



# INSWABI Progress Report

Vol 9, Issue 1

January 2015 – June 2015

## 1. Introduction

Welcome everyone. This Progress Report features contributions from members all around the globe. Our member profile features Elly Nadorp, Professional Practice Coordinator for Social Work at the Ottawa Rehabilitation Centre in Canada and member of the INSWABI Executive Committee. In the report on conferences, Lenny Hawley reports on the recent Craig Hospital Brain Injury Summit. INSWABI members are involved in delivering a range of different family-based programs in their services. In this report we feature two of these programs, one delivered in Geelong Victoria and the other in South Australia. Following that, the social work team at the new state-wide ABI Rehabilitation Service in based in Melbourne Victoria provide an outline of their roles within the service. We then provide an update of some recent publications by INSWABI members. We round it off by looking forward to the 8th International Conference on Social Work in Health and Mental Health which will be held in Singapore in 2016 and provide an update on news from the INSWABI Committee. We hope you enjoy reading the report.

**Grahame Simpson Patti Simonson**

## 2. Membership Profile



**Elly Nadorp,**  
**MSW, RSW-The Ottawa**  
**Hospital Rehabilitation**  
**Centre, Ottawa, Canada**

Elly Nadorp has been a social worker on the inpatient, outpatient, day hospital and

transitional living services of the Acquired Brain Injury Program (ABI) of the Ottawa Hospital Rehabilitation Program since the early 1990's. In addition to her clinical work with patients and family members, Elly has been the Professional Practice Coordinator of social work at The Rehabilitation Centre for the past 13 years.

During her 26 years of involvement in physical and cognitive rehabilitation, Elly has worked with various disability groups, including patients with amputations, spinal cord injuries, stroke, congenital disabilities and brain injuries. In the early 1990's brain injury services began to be developed in the Ottawa area, in order to service patients with a brain injury and their families locally in their own communities. Elly along with colleagues from various disciplines such as OT and Nursing, received extensive education and training in brain injury, which was followed by Elly's active involvement in hospital and community based rehabilitation program development for people with a brain injury in the City of Ottawa and the outlying rural areas.

Since 2009, Elly has been trained in Mindfulness Based Cognitive Therapy (MBCT) for people with an Acquired Brain Injury and she has been facilitating MBCT-ABI outpatient groups ever since. There has been a keen interest in this approach from the patients and health care professionals in the ABI field and it has shown to be effective for patients with an acquired brain injury suffering from depression and anxiety.

Elly has been on the INSWABI Executive Committee since its inception at the International Conference for Social Work in Health and Mental Health held in Dublin in 2010.

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She has found the networking with international social work colleagues to be informative, educational and useful in her clinical work with her patients and families.

In her leisure time, Elly enjoys spending time with her family, travelling, gardening and exercising

## 3. Conference



The second **Craig Hospital Brain Injury Summit: A Meeting of the Minds**, was held in Vail Colorado, USA, January 11 - 14, 2015.

Over 450 clinicians, researchers and other professionals from around the world attended the 4 day conference, which featured plenary, panel, platform and poster presentations. The conference began with a plenary session on *Achieving Meaningful Outcomes: the Traumatic Brain Injury Rehabilitationist's Challenge*, by Jennie Ponsford, Ph.D., and concluded with *Pulling it all Together: Crossing the Bridge between Translational Neuroscience and Best Clinical Rehabilitation Practices*, by Geoffrey Manley, MD., Ph.D. Additional plenary sessions covered the topics of *International Research* (Dr. Manley), *Pathophysiology of TBI* (Christopher Giza, M.D.), *Neuroimaging* (Peter Ricci, M.D.), and *Neuroplasticity* (Jeffrey Kleim, PhD). Smaller break-out sessions provided a chance for more in-depth exploration of crucial issues in TBI such as *Psychotherapy and Neuro-pharmacology*, *Vision Rehabilitation*, *Sleep Disorders*, *Aging*, *Sports injury*, *Emotional Regulation*, and *Coping Strategies*.

