INTERNATIONAL NETWORK FOR SOCIAL WORKERS IN ACQUIRED BRAIN INJURY
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INSWABI Progress Report

Vol 7, Issue 1
January – June 2013

1. Introduction

Welcome everyone. This Progress Report is a special Conference issue which highlights the recent 7th International Conference on Social Work in Health and Mental Health:

Pathways to Client Centred Care hosted by the Social Work department of the University of Southern California in Los Angeles. These conferences have played an important role in the life of INSWABI, as INSWABI was formally launched at the 5th International Conference in Hong Kong in 2006. Seven INSWABI members were able to attend the conference.

The current special issue kicks off with a conference summary provided by Dr Andy Mantell and Patti Simonson. We then provide an introduction to the INSWABI committee for the next three years. We then provide the first information about the next International Conference which will be held in Singapore in 2016. The Progress Report also contains an announcement about the next major project that the network will address over the next three years. We also provide a number of photos of the conference and the campus grounds at USC where the conference was held. Finally, to demonstrate that other things were happening in the world of ABI social work apart from Los Angeles, Mark Holloway provides a report of the Head First conference held in the United Kingdom in May of this year.

As with our previous Special Conference Issue from Dublin in 2010, the current issue has some special additions. We have included these as Appendices. The first is Patti Simonson and Dr Grahame Simpson's co-convenor's report on the progress INSWABI has made over the three years since the Dublin conference in 2010. The second Appendix is a copy of the convenor's address at the 2nd INSWABI conference dinner, titled "Remembering Mary Romano: An American pioneer in rehabilitation social work" delivered by Dr Grahame Simpson. Finally, the third Appendix includes the abstracts of the oral presentations delivered by INSWABI members at the LA conference.

We hope you enjoy reading the report.

Dr Grahame Simpson
Co-convenor

Patti Simonson
Co-convenor

2. Report on the 7th International Conference on Social Work in Health and Mental Health: Pathways to Client Centred Care June 23-27, 2013 held at the University of Southern California USA

The 7th International Conference on Social Work in Health and Mental Health contained a number of presentation streams ranging presentation streams ranging from from Client Groups in Health and Mental Health to Health Equity and Inequality and Destigmatization. All of them were united around the conference's central theme of client centred practice.

The two key messages that we took from the conference were:

- Current developments in social work practice have re-invigorated social work's concern with client centred practice.
- Social work must do more to flag up and share the excellent and innovative practice that we undertake.

As Los Angeles Supervisor Mark Ridley-Thomas remarked: "It's a mighty poor dog that doesn't wag its own tail."

Social work and ABI's tail was well served with, for the first time, its own dedicated symposium held on 24th June consisting of 11 presentations delivered across a morning and afternoon session:

- *Andy Mantell, UK*
  Mental capacity and TBI
- *Lenore Hawley, USA*
  The effect of volunteer activity on people with TBI
- *Grahame Simpson, Australia*
  Evaluating the Strength 2 Strength program
- *Andy Mantell, UK*
  Identifying the knowledge base for social work practice in TBI
- *Grahame Simpson*
  Testing the fidelity and acceptability of the Window to Hope Program
- *Grahame Simpson*
  Investigating the model of case management
- *Elly Nadorp, Canada*
  Improving the transition experience from hospital to community
- *Emma Weeks, New Zealand*
  Promoting the inclusion of indigenous clients
- *Jane Stretton, Canada*
  Metric tools of the trade (presented by Cathie Percival)
- *Patti Simonson, UK*
  Investigating social work interventions to address the long term needs of people with acquired brain injury
- *Elly Nadorp, Canada*
  Mindfulness Based Cognitive Therapy

(See the BISWG website for the full presentations).

The Rancho Los Amigos National Rehabilitation Centre was one of the field trips for the conference ably hosted by the Director of Clinical Social Work, Charmaine Dorsey. It included a series of advanced practice skills workshops for social workers in ABI lead by Grahame Simpson:

- *Grahame Simpson*
  Evidence-base for social work practice in acquired brain injury: Results of a systematic review
- *Lenore Hawley*
  Group interactive structured treatment (GIST): a social competence intervention for individuals with ABI.
- *Grahame Simpson*
  Building resilience in families supporting relatives with traumatic brain injury

These workshops were a real joy enabling the speakers to explore their subjects in more detail and providing much greater insight into these aspects of practice.

Attending seminars at large international conferences is always a bit like eating a packet of Revels; you may be rewarded with the toffee or you may get the dreaded orange centre.

As with Revels, most sessions were rewarding, with some stand out gems such as Dr Bengt Westerberg's enlightening exploration of Sweden's experience of the development of social assistance for people with disabilities. A few were perhaps too descriptive or overloaded with detail. However, the ABI stream really stood out as consistently accessible and rigorous. It was well supported by conference members from a wide range of backgrounds – perhaps we will have encouraged a few more people to help wag social work's tail!

The 8th International Conference on Social Work in Health and Mental Health will be held in Singapore in 2016. Contact Grahame Simpson **Grahame.Simpson@sswahs.nsw.gov.au** or Patti Simonson **psimonson@rhn.org.uk** for further information.

