



INSWABI Progress Report

Vol 5, Issue 1

January – June 2011

1. Coming up to five years

It gives us great pleasure to provide the 9th Progress Report for the International Network for Social Workers in Acquired Brain Injury. Our next issue will represent our first 5 years.

In this report, we are pleased to be able to share profiles of two INSWABI members from Ireland. The INSWABI committee has started to meet using Skype and this has greatly increased our efficiency and productivity - the committee's current activities are detailed below.

Andy Mantell and Patti Simonson provide an update on the latest in Social Care and Neuro-disability. In the research corner we update on our progress in the ABI and SW systematic literature review. We introduce Interchange, a new set of resources that summarise discussions among the network in response to questions raised by INSWABI members.

2. Profiles from Ireland

Anne O'Loughlin



Anne O'Loughlin is Principal Social Worker at the National Rehabilitation Hospital (NRH) in Dublin, the only rehabilitation hospital in the country. The NRH serves adults and children with brain injury, spinal cord injury, congenital and traumatic limb loss and other neurological conditions through its acute in-patient, out-patient and outreach programmes.

Anne has been in social work for over 25 years and has worked in various areas of social work in the UK and the USA as well as in Ireland. She

The first interchange report, compiled by Bronwyn Stephenson from Christchurch New Zealand, summarises the discussion on information resources for children who have parents with a brain injury. In the new resources and programs section, Daniella Pfeiffer showcases a new program developed in Sydney that aims to build resilience among families supporting relatives with TBI or spinal cord injury. Denise Young reviews an American resource written to provide an introduction to TBI for social workers who only have occasional contact with such clients.

Finally, we review two conferences from the first half of 2010 and look towards upcoming conferences in 2012 and 2013. We hope you enjoy the read.

Dr Grahame Simpson
Co-convenor

Patti Simonson
Co-convenor

ABI in Children and Adolescents. She has presented at several conference on these topics as well as on carer training and support.

Apart from a few agencies in the community working specifically with people with brain injury, community services for this client group in Ireland are severely limited. The current economic recession has further eroded the provision of services such as personal assistance, respite, school supports and assisted living. Many young people with severe ABI are living in nursing homes for the elderly and access to family supports and social work in the community is rare. Anne feels that advocacy is a vital part of the social work role and was a

INSWABI Progress Report

January – June 2011

founding member of Brí, The Acquired Brain Injury Advocacy Association.

The organisation aims to support all those affected by brain injury and to raise awareness of the condition and influence policy makers. She is also a member of the Department of Health and Children's working group which is just about to produce Ireland's first national neuro-rehabilitation strategy.

Social Work in brain injury is a very small field in Ireland and the link with social workers in other countries through INSWABI is hugely welcome. Anne and her social work team were delighted to host a meeting of the INSWABI committee during the 6th International Social Work Conference in Health and Mental Health held in Dublin last June. The sharing of ideas and experiences has continued via the internet and Skype such as the many welcome ideas for a programme for children of parents who have a brain injury which Anne and her colleagues are hoping to initiate.

Since September 2010, Anne has been released from the hospital for two days a week to lecture on the Masters in Social Work programme in University College Dublin. She is finding this a fantastic learning experience and a wonderful opportunity to link the worlds of practice and academia. She would like to undertake some research on interventions with families affected by brain injury, maybe even an PhD but would definitely need lots of INSWABI support to realise this ambition!!

Linda Buck



Linda is a Social Worker employed by 'Acquired Brain Injury Ireland.' ABII is a registered charity and marked its tenth anniversary in 2010. The service offers rehabilitation in the home of

the person with an ABI, independent living options, a Day Service, and the support of Psychologists, Case Managers, Social Workers and people with Spinal Cord Injury and Acquired Brain Injury.

Linda moved to Ireland from the United Kingdom in 2007 and has been a Social Worker with ABII since February 2009. She qualified in the UK in 1980 and her varied career has included multi-disciplinary management and practitioner roles, practice teaching, probation work and teaching on a Social Work course. When in the UK she worked in statutory care provider services, in non-governmental organisations and in the private care sector.