**1. Social Competence Rehabilitation:** This presentation was a review of the relevant research regarding social competence rehabilitation post-BI, and a description of the

Group Interactive Structured Treatment Program (GIST), and co-presented with long-term colleague, Jody Newman, MA, CCC-SLP.

- 2. Self-Awareness and Emotional Dysregulation Rehabilitation** (panel presentation with Jody Newman, Lyn Turkstra, Dawn Neumann, and Barbra Zupan: This panel discussed self-awareness and emotional dysregulation and cross-disciplinary research and intervention.
- 3. Self-Advocacy after Brain Injury: Empowering People with BI and their Families:** This presentation provided a definition of self-advocacy, the need for self-advocacy after BI, review of relevant research, description of two new measures of self-advocacy which developed at Craig Hospital, and a description of a feasibility study recently completed at Craig looking at a self-advocacy intervention. The presentation discussed the personal self-advocacy skills, beliefs and behaviors necessary for an individual with BI, or a family member, to advocate successfully. The feasibility study described involved a novel intervention developed specifically for individuals with BI and family members who advocate for/with those individuals. This intervention, Self Advocacy for Independent Life – SAIL, was provided to the treatment group as a 4 session workshop and accompanied by a workbook. The control group received the workbook only. Based on our study findings, we determined that it is feasible to conduct a larger study on this topic, using this intervention and our new measures.

**Lenore Hawley, MSSW, LCSW, CBIST**

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## 4. INSWABI members delivering family intervention programs

### Family 2 Family Link up program



To further our work done in 2014, we completed a third Family to Family (F2F) Link Up Program in June 2015 – the second with Paediatric clients.

The F2F Link Up Program was developed by The Bouverie Centre and has been running for many years from their Melbourne base. The Bouverie Centre is a highly respected Family Therapy service which includes a specialist team working with families who live with ABI. INSWABI member Franca Butera-Prinzi provided an outline of the development of F2F Link up in an earlier Progress Report (Volume 4 Issue 2).

In 2014 we brought the F2F Link Up program to the Barwon Region (Geelong and South West Victoria, Australia), running the first group where a child has the ABI. This was an exciting addition to our existing service provision within the Victorian Paediatric Rehabilitation Service (VPRS) and the North Geelong Community Rehabilitation Centre (CRC) Adult Trauma Team - Barwon Health. VPRS is a multidisciplinary team providing specialist ambulatory rehabilitation to children and adolescents (0-18years) who have had a moderate to severe outcome from an accident, injury or illness. VPRS is part of a state-wide (Victoria) program and a part of Barwon Health - the local public health service (providing acute, ambulatory and community health services across the Geelong and surrounding area).

The purpose of the F2F Link Up Program is to:

- ♦ meet other families also living with ABI,
- ♦ offer and receive support, understanding and information about living with ABI,

- ♦ give each family member, including children, an opportunity to share experiences and wisdoms, and
- ♦ provide a forum for families to exchange contact details if they wish to.

The latest program was facilitated with only Barwon Health staff (from the CRC and VPRS) and conducted with 2 families (unfortunately we had 2 families pull out on the day). Feedback from the program was again very positive and families have consistently reported that this program is a valuable addition to the service they have previously received through the CRC or VPRS.

Further news is that we were accepted to present a poster at The First International Conference on Paediatric Acquired Brain Injury in Liverpool United Kingdom in September 2015. Therese Clark (previously VPRS Regional Coordinator, but currently acting CRC Coordinator) will attend the conference on our behalf.

***Tamara Jennings***

***Senior Social Worker and Acting Regional Coordinator of VPRS, Barwon Health***

### Strength 2 Strength: Building Family Resilience after Traumatic Injury



Brain Injury Rehabilitation Community & Home (BIRCH) work with people who have an ABI and their families to

return to meaningful activities (e.g. work, parenting and relationships, leisure and recreational activities). Acknowledging that family and friends play a crucial role in assisting recovery from ABI the social workers often provide individual counselling; so we were very interested to have the opportunity to learn about

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Grahame Simpson's research in the area of resilience capacity building and the development of the group program Strength 2 Strength. This program aims to build resilience in families as they meet the challenge of adjusting to and supporting a relative with traumatic injury (ABI and spinal cord). The program seeks to draw upon the experiences of family members who have displayed adaptation in the face of traumatic injury and share these experiences with families who may be finding the adjustment process more challenging. Program content covers topics including: telling your story, active participation, identifying strengths, regaining some balance and staying connected as a family. Strength 2 Strength has been delivered for several years in NSW and in March this year 6 social workers & 3 speech pathologists from BIRU & spinal unit at Hampstead Rehabilitation Centre and BIRCH were trained as group facilitators to begin piloting this group in SA.



