	— —
Physical Disability Certificate Number ()		Intellectual Disability Certificate Number ()	Mental Health Welfare Certificate Number ()	
Please state your problems and the type of support that you require. (Please be as specific as possible.)				

Written by the applicant / Written on behalf of the applicant (Circle one of the two.)
Name of the person who has written this document on behalf of the applicant:

SUBMITTER	Name		Agent / Representative (Circle one of the two.)	
	Address	〒	Relationship with the applicant:	
			TEL:	— —
			FAX:	— —

Case Card

*For use by support center
No. _____

Higher brain dysfunction support center:
Higher brain dysfunction support coordinator:

Filled in by:
Date: Year Month Day

Name		Date of birth	Year	Month	Date (Age:)
		Sex	Male/Female		
Current address	Post Code				
	TEL: - -		FAX: - - -		
Emergency contact	Name Relationship ()				
	Address Post code				
	TEL: - -		FAX: - - -		
Attending physician	Hospital	Department	Physician		
Diagnostic / Disorder name					
Certificate(s)	Physical disability certificate	Yes (Type Grade)	No	Applying	
	Mental disability certificate	Yes (Grade)	No	Applying	
	Intellectual disability certificate	Yes ()	No	Applying	
Current Center/ Service(s)	(Center class, center name, center contact address, person in charge, etc.)				
Use of social system	Support benefit	Yes ()	No	Claiming	
	Long-term care insurance	Yes ()	No	Claiming	
	Others ()				
Health insurance	National health insurance Social insurance Mutual aid insurance Public Assistance benefit Others ()				
Disability benefits	Self-support Nourishment Severely disabled Others ()				
Higher Brain Dysfunction	Memory problem Attention problem Executive dysfunction Unilateral spatial neglect Social behavioral disorders [Decreased willingness/spontaneity Decreased emotional control Difficulty with interpersonal relationships Perseveration Others ()				
Physical complication(s)	Paralysis (Panplegia/Right hemiplegia/Left hemiplegia) Ataxia Aphasia Others ()				
Function data	HDS-R (/30)		Barthel index (/100)		
	TMIG index of competence (/13)		Disturbance scale (/8)		
Shifting means	Walk independently Walk under observation Walk with support Independent with wheelchair Support with wheelchair Equipment ()				

Form 2

Date of injury/onset	Year	Month	Day
Medical history			
Progress of current treatment			
[Medical caution(s)]			
History of centers	Year	Month	
	Year	Month	
	Year	Month	
Progress of training/support			
[Caution(s) regarding support]			
Life history (including education and employment)			
Study/work status before onset	Office worker Housewife/husband	Civil-service worker On leave	Part-timer Unemployed
			Self-employed Others ()
Financial status	Family structure chart		
Family status			
Remarks			

Filled in on: Year Month Day

<p>Outcome (to be filled in at the end of support)</p> <p>Employment assistance Education assistance Assistance at vocational aid center Assistance at small workshop Assistance for pre-employment/education Assistance at home Assistance for daily living training at centers Assistance for daily living at centers</p> <p>[Specify]</p>

* For support base organization use only

No. _____

Form 3

Higher Brain Dysfunctions Support Needs Determination Form

Higher Brain Dysfunctions Support Coordinator:

Registrant:

Date of Registration: (Date) (Month) (Year)

First Time / Time

Name:	(Male / Female)	Age:	
Accommodation Status:	Hospitalized	Lives at a facility	Lives at home
Family Status:	[Support & Understanding] Available	Not Available	
	[Key Person]		
Relationships with people other than family:	Good	Not Good	

Important Note

This determination form is **used to determine the type of support required by persons with higher brain dysfunctions.**

This document must be filled out by a **person who is not a member of the family and who mainly provides support to the client.** The said person shall **evaluate the type of support currently required by the client,** based on the actual conditions of the client and his/her family. The said person is to circle **only one of the three options available in order to indicate whether there is “great need”, “moderate need” or “no need (little need)” for support,** regardless of the reason why the client needs that support (i.e., higher brain dysfunctions or physical disability). If support does not apply to the client or if it has not been confirmed that support applies to the client, please circle “no need (little need)”.

If some other type of support is required, please refer to “Other Support” on the separate table at the end of the document. Please use the “Special Instructions” to describe the type of support required, if it is not already included in the document.