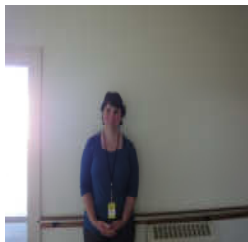
Her main interest is in service development and her most recent collaboration has been with the Youth Service to develop programmes to increase awareness of ABI in young people and to promote prevention strategies.

3. Interchange reports

The Interchange Reports represent a record of some of the peer discussions that the network has undertaken in response to clinical or service-related questions raised by INSWABI members. The richness of the wisdom and experience that have informed these discussions make an invaluable resource which we do not want to lose. The Interchange Reports will be a permanent record of these discussions and will be uploaded onto the INSWABI website as they are finalised for all INSWABI members.

INSWABI Progress Report

January – June 2011

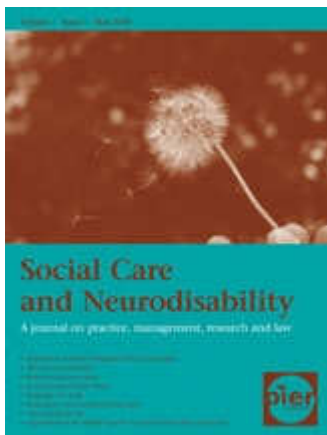


The first Interchange Report comprises the discussion and ideas in response to a question by Bronwyn Stephenson (pictured), INSWABI member from

Burwood Hospital Christchurch New Zealand. Bronwyn asked about literature suitable for children who have a parent who sustains an Acquired Brain Injury. INSWABI members came up with lots of options and Bronwyn has compiled a list of resources which can be found at the end of this Progress Report. Keep an eye out for further Interchange Reports about past and future INSWABI discussions.

By Grahame Simpson and Bronwyn Stephenson

4. Social Care and Neurodisability



Social Care and Neurodisability is a quarterly journal which aims to be a single source of knowledge on legislation, best practice and research for those working with, and affected by,

neurological conditions. This issue explored empowering those who are marginalised; people with dementia, subarachnoid haemorrhages and children who have acquired brain injuries.

The practice section focused on the needs of those with dementia. David Moore and Kirsty Jones discussed a local authority's experience of implementing the personalisation agenda with people with dementia. From interviewing clients, family carers, social care staff and managers,

they found that one of the biggest hurdles was the attitude of staff. This included deciding that people with dementia could not benefit from such initiatives. They highlight the importance of hearing what people with dementia and their familial carers want, rather than making assumptions. As they noted (Carr 2010: 2):

Personalisation means thinking about care and support services in an entirely different way. This means starting with the person as an individual with strengths, preferences and aspirations and putting them at the centre of the process of identifying their needs and making choices about how and when they are supported to live their lives.

Moore and Jones quoted a manager of day services as saying: 'So often services for people with dementia are 'sitting services'. We can't be that anymore.' Such a view would be echoed by Garuth Chalfont in the second practice article. He challenges the traditional orthodoxy on what day centres should provide and used an example of how even the environment of a day centre can become an innovative tool for the rehabilitation of people with dementia.

In the last Issue of Social Care and Neurodisability, the importance of listening to the client's voice was emphasised and this theme continued in this edition. In Colin Pritchard *et al's* article, drawing on a re-analysis of two earlier studies, they argued that developing services based on the patient being seen as the expert on their needs, not only leads to better psychological, social and economic outcomes for patients and their families, but can also lead to substantial savings for services. They estimated that the provision of a Specialist Neuro-vascular Nurse focusing on their psychological and wider ecological needs leads to more rapid community re-integration and provides a combined saving to services and families of approximately £9.83 million per year.

INSWABI Progress Report

July – December 2010

The legal section offered a comparison between the two primary injury compensation systems in the UK. Neil Sugarman examined how the Criminal Injuries Compensation Scheme (CICS) 2008 applied to people with ABI and Malcolm Underhill illuminated the personal injury litigation process.

