

## LEEP PROGRAM

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On April 3, 1980 Kevin W., now age 23, was involved in a motorcycle accident in Houston, Texas -- an accident which left him partially paralyzed. He tried using leg braces but developed leg spasms that would cause him to fall. To help suppress feelings of anger, frustration, and boredom he began to rely more on alcohol and valuem.

Kevin came to Baltimore in June, 1982 to live with his mother. During the 4th of July weekend Kevin was partying with friends and went into a swimming pool while highly intoxicated. Nearly dryoning, he had to be lifted up from the bobtom of the pool, resultated, and flown by Med-Evac helicopter to Maryland's Shock Trauma Center of University Hospital.

Two months later Kevin is a different person. After two near confrontations with death, he says he has "settled down a lot" and that his "habits have changed" considerably. He has recognized his alcoholism and is attending AA sessions. Moreover, Kevin believss he is now "at better grips" with himself, due in part to a special post-hospital rehabilitative program that has helped him take a closer look at himself.

This program is the Life Enhancement and Education Program (LEEP), a nine-week, the Cooperative Miemss/Easts Seals of Central Manyland. Structured day program offered by the Center for Living in Brooklyn Maryland. Begur in May, 1982, LEEP was designed to help those with head trauma or spinal cord injuri readaust both psychologically and socially to their environment after the trauma or accident. Since clients often have cognitive deficits as a result of brain injury in the areas of communications, cognition, and mobility are stressed, along with needed for personal and psychological adjustment.

The LEEP program uses a systematic, highly structured psychofsocial and bel approach. Each week includes activities involving psychodrama, dance and move therapy, transitional skills, and group therapy. Sessions in substance abus and leisure skills have also been offered. Clients meet Monday through Thy 9:00am until 2:30 pm for nine weeks.

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During psychodrama sessions clients role-play situations and dramatize their feelings in a structured setting. These sessions are videotaped and then utilized in group therapy.

The purpose of dance and movement therapy in the program is to allow clients to become comfortable with their bodies. By dancing or performing sequences of movement with a ball or other prop, clients not only develop coordination and balance skills, but also increase memory recall capabilities.

Transitional skills sessions focus on such topics as decision-making, assertiveness training, and interviewing and job readiness. They attempt to raise a person's selfesteem and sense of independence so that he will be better equipped with the personal skills needed for what is sually the next stage of rehabilitation -- the vocational stage.

Cosmotology sessions at try to help a person feel better about himself by working on improving his physical pearance. Substance abuse sessions are offered since clients often have been involved accidents where they had abused alcohol or other drugs. During the program four personal

Idualy when the goals he has set for himself.

Barbara Wallick, is coordinator of the LEEP program. Elaine Rifken, MSW, Services for the Center for Living, does the initial psycho-Director of Psycho a candidate and offers individual and family counseling. social evaluation LEEP staff include: Monica Beltram, MA, movement/music therapist; Others currently st: Dick Schreder, PhD, psychodramatist; and Lisa Reeves, MA, clients may also utilize the services of other professionals group therapi psychometrician, counselors for therapy) at the Center for Living. (speech pat for the success of the LEEP program is the involvement of the

A crucieam meetings. Each client has two team meetings during the nine-week that man be attended by client's may be present family, friends, and professionals (e.g., speech pathprogramlor, etc.). These meetings, stressing communication and support, ologis Vocational Rehabilitation

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serve as an educational tool and model to help both the client and his family (and fig. friends) continue to adapt to the trauma. As Elaine Rifkin, Director of Psychosocial.

Services for the Center for Living, points out, "the beauty of the program with this kind of team approach is that it takes the burden of blame off the client and stresses the cooperation of all."

The present is interested in participating in the LEEP program he first is interviewed and given a psychodiagnostic evaluation. Then a person's family and significant offices the present of the individual, a person may be recommended for the LEEP program -- or, if not, then perhaps for some other services offered either by the Center for Living (i.e., psychotherapy, cognitive retraining, speech and language program) or by other outside rehabilitative agencies. Those who decide to participate in the LEEP program then make a contract to attend the sessions, while more data on the client is gathered from with many clients thought on a sliding scale.

MIEMSS or the particular Rehab genter. Cost for the nine-week program is \$765,00.

What happens after a client completes the program? LEEP staff continue to remain active with each client on an individual basis until that person is firmly situated. Since the LEEP program focuses primarily on the psychosocial phase in the client's total rehabilitative plan, clients usually are prepared to make a transition into the educational/vocational phase. Some, like Kevin, make plans to spend time at a gehab Center to be evaluated for aptitude and receive graining in vocational skills. Hopefully, those completing the program all leave better prepared to realize their personal goals.