Keen to put this new program into practice, Kate Elliott (speech pathologist) and I facilitated the first group in late May over

five weekly sessions. We had a very open, honest group of women attend the group, all of whom were spouses of men who had ABI. Time post injury ranged from 11-18 months. Some participants had met with social worker prior to the group regarding financial / welfare matters but not for individual counselling. All participants were employed in paid work but changed their shifts / took leave so that they could consistently attend the group; suggesting to us that the peer support model was providing some valuable support. Three resilience scales were used to collect pre & post data and there was a positive shift in scores for all participants at the conclusion of the group. Weekly session

evaluations also consistently rated the content and mode of delivery highly. Comments from participants included:

- ♦ *I knew I wasn't the only one going through this, but it can feel lonely*
- ♦ *So helpful sharing stories*
- ♦ *The group is a safe space*
- ♦ *My needs are important (as well as needs of my husband)*

Recommendations included:

- ♦ *Offering the group to families earlier in the recovery process (e.g. 6-8 months post injury)*
- ♦ *Group people according to injury (e.g. Stroke, TBI)*

From a facilitator point of view Kate & I believe that a peer group program offers unique support that one to one counselling cannot provide, that the group provided permission for family members to take time for themselves and be able to reflect on the whole of family impact of brain injury. Plans are underway to offer further Strength 2 Strength groups at BIRCH & BIRU in the near future.

**Cecily Nicholls - Social Worker  
Brain Injury Rehabilitation Community &  
Home (BIRCH)**

## 5. Social work as part of a new state-wide ABI rehabilitation service



The Alfred Health Acquired Brain Injury (ABI) Rehabilitation Centre opened in September 2014 at Caulfield Hospital,

Melbourne, Australia. The state-wide service provides specialist brain injury rehabilitation for people with severe and catastrophic brain injury



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through inpatient and community therapy, focusing on interdisciplinary and evidence-based practice.

The inpatient unit consists of forty-two beds, ten of which are compensable (TAC/ WorkCover), and thirty-two non-compensable. The ABI Community Rehabilitation Service is a state-wide service that aims to meet the gaps in current service provision, such as young people in nursing homes who have previously been unable to access specialised therapy. The community team can also provide a consultation role, to assist local community teams to work with clients with brain injuries.

There is also a four-bed Transitional Living Service, which provides a step-down facility to encourage residents to transition back to independent living with support from therapy and care staff.

The ABI Social Work team consists of five full time social workers, four in the inpatient setting and one in the community team. The model of care on the unit is patient-centred, and focuses on goal-directed therapy, which aims to improve health outcomes and increase engagement in the rehabilitation process. Social workers are the first allied health discipline to meet with the patient and family upon arrival, at which time the social worker takes the leading role in the goal-setting process with patients and their families. This initial intervention includes orientation of patients and families to the unit, responding to immediate needs, clarification of expectations and an assessment of emotional readiness for therapy upon arrival. This intervention ensures patients and families are actively engaged in care planning. Social workers undertake comprehensive psychosocial assessments, provide counseling, advocacy, psycho-education, carer support, practical and legal assistance, chair and facilitate family meetings,

linkages with community services and undertake complex discharge planning.

The social work and psychology teams have established a psycho-educational group for families and carers, which aims to provide education as well as an environment of emotional support. The group recognises the central role that carers and families play in recovery and provision of lifetime support post injury.

The social work clinicians are undertaking individual, team and interdisciplinary research projects that will contribute to the body of literature for evidence-based practice, which is a guiding principle of our unit.