Dr Andy Mantell, Senior Lecturer in Social Work, University of Chichester, UK.
Patti Simonson, Head of Social Work and Welfare Benefits Administration, Royal Hospital for Neuro-disability, London, UK.

3. Announcing the new INSWABI committee for 2013-2016

The inaugural INSWABI committee was founded at the Dublin conference in 2010 for a three year term to end at the LA conference. The initial committee of 14 INSWABI members was very successful in demonstrating "proof of concept", namely that it was possible to run a committee with international members from 7 countries.

More information about the committee can be found in the Co-convenor's report (see

Appendix 1).

Coming to the end of its term, two of the 14 committee members decided to stand down. We were very grateful for the contribution that Dr Guru Nagarajan (India) and Daniella Pfeiffer (Australia) made to the inaugural committee. The good news is that the other 12 members of the committee have volunteered to serve for a second term of three years. This provides important continuity as this important element of the INSWABI network is more firmly established. However, with vacancies arising on the committee, we circulated an EOI to INSWABI members to anyone interested to join and were very pleased to accept an EOI from Lenny Hawley who works at the Craig Hospital, in Denver Colorado.

Your new committee therefore comprises: Patti Simonson (Co-convenor), Dr Andy Mantell and Gill East (United Kingdom); Anne O'Loughlin (Ireland); Karen Sasaki, Cathie Percival and Elly Nadorp (Canada); Lenny Hawley (United States); Dr Thomas Strandberg (Sweden); Elango Arumugam (India); Emma Weeks (New Zealand); Dr Grahame Simpson (Co-convenor) and Denise Young (Australia). We are thrilled that all eight countries with INSWABI members have a representative on the committee.

Committee members participated in two events at the LA conference. On the Monday evening we held the second INSWABI Conference dinner, ably organised by Cathie Percival, at the University Staff Club at USC. Charmaine Dorsey, Director of Clinical Social Work at the Los Angeles Rancho Los Amigos National Rehabilitation Centre was our guest at the dinner. The dinner was also the occasion for the Convenor's address (see Appendix 2).

Finally, on the Thursday afternoon after the conference ended, the committee held a four hour face to face meeting to review progress made by INSWABI over the past three years and to map the course for the next three years. In doing this, we were able to draw upon feedback that we had received from INSWABI members in the lead up to the LA conference. The conference was a great opportunity for the committee members to spend time together and get to know each other and has reenergised us all as we now look at the three years to come.

4. Looking towards Singapore in 2016

In Los Angeles, the venue and theme for 8th Conference on Social Work in Health and Mental Health was announced. The conference will take place in Singapore, with the title "Enhancing Human Condition: Negotiating and Creating Change. We hope that many members will start thinking about whether they will be able to travel to Singapore to take part in this conference and all the INSWABI events that will be a part of it.

5. Announcing the next INSWABI Clinical Practice Project

INSWABI is dedicated to building the evidence base and clinical tools to enhance social work practice in the field of ABI. To this end, our first Clinical Practice Project (2006-2010) involved developing the Family Outcome Measure. This international project involved social workers from 14 rehabilitation centres across four countries working to develop a measure to help evaluate family outcomes from SW intervention.

The second Clinical Practice Project (2009-2013) involved conducting a systematic review to identify the published literature produced by social workers addressing practice in the field of TBI over the past 4 decades. This constitutes an important component of the evidence base that can inform our practice. The work on this is just being finalised with will the goal of submitting the results to a peer reviewed social work journal in the near future with the hope that we can get it published.

Prior to the Los Angeles meeting we surveyed INSWABI members about what should be the next Clinical Practice Project for 2013-2016. The committee is pleased to announce that the next project will focus on developing a Psychosocial Assessment protocol that all social workers who work with clients who have ABI and their families will be able to use. Linked to this, we will also examine the issues of social work Goal Setting and Outcomes as they are both inter-related to assessment. There will be a number of strands to this work which will provide opportunities for participation from INSWABI members. Watch this space for more information coming soon.

6. Head First Conference in the United Kingdom: "Aiming Higher, Expanding Horizons: What does it take to thrive in Brain Injury? (An inquiry into the impact of positive attitudes and approaches on outcomes)"

16th May 2013

After several successful years at the BMA in London, the annual Head First conference

moved to the larger Westminster Central Hall, a venue that has had a number of illustrious speakers over the years including Mahatma Gandhi, Bertrand Russell, the Dalai Lama and Dr. Martin Luther King Jr; not too much pressure of history on the shoulders of this year's speakers then?

Dr Gordon Muir Giles hosted the day amiably and very effectively but the star act was probably the first speaker. It is not often that a professional conference is moved to lengthy and heartfelt applause but that was the impact that Jaxx Cave had on the 350 people present. Jaxx sustained a catastrophic brain injury when she was hit by a bus. Jaxx spoke of her recovery to date, what had been important to her in the process and of the importance of the professionals and family around her. What shone out from Jaxx was how her positive approach supported her adaptation to greatly changed circumstances, how she was able to get more from her rehabilitation and support, to make more from her life, because of her attitude. I was left wondering what I could do in my practice to support people to draw upon their strength, to make the most of their innate drive and motivation.