In Neil Sugarman's article he clarified that the CICS is not intended to be 'restorative' as is the case with personal injury litigation, instead it is meant as an 'expression of public sympathy'. As he pointed out, it is an expression that was capped at £500 000, a figure which has remained unchanged since it was radically amended to a tariff system in 1996, not even rising with inflation. Using a tariff system, based on categories such as 'moderate' and 'moderately severe' means that claims officers and appeal panel members with 'minor judgements of language and terminology can make a major difference' in the amount a person is awarded. Compensation is paid for up to three injuries with the primary injury attracting the full tariff and the secondary and tertiary injuries receiving 30% and 15% of the tariff respectively. Sugarman warned that in complex cases such as traumatic brain injury it may be very easy for the Criminal Injuries Compensation Authority (CICA) to incorrectly judge the relative severity of injuries. He provided a guide through the many potential pitfalls in the scheme from, gaining accurate authoritative reports, to how the injured person's prior behaviour and character can affect their final award. As he pointed out, the later can be particularly unfair where the victim dies and their partner and children are still penalised. Whilst the CICA encourages lay application, Sugarman noted that fifty per cent of applications are initially rejected and he strongly recommends that practitioners ensure that legal representation is sought. Even so, he highlighted the striking disparity between the level of awards from CICA

and those from personal injury litigation for the same level of injury.

Malcolm Underhill provided a step by step guide to personal injury litigation. Whilst the CICS appear to be in urgent need of revision, as Underhill demonstrated, personal injury litigation has tried to adapt to current needs. He explained how the litigation process has evolved so that there is now a greater emphasis on meeting the needs of the client and that settlements are much more likely to be by periodical payments rather than lump sums and that there has been a shift from the adversarial approach towards a consensus model.

The resource section contained a review by Hugh Rickards and Rebecca Place of 'The Handbook of Developmental Social Psychology' (edited by Michelle de Haan & Megan R. Gunnar). This book provides a good introduction to new researchers in this important field. As they point out, neuroscientists and sociologists need to work more closely together in the future to develop a shared narrative in our understanding of human development.

Barbara Winston highlights a very insightful quote on communication in 'Sensory Awareness and Social Work' by Michelle Evans and Andrew Whittaker: "...communication is too often taken for granted when it should be taken to pieces" (Fiske 1994: viii). This book is also a good introductory text for those working with people with sensory impairments, but as with the rest of this series by Learning Matters, is particularly aimed at social work students. However, as Winston remarks, it also provides an indispensable reference for practitioners in this field.

The forum section in this issue has been revamped to encourage readers to actively engage in the journal, and with each other, in an exchange of questions and answers to the thorny issues that are facing you in practice.

INSWABI Progress Report

July – December 2010

In times of financial austerity it can become expedient to consider broader psychosocial considerations as superfluous to the 'core business' of catering for an individual's basic physical and practical needs. Yet as Pritchard *et al* have demonstrated these areas should be part of the core business of social care. However, as professionals we must do more to follow Pritchard *et al*'s example to demonstrate the positive outcomes of such interventions.

Not only can ecological concerns become marginalised as resources become scarce, so can people with complex needs, as a Community Sister told Pritchard *et al*: 'We don't do Neuro.' Over stretched workers can find themselves avoiding complex work and seeking the easiest fixes, consequently people with dementia and other neurological conditions can find themselves overlooked for self directed support or placed in day centres and other resources that maintain rather than sustain them. For the personalisation agenda to be able to achieve its full potential it is essential that a 'Total Management Perspective' (Pritchard *et al*) is not only implemented but strongly advocated within the health and social care systems.



By **Andy Mantell and Patti Simonson**

5. Research corner

ABI and Social Work literature review

Andy Mantell and Grahame Simpson have been working on the ABI and SW literature review. With the help of INSWABI members Thomas Strandberg, Patti Simonson, Martha

Vungkhanching and Kate Jones, we have identified and done an initial scoping of just over 70 articles published by social workers on the field of Traumatic Brain Injury over the period 1974 to 2009. Although it sounds like a lot, over a 35 year period it equate to only 2 articles a year!!!! Australia has produced the largest number of articles followed by the United States.