As social workers, we have found that the model of care, goal-setting process, and focus on patient-centered rehabilitation has raised the profile of social work and acknowledges how important and unique our skills are. Our ability to understand the broader context of the person with a brain injury and their psycho-social situation is valued by our colleagues.

One of the real strengths of the service is the level of respect shown for patients and their families in a health care setting. We are proud to work on the unit and we are excited to see how we can improve outcomes for all people affected by an acquired brain injury. The ABI Social Workers can be contacted on +61 3 9076 7435.

**Nicola Glover and Susie Sime**  
**Social Workers**

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## 6. Publications and resources

INSWABI members have been successful in having their research published in a number of leading journals and books in the field of rehabilitation.

- ♦ Simpson GK, Daher M, Hodgkinson A, Strettles B. Service utilisation, service access & unmet service needs of clients with traumatic brain injury: A comparison between urban, regional and remote populations in New South Wales. *Journal of Head Trauma Rehabilitation*  
DOI: 10.1097/HTR.0000000000000160
- ♦ Whiting DL, Deane FP, Simpson GK, McLeod HJ, Ciarrochi J. Cognitive and psychological flexibility after a traumatic brain injury and the implications for treatment: A conceptual review. *Neuropsychological Rehabilitation*  
DOI:10.1080/09602011.2015.1062115

And for those of you who also work in the field of spinal cord injury:

- ♦ Jones K, Simpson GK, Briggs L, Dorsett P. Does spirituality facilitate adjustment and resilience among individuals and families after SCI? A scoping review. *Disability and Rehabilitation*  
<http://dx.doi.org/10.3109/09638288.2015.1066884>.

## 7. Conferences

### Start planning for Singapore 2016



The 8<sup>th</sup> International Conference for SW in Health and Mental Health titled “Enhancing Human Condition: Negotiating and Creating Change” will be held from 19<sup>th</sup>-23<sup>rd</sup> June 2016 at the National University of Singapore.

**The closing date for abstracts has now been extended from 31<sup>st</sup> August to the 30<sup>th</sup> November.**

So far, INSWABI members have submitted 8 abstracts for consideration at the Conference, with another 4 abstracts in the pipeline. Planning will now commence to do a field visit to a brain injury rehabilitation service in Singapore, to organise the INSWABI triennial dinner and to provide an advanced skills in ABI training workshop.

INSWABI was founded at the 5<sup>th</sup> International Conference for SW in Health and Mental Health held in Hong Kong in 2005. INSWABI has held special symposia on Social Work in ABI at the Hong Kong conference, in Dublin (2010, at the 6<sup>th</sup> International Conference) and in Los Angeles (2013, at the 7<sup>th</sup> International Conference). In total, INSWABI members have delivered 31 oral conference presentations on the topic of SW in Acquired Brain Injury as a part of six themed sessions across the three conferences.

## 8. Committee news



The INSWABI committee is about to hold its second meeting for 2015. Two major highlights of the committee's recent work include:

1. working on development of the INSWABI website with the generous support of Maurice Blackburn lawyers in Australia;
2. completion of the systematic review of the evidence-base for social work practice in TBI is almost complete.

A total of 75 publications including an authored book, chapters and refereed journal articles

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were identified. A full report of the findings from the review will be included in the next Progress Report. In the meantime, the committee will now turn its' attention to developing the Psychosocial Assessment Framework.

## 9. Membership

### *Farewells and testimonials*

**Lisa Bistak** **Geelong Australia**

#### **Changed jobs**

Thanks everyone, it's been a pleasure. I have learnt a lot.

**Gill East** **Kent, United Kingdom**  
**Retirement**

Just to let you know that I will be retiring from work next month so will no longer be part of INSWABI. I have enjoyed my connections to the organisation and wish you and INSWABI the best for the future

### **New members**

Vanessa McKnight	Leeds United Kingdom
Lauren Tyrell	Geelong Australia
Katherine Sheldon	Melbourne Australia
Jacinta Sadler	Melbourne Australia
Julia Soumilas	Melbourne Australia

## 10. Pass this on.

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

## 11. Interested in joining INSWABI?

### **Patti Simonson**

(United Kingdom, Ireland, Europe, North America)

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### **Dr Grahame Simpson**

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