A lesser person than Professor Jonathan Evans would probably have dreaded being the speaker to follow Jaxx but Professor Evans was up to the task and spoke about ideas of positive psychology, how this may to brain injury rehabilitation and gave the conference information regarding a recently commenced research project examining just this issue.

Dr. Trevor Powell was up next (he of the excellent book Head Injury: A Practical Guide), he introduced the notion of post-traumatic growth. What is it that supports some people, many years post injury sometimes, to actually grow as a consequence of the injury? A conference highlight for me was Dr. Powell introducing Calhoun and Tedeschi's notion of the "expert companion", a valued role for social workers perhaps, to support our clients on their tough journey of rehabilitation and adaptation.

Dr. Tara Rado spoke about the neuroscience behind emotion, how this was linked with brain injury recovery. Dr. Rado has worked closely with Jaxx over the years and so this was the science behind the positive attitude discussed.

Head First's Janine Heritage spoke the importance of positivity and valuing clear communication. Janine raised the notion of "love" and the importance of love and emotion in the role we undertake. The question perhaps should be, if we are not doing this out of a sense of love, then why are we doing it?

Dr. Howard Jackson from TRU related a positive approach to the need to work on goals that are valued by the individual themselves, working towards agreed and understood outcomes that were co-produced but owned by the client.

Throughout the day video footage played of brain injured people and their families, especially recorded for this event, speaking about what worked for them, providing information, reinforcement and a positive outlook.

With my social worker trained brain injury case manager "hat" on I would say that the conference reminded me that a positive outlook, a sense of communality with our clients and their families and a preparedness to be a shared part of their endeavor is what we do. If we are lucky we can walk with people as they take probably the most difficult journey of their lives, being their "expert companion" reinforcing their success, applauding their efforts and supporting their positivity.

Mark Holloway DipSW MA
Brain Injury Case Manager

7. Membership

Welcome to our new members.

Marie Materne	Sweden
Grace Connor	Melbourne, Australia
Ruth Daly	Ireland
Jyoti Chandra	Australia
Casey Brownlie	Australia
Melissa Fingleton	Australia
Nicola Glover	United Kingdom
Donna Lambden-Rowe	Australia

Farewell and thank you to:

Siobhan Traynor	Ireland	Moved jobs
Helen Flannagan	Australia	Retirement
Tristan	Australia	Moved jobs
Melinda Gollan	Australia	Moved jobs
Kelly Keogh	Ireland	Moved jobs

8. Pass this on.

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

9. Interested in joining INSWABI?

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Appendix 1: INSWABI face to face committee meeting, University of Southern California, Los Angeles, 25 June 2013

Convenors' Report

This is the second convenor's report and outlines the achievements, challenges and activities of the INSWABI committee over its first term from 2010-2013.

1. Achievements:

- Proof of concept: Established that it was possible to run an INSWABI committee. An initial group of 11 INSWABI members who attended Dublin plus three additional members who joined via the EOI Process (Gill East, Elango Aramugam, Denise Young) formed an inaugural committee. Members maintained engagement and a strong commitment to the committee over the first term.
- We have achieved continuity of the committee with the majority of committee members volunteering to serve for a second term
- Developed a viable system of functioning – we now hold two meetings a year (March/April, September/October) during the Northern Hemisphere summer; with a triennial face to face meeting linked to the International Conference for SW in health and Mental Health. A mid-year meeting is also possible but more problematic because it conflicts with the Northern Hemisphere holidays
- The transition to Adobe Connect from the June 2012 meeting – Thomas Strandberg played an important role in making the resources of Orebro University available to us and then providing orientation to all committee members so that they were able to use the technology
- Reviewed, strengthened and clarified the INSWABI mission, aims and objectives
- We have paid for a two year option on the www.inswabi.org website domain – this is our only asset (apart from our wonderful members) and we have no debts!!!!!
- We have continued to maintain a level of membership around 120-130 members with new members joining every year.

2. Challenges

Some of the challenges that we face include

- The committee had no terms of reference or designated roles. Now that we have achieved a proof of concept it is important to develop some limited structure – however we do not need something overly elaborate at this early stage in the development of INSWABI
- Keeping the membership engaged in a virtual international network among whom people may only know one or two other members personally
- Need to develop goals to ensure that INSWABI maintains a sense of direction
- Resources for ongoing development difficult to access (eg for the website) :

3. Activities

Looking at the 6 INSWABI objectives:

(i) Information exchange

- The peer consultation has been a very successful activity and the one that most members have engaged in
- The Progress Reports have also been important and has been an avenue for the broader membership to contribute
- The Children's Information Resource coordinated by Anne O'Loughlin with assistance from Grahame Simpson
- Two membership exchange visits were conducted with (a) Elango Aramugam receiving funding for a 5 week visit to the Liverpool Brain Injury Rehabilitation Unit and the Royal Rehabilitation Centre Sydney, and Thomas Strandberg also had 2 months study leave at the Liverpool Brain Injury Rehabilitation Unit

(ii) Development

- There remain only two nationally based SW professional interest groups in the area of ABI – the one in Australia and the one in the United Kingdom. There has been increased networking in New Zealand.