As the final stage of the review we have commenced evaluating the quality of the articles using the National Service Framework for reviewing evidence. We will be able to compile a complete overview of the information developed by social workers that may be able to inform our practice. We will also be able to identify many gaps where more research is urgently needed.

One of our goals will be to submit an abstract for next year's International Brain Injury Association conference on the outcomes of our findings. It may provide direction for new research or to identify other avenues for us to explore in identifying the evidence base that can inform social work practice in the field of ABI.

By **Andy Mantell and Grahame Simpson**

6. New resources



Strength 2 Strength: Building resilience among family members providing support to people with Traumatic Brain Injury (TBI) or Spinal Cord Injury (SCI)

Social workers from seven rehabilitation centres in New South Wales have developed a psychosocial group program aimed at building resilience among family members who support relatives who have sustained a traumatic injury (traumatic brain injury, spinal cord injury).

INSWABI Progress Report

July – December 2010



Funded by the
NSW Life Time
Care and Support
Authority
(www.lifetimecare.nsw.gov.au).

nsw.gov.au) this multi-centre project draws on key concepts from the resilience literature and has undertaken a number of strategies to inform the development of the program. The strategies comprised of a literature review, the undertaking of an empirical study to investigate resilience, the running of a series of focus groups and then the development of the group program itself.

Drawing upon the material identified from these sources, the project working group has developed a five session (10 hour) Building Family Resilience program, which has been called **Strength 2 Strength (S2S)**.

Underpinning these sessions are a number of key constructs associated with resilience including making meaning of the traumatic event; active coping; identifying personal strengths; developing positive appraisal; maintaining flexibility in family roles; remaining connected with close social networks and mobilising external resources. The program includes didactic input, group activities, brainstorming, watching a DVD and between-sessions homework.

After an initial pilot phase, it was determined that the program can be offered generically to families supporting relatives with either TBI or SCI. Furthermore, the program can be delivered to families in both inpatient and community settings. The program was subsequently trialled in 2010 by social workers at rehabilitation centres in metropolitan Sydney and Rural NSW. The program was evaluated using process, impact and outcome evaluations. Feedback from

participants through evaluation forms has been overwhelmingly positive. Impact and outcome evaluations were conducted by means of a non-randomised controlled trial and a standard care group has been matched to the treatment group on demographic, injury and relationship variables.

The evaluation of this program is currently being finalised and it is anticipated that the **Strength 2 Strength** program will be available for publication within the next few months. If you would like more information about this program please contact the project co-ordinator Kate Jones

By Daniella Pfeiffer

For further information about the program:

e-mail: katefjones@yahoo.com.au.

Review of a new resource: Systematic Approach to Social Work Practice: Working with Clients with Traumatic Brain Injury,

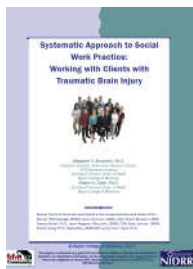
[Editor's note. I became aware of this resource last year. Due to it's central focus on our field, I have asked two INSWABI members to review it to provide different perspectives – the first by Denise Young (Australia) appears in this Report – the second by Karen Sasaki (Canada) will appear in the next Progress Report.]



This resource has been specifically developed for social workers who have not had education or training about traumatic brain injury and issues relevant to working with this client group. More particularly it is targeted at experienced social workers do not work in services that specialise in working with people with brain injuries.