Evaluation Item		Need		No Need (Little Need)	
		Great Need	Moderate Need		
① Physical Nursing Care	1	Assistance with personal hygiene such as face washing, brushing teeth and applying makeup	All-round support required	Partial support required	Little need for support
	2	Ambulation assistance	All-round support required	Partial support required	Little need for support
	3	Meal preparation and tidying up after meals	All-round support required	Partial support required	Little need for support
	4	Monitoring and observation while bathing	Constant support required	Occasional support required	Support required less frequently
② Daily Living Support	1	Assistance with money and account management	All-round support required	Partial support required	Little need for support
	2	Assistance with outings, use of transportation and recreational facilities	All-round support required	Partial support required	Little need for support
	3	Assistance with dressing to suit the time and place	All-round support required	Partial support required	Little need for support
	4	Assistance with clothes, personal belongings, keeping the room in good order	Constant support required	Occasional support required	Support required less frequently
	5	Assistance with outings and shopping	Constant support required	Occasional support required	Support required less frequently
	6	Assistance relating to unexpected behavior such as impulsive movements and hyperkinesis	Constant support required	Occasional support required	Support required less frequently
	7	Assistance responding to perseveration	Daily support required	Occasional support required	Support required less frequently
	8	Assistance with independent activities and self-motivation in all aspects of life	Constant support required	Occasional support required	Support required less frequently
③ Health Management Support	1	Assistance with hospital visits	Constant support required	Occasional support required	Support required less frequently
	2	Drug administration (e.g. guidance, assistance and monitoring)	Daily support required	Occasional support required	Support required less frequently
	3	Medical procedures regarding illness and injury, etc.	Constant support required	Occasional support required	Support required less frequently
	4	Assistance with understanding any diagnosis and explanation provided by doctors and nurses, etc.	All-round support required	Partial support required	Little need for support
	5	Assistance with health management (e.g. health checks/prevention of bed sores and obesity/appropriate exercise/excessive intake of alcohol, tobacco or coffee)	Daily support required	Occasional support required	Support required less frequently
④ Consultation Support	1	Consultation about anxiety and problems in daily life, etc.	Extensive support required	Occasional support required	Support required less frequently
	2	Guidance for the family when the client enters a facility. Liaison and coordination with the family	Constant support required	Occasional support required	Support required less frequently
	3	Liaison and coordination with the relevant organizations (e.g. welfare offices, local facilities, day-care institutions)	Constant support required	Occasional support required	Support required less frequently
⑤ Activity Participation Support	1	Assistance with events and activities taking place at the facility (planning of and participation in summer festivals/cultural festivals/athletic meetings)	All-round support required	Partial support required	Little need for support
	2	Assistance with participation in local community activities (e.g. community associations)	All-round support required	Partial support required	Little need for support
	3	Assistance with participation in recreational activities such as group activities and hobbies	All-round support required	Partial support required	Little need for support
	4	Assistance with participation in events taking place outside the facility, such as travel	All-round support required	Partial support required	Little need for support
	5	Assistance with exercising the right to vote during elections for public office, etc.	All-round support required	Partial support required	Little need for support
	6	Assistance with participation in activities undertaken by clients	All-round support required	Partial support required	Little need for support