(iii) Supporting best practice

- Work has continued on the INSWABI systematic review, with the quality evaluations now completed, the review is about to be written up and submitted for publication.

(iv) Advocacy

- Some of the information exchange-based queries have been related to supporting/maintaining the SW position as part of service review/service development processes (both in Canada and Australia)

(v) Innovation and research

- 11 excellent presentations here at Los Angeles - a lot of work has gone into organising the LA program
- Advanced practice skills workshop in LA
- Supporting research students
- Two members currently enrolled in PhDs and other members completing other post-graduate studies (Post graduate diplomas, Masters)
- Comparative policy analysis in mental capacity comparing UK and NZ (collaboration among Andy, Emma and Mark)

(vi) Education among social workers with an interest in ABI.

- Started to circulating e-mails from journals advertising access to free articles in our field
- Disseminating research findings through the Progress report
- Running training for SW in ABI at a national level – provides a source for additional SWers to join

4. Conclusion

INSWABI has been very successful in continuing to grow and also in consolidating its growth. Both these processes are likely to continue in the triennium ahead.

Grahame Simpson and Patti Simonson

Appendix 2: INSWABI 2nd conference dinner - Convenors' address

"Remembering Mary Romano: An American pioneer in rehabilitation social work"

Well here we are, gathered together again once more, 3 years after we first met as a group in Dublin. For Patti and myself, this is our third time sharing such a meal as a part of these conferences, having first done so in a Tang Dynasty themed restaurant in Kowloon, Hong Kong, in 2006.

This time, we are meeting in the United States which is a country known for its pioneers and pioneering spirit. As a child I remembered watching American movies on the TV, with the covered wagons heading ever westwards, looking for land and opportunity; watching one of the first great moments of reality television, namely the US astronauts stepping onto the moon for the first time; and more recently, seeing the rise and rise of US computer and internet giants like Microsoft, Google, and Amazon, all of whom continue to reshape our lives. And so I think it is very fitting that we are meeting here in a land famed for its pioneers. Furthermore, the United States is known as a place to which people have come from all over the world, and likewise, we have also come from many different places, both near and far (mainly far).

By definition, pioneers have to deal with uncertainty and with the unknown. This is certainly true of the journey that INSWABI has taken to date – In 2006, when Patti and I ran the first symposium on ABI in Hong Kong and collected the names of the first 30 members – we had no idea whether the INSWABI initiative would last for more than 6 months. Similarly in 2010, when Andy, Elly, Emma, Cathie, Patti and I all agreed to form the first INSWABI committee along with our other colleagues who could not be with us in LA, we did not know whether it would last to the next meeting or just fizzle out. And yet here we are, ready to embark on the next chapter of our journey.

I can say with confidence, that nothing like this initiative has been previously attempted by social workers in the field of rehabilitation at an international level. And so in our own modest way, we could also see ourselves as pioneers. In doing so, it is apt that we remember the work of pioneers of the past: their achievements can reassure and inform us, their spirit inspire us.

It is within this context that I would like to talk about an early pioneer, maybe the outstanding social work pioneer in the field of rehabilitation, Mary Romano. I first came across Mary Romano as a new SWer in the late 1980s when I had just started at the Head Injury Unit at Lidcombe Hospital in Sydney Australia.

Her article ‘Family response to head injury’, although published almost 15 years earlier, in a 1974 issue of the Scandinavian Journal of Rehabilitation Medicine, was still in common circulation. However at that time I did not know anything about her apart from the fact that she was the author of this article.

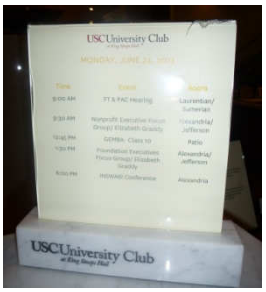
If we fast forward 20 years from the late 1980s (just like they do in the Hollywood movies), as Andy and I worked on the systematic review of the social work literature in ABI, I came to learn more about this remarkable woman. Mary Romano was born and grew up Park Forest Illinois, at that time, a newly established suburb of Chicago. She trained as a social worker and her impressive career culminated in her working as assistant director at the Social Work department at the Columbia Presbyterian Hospital in New York, followed by taking up the position of founding Director of SW at the newly formed National Rehabilitation Hospital in Washington DC, thus bringing her close to the heart of national affairs.

During her career, she pioneered work in sexuality and disability in the 1970s, reflected by the publication of articles and chapters that addressed sexual counselling in SCI, sexuality and disability among females, and sexual counselling in groups, just to give a few examples; in other areas she published on preparing children for parental disability, on ethical issues in working in brain injury, and in 1986 (would you believe) on designing information systems for hospital social work managers using computers. She served as a consulting editor for the journals Health and Social Work and Sexuality and Disability.