INSWABI Progress Report

July – December 2010



The authors have described their purpose for developing the resource (and for the related on- line training program available through www.tbicommunity.org) as “to assist social workers to feel comfortable and confident in their clinical interactions with clients with brain injury, to increase knowledge regarding TBI, to outline skills that are useful in working with clients with TBI, and to highlight resources that may be of use to clients with TBI and their family members.”(p.2)

After an introductory section about traumatic brain injury that addresses frequently asked questions such as *What is traumatic brain injury?*, *What are common consequences of TBI?*, *How long will the problems last?*, the authors have systematically organised their resource according to the model of social work practice described by Compton and Galway (1989) in *Social Work Processes*. There are sections addressing the six (6) phases of social work practice: Contact; Problem Identification, Data Collection and Assessment; Case Planning; Intervention; Evaluation and Termination. In each phase, the authors have challenged the reader to consider their attitudes to working with this client group (including family members), they have presented knowledge pertinent to the phase of practice and they have identified skills that they consider to be essential for that phase of practice. Each section in the manual concludes with a one page summary of the section *Key Points to Remember*. For workers who do not find this model of social work practice helpful there could be a risk of disregarding the manual's content – this could be a pity as there appear to be few other resources that specifically aim to assist social

workers working with people with brain injuries. The resource also includes a limited reference section and appendices looking in more depth at a couple of issues. The final section is a two page summary of the material organised by phase of intervention under the headings Attitudes, Knowledge, Skills. This summary is designed to be printed and laminated as a practice guide. The layout of the document is enhanced by the use of colour and the selected graphics. Some of the benefits of this for ease of reading are lost when printed in black and white rather than colour. Then the density of material on some pages is more apparent.

One of the features of the resource that impressed me was the way in which the information about brain injury continued to be weaved into the knowledge and skills sections of each practice phase – this meant that if the manual were read in its entirety, the worker would get a reasonably good overview of how brain injuries can affect people who sustain them, their support systems and the way in which professionals work with them. Other areas of strength included the challenging of worker attitudes, a strong emphasis on working in a way that was culturally appropriate for the clients, the major importance of working closely with family members or supporters, the importance of understanding that brain injuries can influence the awareness that clients have of their abilities and limitations and the way this will have an impact on self determination and the way goals of intervention are structured, the importance of knowing about the person and their injury and their support system, a willingness to do things with the client rather than simply give information and the importance of the social worker working in such a way as to compensate for the cognitive, behavioural and emotional consequences of the client's injury.

INSWABI Progress Report

July – December 2010

The aspects of the document that I found more problematic were the information about injury severity and the progress of recovery and the blending of advice for working with people with both moderate and severe injuries as one block, not to mention the somewhat limited view of the scope of social workers' involvement with people with brain injuries. It is possible that the reason for the descriptions of injury severity as two categories either mild TBI (with subsets of uncomplicated and complicated mild TBIs) or moderate to severe TBI were deliberately chosen because the target audience for the resource would be more likely to work with people with mild and moderate rather than severe injuries or because the greatest number of people experience mild injuries rather than severe or extremely severe injuries. However, it seems unnecessarily limiting to blend "moderate and severe" and does colour the use of some of the material. It could also have been more clearly stated that those people with periods of PTA in weeks rather than days or hours are much more likely to have to live with the continuing consequences of their injuries. I was also concerned that the view that there is little recovery or improvement more than two years after injury was so strongly stated when many people in retrospect can see significant changes after this period.

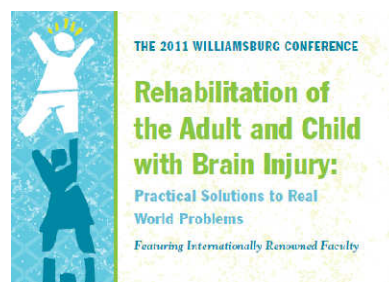
A close reading of the whole document would have identified a much broader scope of social work practice (such as the importance of the role of social worker as case manager / support co-ordinator working in community settings and ensuring a focus on social participation goals) but I do struggle with role descriptions that are limited to discharge planning, counselling, liaison with between the client and the clinical team and resource facilitator.

The section on the measurement of PTA only refers to the Galveston Orientation and Amnesia Test (GOAT) and does not refer to tests used in other parts of the world (such as the Modified Oxford PTA Scale and the Westmead PTA Scale). This indicates that the material is more particularly targeted to workers in the USA or North America as does the resource section. Readers can adapt for the USA focus in the sections talking about resources but it could be difficult for the uninitiated to identify that there are several measures of PTA and that the country in which they live might use another.