Evaluation Item		Need		No Need (Little Need)	
		Great Need	Moderate Need		
⑥ Training and Work Support	1	Assistance with transportation/ambulation relating to training and work	All-round support required	Partial support required	Little need for support
	2	Assistance in building up motivation for training and work	All-round support required	Partial support required	Little need for support
	3	Training and work appropriate for the client's communication ability, cognitive level and comprehension	Constant support required	Occasional support required	Support required less frequently
	4	Assistance with understanding the content of training and work	All-round support required	Partial support required	Little need for support
	5	Safety considerations during training and work	Constant support required	Occasional support required	Support required less frequently
	6	Assistance with preparation and clearance relating to training and work	All-round support required	Partial support required	Little need for support
	7	Disaster prevention training and guidance that takes disabilities into account	All-round support required	Partial support required	Little need for support
	8	Training and guidance for wheelchair operation and walking/behavior in daily life/self-catheterization, etc.	All-round support required	Partial support required	Little need for support
	9	Assistance with transition training to return to the local community and home (e.g. cleaning, washing, cooking, menu planning and household accounting)	All-round support required	Partial support required	Little need for support
	10	Applied performance training/endurance and alertness training/training to improve physical strength in order to adapt to society	All-round support required	Partial support required	Little need for support
	11	Training and guidance relating to Architect CAD/Machine CAD/information processing/basic PC skills, etc.	All-round support required	Partial support required	Little need for support
	12	Training and guidance relating to clerical work/pottery/sewing and handicrafts, etc.	All-round support required	Partial support required	Little need for support
	13	Training and guidance relating to woodwork/wood carving/bag making/hole making/packaging/manufacturing and assembly operations, etc.	All-round support required	Partial support required	Little need for support
	14	Training involving daily living skills such as recreation and gardening	All-round support required	Partial support required	Little need for support
⑦ Communication Support	1	Communication training	All-round support required	Partial support required	Little need for support
	2	Preparation of special materials for information provision in due consideration of the client's disabilities	All-round support required	Partial support required	Little need for support
	3	Assistance with writing and the operation of a word processor/PC, etc. (including writing on behalf of the client)	All-round support required	Partial support required	Little need for support
	4	Assistance with handling telephone calls and fax messages	Constant support required	Occasional support required	Support required less frequently
⑧ Return to Society	1	Coordination of local support systems required for post-facility life	All-round support required	Partial support required	Little need for support
	2	Liaison and coordination with the relevant organizations	All-round support required	Partial support required	Little need for support
	3	Preparation and evaluation of employment support programs	All-round support required	Partial support required	Little need for support
	4	Assistance relating to on-the-job training and workplace	Constant support required	Occasional support required	Support required less frequently
	5	Assistance relating to the selection of an employer and coordination with the employer	All-round support required	Partial support required	Little need for support
	6	Follow-up activities after returning to society	Constant support required	Occasional support required	Support required less frequently
⑨ Family Support	1	Home helper service	Daily support required	Occasional support required	Support required less frequently

Support for Return to Society, Livelihood Support and Care Support Program Document (New / Continued _____ th time)

Name: Higher Brain Dysfunctions Support Coordinator:

Support Program Formulation Committee
 Date of Meeting: (day of the week) (date) (month) (year) : ~ :
 Attendee:

Facility Currently Used:

Goal of and Period for Support Program:

Content of Support Program: Employment Support School Attendance Support Sheltered Workshop Support Small-Scale Workshop, etc. Support Employment and School Attendance Preparation Support Home Assistance Daily Living Training at a Facility Daily Living Support at a Facility

Support Item	Goal of Support	Content of Support Program	Supporting Facility, Support Staff, Frequency, etc.

※ For support base organization use only
No. _____

Support for Return to Society, Livelihood Support and Care Support Program Document (Completion)

Name: Higher Brain Dysfunctions Support Coordinator:

Support Program Formulation Committee
Date of Meeting: (day of the week) (date) (month) (year) : ~ :
Attendee:

Facility Currently Used:

Goal of and Period for Support Program:

Content of Support Program: Employment Support School Attendance Support Sheltered Workshop Support Small-Scale Support Workshop, etc. Support Employment and School Attendance Preparation Support Home Assistance Daily Living Training at a Facility Daily Living Support at a Facility

Support Item	Goal of Support	Content of Support Program	Supporting Facility, Support Staff, Frequency, etc.

Conclusion	
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Form 5

Higher Brain Dysfunctions Support Program Notification Form

No.

(Date) (Month) (Year)

_____ (City/Ward/Town/Village)

Dear Sirs/Madams, _____

_____ (Seal)

This notification is to inform you of the support program which has been developed specifically to supply the higher brain dysfunctions support you have applied for.

If you have any questions, please feel free to contact the support officer below.

Name of the person to receive support			
Goal of Support			
Starting Date of Support		(Date) (Month) (Year)	
Scheduled support period		About months	
Support Program	Support Item	Content of Support	Supporting facility, support staff and frequency of support, etc.

Support Base Organization	
Support Staff	Name Address of the organization the support staff belongs to TEL: — — FAX: — —
Cooperating Facility	

Form 6

Higher Brain Dysfunction Support Program Completion Report

No. _____

(Date) (Month) (Year)

_____ (City/Ward/Town/Village)

Dear Sirs/Madams, _____

_____ Seal

This notification is to inform you that the higher brain dysfunction support program has been completed for the following reasons.

If further support is required, please contact the support staff listed below.

Name of the person who has received support	
Date of termination of support	(Date) (Month) (Year)
Reason for completion (Result of Support)	
Future Direction	
Remarks	

Support Base Organization	
Support Staff	Name Address of the organization the support staff belongs to TEL: — — FAX: — —
Cooperating Facility	