In the systematic review that Andy and I have been working on, we have identified 77 articles published by SWers from 1970 through to the end of 2009. Her 1974 article on Family Response to Head Injury was the first publication we could find produced by a social worker in the field of brain injury. For those of you not in the academic world, the number of times that an article is cited by others is an important index of its influence, in our case its influence in the field of rehabilitation. Having an article cited over 100 times is the equivalent to having a Gold or Platinum record in the recording industry (another LA comparison); at 129 citations Mary Romano’s article, the one I read as a new SWer in the late 1980s, is still the most highly cited article produced by a social worker in our field, almost 40 years later on. Finally, in 1989 she received the inaugural Distinguished Members Award of the American Congress of Rehabilitation Medicine – sadly it was awarded posthumously, but she is still the only social worker in the now 20 plus year history of this important award to be so honoured. And so I feel she is a true pioneer of social work in rehabilitation, and one of whom we can be justifiably proud. But what is the fate of pioneers? For some glory, like the enduring Hollywood legends of Marilyn Munro, James Dean and Elvis Presley, but many lie forgotten, the memory of their achievements lost to the contemporary generation.

So what does the pioneering work of Mary Romano tell us about the social work contribution to rehabilitation more generally and BI rehab in particular? It tells us that the contribution of social work can be recognised and valued at the highest levels within rehabilitation; that if we stick to our social work values and focus on what the application of these values mean to the field, we can be innovative in practice in ways that other rehabilitation professional will want to follow; that our work can have a broad

influence across the field; that we have a unique mandate to highlight issues of human rights and social justice as they apply to rehabilitation, particularly to the disadvantage that many of our clients and their families experience; and that we can harness the use of contemporary developments in technology to further our cause. Los Angeles is the city of dreams and as we are in the city of Angels we can also dream about INSWABI and how INSWABI can continue this pioneering journey.



And at the outset, I should say that this is a good dream, no Nightmare on Elm St. I am becoming increasingly confident that we will be able to leave social work in rehabilitation in a far better position than when we found it in the 1980s or 1990s. The crucial difference is that while Mary worked closely with others, she did not have access to the possibilities that we have today to collaborate together in this international partnership; we have much greater resources available to us than she ever did. The peer support; the possibility of exchanges; the encouragement of research; the broadening of the evidence base; the building up of training resources; all of these dreams are now technically feasible but also crucially we are gradually building the critical mass of social workers needed to be able to realise these dreams. And if we produce a generation of more highly informed, more highly skilled and more highly effective social workers to follow after us, then hopefully they won't be too cheeky but show some respect to their elders, and we can have the confidence and satisfaction of knowing that we have laid a foundation upon which the next generation can build, growing the contribution of social work within brain injury rehabilitation to the benefit of clients and their families everywhere.

I want to congratulate all of you who presented today at the conference. Dr Allison Rowlands who is an INSWABI member and a past Senior Lecturer in SW at the National University of Singapore commented in Dublin on the uniformly high standard on the INSWABI presentations in comparison to some of the other sessions that she went to hear. I think once again here in Los Angeles, we can be proud of the quality of our presentations today. I want to particularly acknowledge those of you presenting for the first time, for those of you recorded for the first time – all we are doing is being pioneers, but it is never a comfortable experience, and there is always the risk that we will fall flat on our face, however, we have a 100% guarantee that we will achieve nothing if we don't sometimes try. Looking forward, we have the field visit tomorrow and another innovation, the afternoon's master class in advanced practice skills for social work in ABI.

On Thursday we will be having our second face to face committee meeting which I think is one of our greatest achievements so far. We have survived trying to meet via asynchronous e-mails; we moved onto Skype and were deafened and bamboozled by the terrible audio; we have now found a viable technology in Adobe Connect and we are ready to set sail. INSWABI is a creature of the technological age; a network like this was simply not possible even a decade ago; we are now starting to hone a vision and on Thursday, we will identify the next steps to making that vision a reality. This is only our third face to face INSWABI meeting in 7 years – it highlights how rare and valuable these opportunities are, and we need to aim to make the most of it.

In finishing this address, I want to express my deep gratitude to our colleagues on the committee who have agreed to continue on with the committee's second term, although unable to join us in LA: Karen Sasaki, Anne O'Loughlin, Gill East, Thomas Strandberg, Elango Aramugam and Denise Young. We

want to acknowledge the contribution of Guru Nagarajan and Daniella Pfeiffer who have decided to stand down. I want to take this opportunity to thank Patti Simonson for all her wonderful energy and support – without her unflagging contribution, none of us would be here today. I also particularly want to thank Karen Sasaki and Denise Young for their invaluable assistance in taking the minutes for the committee meetings – I am sure that no recorders in the history of committees ever had such a daunting task. I also want to thank Cathie for organising this dinner; and to the rest of you for your contribution to INSWABI both here at this conference and over the past three years; for Andy whose calmness, wisdom and academic experience has been a great assistance to us all; to Emma for drawing on her experience of two cultures to come up with two such interesting presentations; to Elly, who with her advanced mindfulness experience, will be able to keep us all on an even keel whenever we get too stressed; and to Lenny Hawley for having the courage to come all the way from Denver to meet with a complete bunch of strangers.