In general terms, I consider that the authors have achieved their purpose. I would have been very pleased to have access to such a resource in 1993 when I started working in brain injury rehabilitation with no previous experience as a social worker in acute health care or rehabilitation. However, my work in a specialist team would have helped me to compensate for the sections of the document that I think have limitations and this would not be so possible for people who only work irregularly with people with brain injuries.

By Denise Young

7. Williamsburg Conference, Virginia, USA – May 2011



Originally established by Virginia Commonwealth University in 1977, the Williamsburg

Brain Injury Rehabilitation Conference is the longest running brain injury rehabilitation

INSWABI Progress Report

July – December 2010

conference in the world. This year's theme - *Practical Solutions to Real World Problems* – focused on community-based interventions, the psychosocial impact of neuro-behavioural changes, and technological and medical advances for the adult and child with brain injury. In addition, three day-long pre-conference workshops were offered and addressed family challenges, behavioural analysis and a manualized intervention for improved vocational outcomes following brain injury.

Co-facilitated by Dr. Jeff Kreutzer and Dr. Emilie Godwin, “The Greatest Challenges Families Face After Brain Injury” workshop began with their theoretical framework which is grounded in family systems theory, CBT and resiliency theory. Referencing their recent article¹, they then identified the core principles of working with families post-TBI. Practice implications and techniques for healing couple relationships, coping with ambiguous loss and strengthening parenting skills were discussed and incorporated much of their Brain Injury Family Intervention (BIFI)² training materials - worksheets and handouts. The challenges of concurrent disorders, caregiver stress and managing guilt and blame were also identified.

A particularly interesting session was offered by Dr. Roger Giordano, a physiatrist in Richmond, Virginia, who spoke about longitudinal medical care for people with ABI. He commented that in

the United States, long term studies focus on disease, such as diabetes, arthritis and heart disease, and not disability, such as ABI, when it's people with disabilities who experience the greatest costs and poorest outcomes³. In the US, there are about 5,000 specialists in rehab medicine, 50% of whom work in sports medicine, leaving about 2700 physiatrists for a population of 300 million people. He believes primary care physicians trained in disability management are needed to step into this gap.

Dr. Giordano concluded that there are indications that 10 years post-injury, quality of life for our population can start to improve, but that late sequelae of brain injury such as seizures (atypical), Parkinsonian features, late onset hyperpituitism, endocrine insufficiency and Alzheimer's-Type Dementia require medical attention. His comments about longitudinal improvement were supported by Dr. Rodger Wood from the University of Wales. Both speakers raised the issue of long term gains, especially in the psychosocial realm⁴. This begs the question - what protective factors and what risk factors exist that either enhance or prevent development of resilience skills over the long term? Further review of the literature will be shared with INSWABI as available.



By Karen Sasaki and Cathie Percival

¹ Article by Jeffrey S. Kreutzer et al “Practical Approaches to Effective Family Intervention After Brain Injury”, J Head Trauma Rehab, 2010, V. 25(2):113-120. *This article is strongly recommended for students and/or social workers new to brain injury practice.

² VCU Family Support Research website (including information about Brain Injury Family Intervention (BIFI), clinical resources and publications) at www.tbifamilyresearch.com

³ National Board of Health, Denmark, 2010. “Brain Injury Rehabilitation – A Health Technology Assessment”

⁴ Article by Rodger Wood “Long Term Outcome of Serious TBI”, European Journal of Anaesthesiology, 2008, 25(42):115-122.

INSWABI Progress Report

July – December 2010

8. Upcoming Conferences

Ninth World Congress on Brain Injury



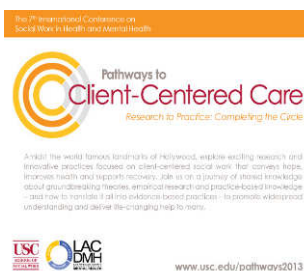
The Ninth World Congress on Brain Injury will be held in March 21-25, 2012, at the Edinburgh International Conference Centre.