Finally, looking ahead in three years time, the next International Conference for SW in Health and Mental Health will be in Singapore. As a child I remember a Xmas time treat was to be able to sit up late and watch the movie the Road to Singapore, starring Bob Hope, Bing Crosby and Dorothy Lamour. It evoked a sense of mystery, fun and anticipation as they journeyed towards their destination. In the same way I am excited to see what we decide on Thursday, and what we will then achieve by the time that the Singapore conference comes around. I hope that Mary Romano would be very proud of our continuation of her pioneering work in rehabilitation. Thank you very much.

Grahame Simpson

Appendix 3: Conference Abstracts
Monday 8.00 – 9.30am ABI Symposium part A

Abstract 1: Mental Capacity and Traumatic Brain Injury: A critical comparison of England and New Zealand's legislative responses

Andy Mantell, Emma Weeks and Mark Holloway

The problem: To conduct a critical cross-national comparison of the strengths and weaknesses of mental capacity legislation in England and New Zealand as applied to people with traumatic brain injury.

Method: A policy map, using Arksey and O'Malley's (2005) scoping methodology was developed to explore the legislation, policy and guidance from the two countries. These were thematically reviewed to identify their central tenets, which were critically considered and *contrasted* from a practice perspective.

Results: UK legislation focuses on individual decisions in isolation, compared to NZ's broader perspective and recognition of potential influence from others. Both neglect the influence of other environmental factors on individual's real world decisions. Practitioners can misunderstand the legislation and NZ lacks the UK's detailed national guidance, producing localised policy variations. Assessment in NZ, unlike the UK, is based on medical opinion, this has the strength of a better understanding of neurology, but in both countries professionals may misunderstand the impact of TBI in practice.

Conclusions: The two approaches to determining capacity were found to have contrasting strengths. Social workers in both countries can contribute to ensuring more accurate capacity assessment and support after TBI.

Abstract 2: The Effect of Volunteer Activity on Psychological Well Being after Traumatic Brain Injury: A Pilot Study

Lenore A. Hawley and Lisa Payne

Return to productive activity post-TBI is frequently impeded by the complex sequelae of the injury, and decreased psychological well-being is a common complaint. Engaging in volunteer work has been correlated with increased well-being in the general population.

This pilot study investigated the effect of volunteering on psychological well-being post-TBI. Six community-dwelling participants, who experienced TBI requiring inpatient rehabilitation, completed a supported 3-month volunteer placement. Participants exhibited significant improvement post-intervention on the Satisfaction with Life Scale, and non-significant improvements on the BSI-18 Global Severity Index, and the Ryff Scales of Well-being. On the Ryff Purpose in Life subscale, the group exhibited a near significant improvement. Although the sample was small, the results suggest that volunteering post-TBI may have a positive effect on elements of well-being including satisfaction with life.

This pilot provided the basis for a recently funded randomized controlled trial (RCT), involving 64 participants post-TBI in a mixed model repeated measures design, examining the efficacy of a supported volunteer intervention aimed at improving psychological well-being, including satisfaction with life, for this population.

Abstract 3: Building resilience among family members providing support to people with Traumatic Brain Injury(TBI) or Spinal Cord Injury (SCI): Evaluation of the "Strength 2 Strength" program

Grahame Simpson, Kate Jones, Candice Unger, Daniella Pfeiffer, Jackie Francis, Helen Oosthuizen, Denise Young

Aim: "Strength 2 Strength" aims to build resilience among families supporting relatives with TBI or SCI. A clinical controlled trial was employed to evaluate the 10-hour program.

Study Design: Outcomes for family members supporting a relative with TBI (n=33) or SCI (n=16) completing the program were compared to families receiving standard care (SC; n=24). Assessment measures administered pre-, and post program and at 3 months follow-up comprised the Positive and Negative Affect Schedule, Resilience Scale for Adults, Carer Burden Scale, Carer Assessment of Managing Index, and General Self-Efficacy Scale.

Results: There was a significant group-by-time interaction (pre-vs post) with the Treatment group reporting a significant increase in strategy use (Carer Assessment of Managing Index; $F_{(1,68)}$=11.1, p=0.001) and General self-efficacy ($F_{(1,68)}$=4.02, p=0.028) compared to SC. The Treatment group was then divided into participants with high versus low resilience and the two groups compared to SC. There were significant group-by-time interactions for Resilience Scale for Adults, the Carer Assessment of Managing Index and PANAS-positive. Post-hoc comparisons found the scores for the low resilience group generally increased relative to the high resilience group, while the SC scores remained stable. However, the post-program gains were not maintained at follow-up.

Conclusion: The results show initial promise for the efficacy of S2S. Further research is needed to ensure gains are maintained over the longer-term.