The Congress will be relevant to professionals who work with people with acquired brain injury. It will provide a forum for education, formal and informal discussion and debate. As usual, the scientific program will include talks from internationally renowned experts in the field of brain injury, scientific poster and paper presentations, candlelight sessions with experts, as well as, pre- and post-conference symposia.

INSWABI members are planning to attend so if you are going, let us know and we will try to organise a get together during the conference.

Watch this space for latest information

The 7th Conference on Social Work in Health and Mental Health in 2013



Looking forward from 2010, the next conference will be held in Los Angeles in 2013, hosted by the University of Southern California.

In the next Progress report we will issue a call for expressions of interest from INSWABI members who might wish to attend the LA conference and do a presentation on some aspect of SW practice in ABI. We had almost 14 presentations at the Dublin conference and it would be great if we could reach a similar number of presentations in LA.

9. INSWABI Committee news



The INSWABI Committee had its first Skype meeting in May of this year and it was so successful that we plan to hold all future committee meetings by Skype. All committee members have therefore downloaded the program.

Arising from the committee meeting, the committee identified a number of tasks to work on over the next 6 months. This has included:

- The development of a marketing brochure about INSWABI that can be used to let people know about us – Patti has completed this work and now all new membership applications are being forwarded on this form
- Develop a template to retain the information and summarise the discussions held by INSWABI members in response to questions that are raised – these reports will be called Interchange reports and the results from the first one has been included in this Progress Report
- Explore options for developing a stand-alone INSWABI website
- Explore the possibility of hosting webinars as a training mechanism for INSWABI members

Our next committee meeting for 2011 will be held later in September.

INSWABI Progress Report

July – December 2010

10. INSWABI membership update

INSWABI currently has a membership of 120 social workers from around the world. We would like to welcome the following new members who joined between Jan and June 2011 from Canada, Australia, and the United States:

| | |
|----------------------|--------------------------------------|
| Mary Cuy | Sydney Australia |
| Tristan Townsend | Sydney Australia |
| Christine Stapleford | Toronto Rehab Canada |
| Rebecca McDaniel | Louisiana State University USA |
| Melissa Cutler | Bridgepoint Health Toronto Canada |
| Gary Davies | London Ontario |
| Laura Shamis | Ontario Canada |

11. Pass this on.

Please circulate the progress report to any of your colleagues who might be interested.

12. Interested in joining INSWABI?

Patti Simonson

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INSWABI Progress Report

July – December 2010

Interchange report:

Resources for children with parents who sustain a brain injury

I made a request through the network for some suggestions of resources that would be appropriate for children whose parent/s have had a brain injury. This was brought about as a patient had been admitted into our ward who had children and resources/information was sought to assist them with their understanding of what had happened to their parent. I had no resources, (the only pamphlet we had was "Grandpa has had a stroke" and this was not relevant for children whose parents have had a stroke), and had no success with attempting to find any that would be applicable for them. I did note in my searching there were numerous resources available for parents whose child/re have sustained a brain injury. It was therefore, encouraging to receive so many suggestions. The information obtained from the network has identified a wide variety of resources that come in several different forms, ie. Books, pamphlets, websites, cd and research papers. Once time becomes available, I will start the search to find the different resources on offer.