Abstract 4: Identifying the Knowledge Base in Social Work Practice with Traumatic Brain Injury

Andy Mantell, Grahame Simpson, Kate Jones, Thomas Strandberg, Patti Simonson, Martha Vungkhanching

The problem: The International Network for Social Workers in Acquired Brain Injury sought to determine the formal knowledge base produced by social workers addressing practice in the field of Traumatic Brain Injury. The project aimed to identify the breadth of knowledge, the types of interventions employed and the quality of the evidence base.

Method: To capture the widest number of articles, a scoping review was conducted, and study quality evaluated through assessment frameworks drawn from both social care and the United Kingdom's national service framework for long-term conditions.

Results: Seventy three items published between 1970 and 2009 met the search criteria, of which nine were experimental studies, 30 observational studies, 22 expert opinion works, four literature reviews, one insider account and seven addressed health policy/service provision. Articles focused on family and individual adjustment, community integration and health policy. Interventions included counseling, group work, case management, education and social networking. The experimental studies were rated as high quality, the observational studies of mixed quality, and the four literature reviews were rated as poor.

Conclusions: Mapping and analysis of social work's contribution to the field highlighted central areas of practice and intervention strategies. The high quality studies provide exemplars for further development of the knowledge base.

Abstract 5: Testing the fidelity and acceptability of the Window to Hope program among US veterans with Traumatic Brain Injury

Grahame K Simpson, Lisa Brenner, Bridgit Matarazzo, Gina Signoracci, Jeri Harwood, Tracey Clemans, Adam Hoffberg.

Problem. United States Veterans with traumatic brain injury (TBI) have higher rates of suicide than the general veteran population. Window to Hope (WtoH), developed and evaluated in Sydney Australia, is a CBT program designed to treat hopelessness after TBI. A partnership was established with the Veterans Integrated Services Network-19 Denver to evaluate the feasibility and acceptability of delivering WtoH to US veterans with TBI.

Methods. A consensus conference made an initial cultural adaptation of the program. WtoH was then piloted with US veterans. To test feasibility and acceptability, participants completed the Client Satisfaction Questionnaire-8 (CSQ-8), the Narrative Evaluation of Intervention Interview (NEII), and their attendance was documented.

Results. Nine participants were enrolled in four pilot groups. Attendance was high (n=7 participants, 90% or higher; 2 withdrawals). CSQ-8 results were very positive with average item scores indicating strong levels of satisfaction. Themes from the qualitative data (NEII) found participants reported benefitting from the program; identified life changes they had made; and would recommend the program to other Veterans.

Conclusions. Results demonstrated the acceptability and feasibility of delivering WtoH. A Phase II randomized controlled trial has commenced to evaluate the program's efficacy in reducing hopelessness among US veterans with TBI.

Monday 2.00 – 3.30pm ABI Symposium part B

Abstract 6: Investigating the model of case management practiced in the New South Wales Brain Injury Rehabilitation Program

Grahame K Simpson, Denise Young, Margaret McPherson

Aim: Define a state-wide approach to case management (CM) within the New South Wales Brain Injury Rehabilitation Program.

Method: 63 clinicians with CM roles across 12 community rehabilitation teams within the NSW program completed a survey about service context, as well as CM tasks and principles.

Results: CM was provided within multidisciplinary, interdisciplinary and transdisciplinary teams. Two services had unique CM-only services. A total of 26/63 respondants provided exclusive CM services, with the remainder providing a mix of rehabilitation therapy and CM. Staff spent 59.9% of time on traditional CM roles (assessment, referral, coordination, monitoring, goal setting) with the balance spent on a broader range of tasks (individual/ nfamily support, community development, education, advocacy). The 12 services had similar principles underpinning CM service delivery; decision-making was more likely to be client rather than staff led; CM was driven by client hopes rather than existing service options; had a limited administrative role compared to client-related activity; involved a substantial component of direct service provision (rather than just case monitoring); and addressed a broad rather than minimalist range of tasks.

Conclusions: Drawing upon current practice, an expansive approach to CM has been finalised as the model for the state-wide program.

Abstract 7: Improving the transition experience from hospital to community for patients and their families following an acquired brain injury

Elly Nadorp

Background: Following a self assessment of Accreditation Canada's Rehabilitation Standards in 2009 and data collected from a Patient Satisfaction Questionnaire, a multidisciplinary ABI project team at a Canadian Hospital embarked on a Quality Improvement Project to improve the support to the patients with an acquired brain injury and their family members with the transition from hospital to community.

Methods: Past patients and caregivers/family members were approached to provide information through structured interviews, questionnaires and focus groups regarding their needs at time of transition from inpatient services to community. Best practice literature was also reviewed to identify common discharge needs required by both patients and families.

Results: Subsequently, two comprehensive documents (one for patients and one for caregivers) were created to facilitate the transition to community. Information regarding symptom management and community support services along with notes about what to expect post rehabilitation were included.

The documents were reviewed for content, language and layout by clinical staff, patients and family members before being finalized. The Patient Guide was launched in December 2011 and The Caregiver Guide in March 2012. *Conclusions:* Evaluation of the two Guides will be conducted in the spring of 2013.

Abstract 8: Promoting the inclusion of indigenous clients with ABI in rehabilitation settings: A model for working with Maori in New Zealand

Te Miria James-Hohaia and Emma Weeks ABI Rehabilitation

Background and aims: Maori consistently report poorer health outcomes after brain injury, due in part to their limited engagement in rehabilitation. Therefore, the Whakaritenga Mahi model, based on Maori values, was developed to support non-Maori organisations provide more culturally appropriate services. The approach places clients and their whanau (family, social networks) at the centre of rehabilitation planning, monitoring and evaluation. The proverb Nāu te rourou naku te rourou ka ora ai te iwi (with your basket and my basket people will be well) provides the foundation for how services are to be provided.

Method: To ensure ABI Rehabilitation staff deliver culturally appropriate services, a training program in implementing Whakaritenga Mahi and monthly refresher courses are compulsory for all staff.

Results: Whakaritenga Mahi has positively impacted the provision of brain injury rehabilitation to clients/whanau. There has been a clear shift to whanau being placed at the centre of rehabilitation planning and monitoring. The approach clearly meets the needs of clients and their whanau.

Conclusions: Staff have embraced a new way of working and with increased cultural knowledge engage more effectively with Maori. Whanau and clients are positive about the service, feeling part of the team and experiencing the rehabilitation as professional and effective.

Abstract 9: Investigating social work interventions to address the long terms needs of people with acquired brain injury: Experience of the Royal Hospital for Neuro-disability

Patti Simonson, Maysaa Daher, Grahame Simpson, Rosemary Jennings

Background: Little is known about social work interventions to address the long-term needs of people with acquired brain injury (ABI). The Royal Hospital for Neuro-disability in London has had a long tradition of providing social work services to this group.

Method: Clients seen by a social worker between July 2010 and February 2012 were reviewed. A standardised protocol was devised to collect data about client demographic and injury/illness charactersistics as well as the types of social work interventions.

Results: A total of 87 clients received 113 episodes of care (EOCs), with 75% of clients having one episode only. Average length of the EOCs was 10 months. EOC referrals were made for future planning (43%), legal/financial/ statutory benefits (31%), accommodation adptations/equipment (10%), family/carers (8%) and other healthcare needs (8%). Clients received multiple interventions (average 3.7 per client). The four most common interventions comprised liaison with external agencies (56%), family and carer work (52%), finance/benefits (45%) and counselling/other clinical issues (38%).

Conclusions: People in the chronic phase of ABI have a broad range of psychosocial needs. The interventions reflect the person-in-environment approach that underpins social work practice. The findings reflect the importance of ensuring social work services are available over the long-term.

Abstract 10: Mindfulness Based Cognitive Therapy: a practitioner's journey through training and practice with Traumatic Brain Injury patient groups.

Jane Stretton and Cathie Percival

Aim: To devise a hospital-wide approach in a rehabilitation and chronic care hospital to encourage social workers to use self-assessment tests (hereafter SATS) as well as behavioral observation and practice wisdom to inform assessment, contracting ,intervention and outcome measurement.

Method: Social workers were encouraged to evaluate what they target for change in their practice and to find SATS to evaluate those elements. They were trained and mentored on how to choose and administer SATS and a tool kit was provided. The range of SATS chosen included coping style, positive and negative emotions, quality of life and well-being (client and caregiver), relationships (couple, family and friendship) and stress.

Results: Evaluation has been user informed and informal. Clients and team members reported an enhanced understanding of psychosocial functioning and SW intervention, positive impact on therapeutic relationship, and the value of evidenced-based metrics to evaluate subjective concepts which help inform discharge planning. SWer reported improved resiliency and decreased compassion fatigue. Students reported enhanced confidence as SATS gave them focus/ structure for their initial interview.

Abstract 11: Mindfulness Based Cognitive Therapy: a practitioner's journey through training and practice with Traumatic Brain Injury (TBI) patient groups.

Elly Nadorp

Background: Social workers are increasingly integrating Mindfulness Based Cognitive Therapy (MBCT) into their practice with patients who have a TBI (e.g. to reduce depression). To be effective in adopting MBCT, social workers need a thorough knowledge of TBI, professional MBCT training as well as adopting a personal mindfulness meditation practice. This talk describes one journey to be trained and to teach MBCT.

Method: Critical self- reflection was employed to identify(i) benefits and the impact of MBCT groups in dealing with depression after people suffer a TBI;(ii) challenges and rewards of MBCT facilitation on the practitioner; and (iii) the positive impact on the therapeutic relationship.

Results: The experience of facilitating MBCT groups demonstrated that the underlying principles of mindfulness were consistent with good and successful social work practice. It also showed that to be an effective MBCT facilitator there is a need for ongoing mindfulness and meditation training and practice, as well as for peer learning and supervision. *Conclusion:* The positive outcomes suggest benefit for social workers to be trained in and to practice mindfulness meditation in order to offer MBCT groups as a therapeutic modality for outpatients with TBI in rehabilitation settings.