1. "Accidents Can Happen!!" (Simpson cartoon booklet)
2. Neurosciences for Kids
<http://faculty.washington.edu/chudler/neurok.html>
3. Dialogue for Kids
<http://idahoptv.org/dialogue4kids>
4. Living with a Brain Injury
<http://www.biausa.org/parentsandkids.htm#kids>
5. Brainsrule <http://www.brainsrule.com/>
6. Brain Pop
<http://www.brainpop.com/health/nervoussystem/brain/>
7. The Brain is the Boss
http://kidshealth.org/kid/body/brain_noSW.html
8. CyberSmart Kids Online
<http://www.cybersmart.gov.au/>
9. "Why Did it Happen to Our Family?" (Dvd available thru Hunter Brain Injury Service once updated)
10. "Tree of Life" (a narrative tool information can be accessed through the Dulwich Centre www.dulwichcentre.com.au) (work undertaken by The Bouverie Centre, Brunswick, Victoria and presented at the Victoria Brain Injury Recovery Association Conference in September 2010 can be access by ringing them directly on Australia 03 98535900)
11. "Through Children's eyes: children's experience of living with a parent with an acquired brain injury" Brain Injury, Vol 18, No. 1 (January 2004), 83-101 (a research paper written by Franca Butera-Prinzi ABI Team Leader at The Bouverie Centre).
12. "My Dad has a Head Injury" published by Lash Publications
13. "After A Head Injury" 1995, G. Banks, Gore & Osment Publications: NSW, Australia
14. "Coma Boy and Superwoman: Two kids with brain injuries beat the odds – their true stories" 1998, M Backhouse, Montrose Society, Brisbane, Australia
15. "My Dad's had a Head Injury" Katie Field, Headway UK: Nottingham, UK
16. "My Mum had a Stroke" 2001, Jenny Tunstall, Griffith University, Neuropsychology Unit, Brisbane, Australia ISBN:0-86857-998X
17. "Susan's Dad: A Child's Story of Head Injury" 1988 Leif E Leaf, Meadowbrook Rehabilitation Group, Emeryville, CA
18. "When a Parent Has a Brain Injury: Sons and Daughters Speak Out" 1993, M Lash, Massachusetts Head Injury Association, Worcester, MA
19. "Why Did It Happen on a School Day? My Family's Experience with Brain Injury" 1995, Brain Injury Association of Maryland, Washington, DC
20. Lash and Associates Publishing/Training Inc www.lapublishing.com (have a catalogue of resources for children and adolescents)

INSWABI Progress Report

July – December 2010

21. "A Kid's Guide to the brain" Sylvia Funston & Jay Ingram, Greey de Pencier Books, Toronto ISBN:1-895688-19-1
22. "Your Amazing Brain" Jenny Bryan, a Joshua Morris Book from Reader's Digest Young Families Inc ISBN:1-57584-032-4
23. "The Human Brain (Science Action Book)" Quatro Children Books Ltd Running Press, Philadelphia ISBN: 0-7624-0491-4
24. "Karing Kids (a book by kids for kids about head injury)" Brain Injury Association of Ottawa Valley, Ottawa, Ontario, Canada (most of this material focuses on general brain injury information, but has some interesting brain games for children so that they become familiar with the complexity of the brain and overall gain a better understanding of the impact of an injury of the brain on memory etc)
25. "Pook the Hamster wants to know what's wrong with Ben and Lucy's Dad" Laura Bach
26. "Parenting after Brain Injury" Headway (www.headway.org.uk)
27. "My mum makes the best cakes & "My dad makes the best boats" Jo Johnson (MS specific but a great way of starting a discussion. Available from the MS Society www.mssociety.org.uk/downloads/Our_mum_makes_the_best_cakes_-_web.716694bd.pdf)
28. "Look After Your Head" BIRT (Brain Injury Rehabilitation Trust print two leaflets for children aimed at promoting safety and may also start a conversation www.birt.co.uk/content.asp?page_id+508)
29. "Brave Mrs Koala" Robyn Densley (ph: 061883732577, PO Box 221 Unley, South Australia 5061, Australia (unsure if still current as it was brought several years ago)
30. "Spark goes to Grandma's Cottage" Mathilde Backhouse, Montrose Society, Queensland ph: 0061733799200 (obtained awhile ago)
31. "Elvin The Elephant Who Forgets" Heather Synder
32. "Brain Crew" Brain Injury Queensland developed this as a group programme for children that a social worker ran and has some really good aspects to it (www.health.qld.gov.au/abios/asp/research_dev/brain_crew)
33. "Why did it have to happen to our family" CD programme developed by Hunter Brain Injury Service. (needs to be formatted and Judy Dawson is currently trying to obtain funding to do so. She will advise if this occurs)
34. Noirin Concannon from the National Rehabilitation Hospital presented a paper about the issue at the 2010 Dublin Conference