



INSWABI Progress Report

Vol 7, Issue 2 and Vol 8, Issue 1

July 2013 – June 2014

1. Introduction

Welcome everyone. This Progress Report is a double issue covering July-Dec 2013 as well as Jan-June 2014. We start off by profiling Cathie Percival, one of the founding members of the INSWABI Committee, who works at the Toronto Rehabilitation Institute in Canada. In the Research corner we feature a contribution from Lenny Hawley from Craig Hospital in Denver Colorado on SAIL, a self-advocacy project. Karen Sasaki and Cathie Percival then report on their presentation at the Conference on Rehabilitation Following Mild to Severe Traumatic Brain Injury. We update some recent publications by INSWABI members. We round it out by looking forward to the 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



**Cathie Percival Social Worker,
Brain and Spinal
Rehabilitation Program,
Toronto Rehab, University
Health Network, Toronto**

Cathie Percival is a social worker on the in-patient program of the newly titled Brain and Spinal Cord Program at Toronto Rehabilitation Institute. TRI recently became part of a larger hospital complex called the University Health Network, comprising acute and cancer care and research.

ideally one with fewer bumps on the road to recovery. As a result, we treat many patients we likely would not have admitted when Cathie's career in brain injury started in 1986- i.e. patients with more complex presentations, patients with increased acuity on admission, and notably, more patients with anoxia, which was once considered almost untreatable.

Yes, it was back in 1986 that Cathie began work in a stroke and head injury rehab program at a hospital then known as The Riverdale Hospital, now Bridgepoint Health. The head injury rehabilitation portion of this program arose from a pressing need in acute care for more treatment for these patients for whom nothing was available beyond some private rehab companies just starting up. At that time, there were very few programs in North America, so this was one of the first and it was exciting to be part of the pioneer phase of our specialty. Santa Clara Valley Medical Centre in California and Rancho Los Amigos in L. A. were also among the first rehab programs to work with our population.

Cathie has now been at TRI for 15 years and her work here has largely been of a clinical nature with patients and families interspersed with a 5 year role as SW practice leader and education coordinator, which provided an opportunity to be part of a wider leadership group at TRI and also at the University of Toronto, for whom we are a social work teaching centre.

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Cathie very much enjoys being part of an interdisciplinary team and is proud of the feedback they get from patients and families about the high calibre work they do and the way in which they work well together, which people find reassuring during stressful and uncertain times. Cathie is very grateful to INSWABI for encouraging all of us to be more actively involved in presenting, sharing our collective expertise and our international teamwork, which has been a gratifying new dimension in our professional lives. Grahame and Patti are to be commended on providing such effective leadership.

Cathie is now working on a part-time basis and contemplating retirement from her professional life. She does not wish to put all her photos in albums or start making jam, but is thinking about how best to enjoy this next stage of life. She will miss being the oldest person in the building, but will undoubtedly adjust.

3. Research Corner

Improving Self Advocacy Skills for Individuals with Acquired Brain Injury and Significant Others: a Pilot Study



**Lenore Hawley, LCSW,
CBIST, Principal
Investigator**

**Craig Hospital,
Research Department,
Englewood, Colorado USA**

The complex effects of ABI can create barriers to community reintegration, requiring the individual and family to advocate for services as the injured person attempts to re-enter social, vocational, and community roles. Individuals post-ABI are in need of services not required prior to the injury, with approximately 40% of

those who receive inpatient rehabilitation reporting at least one unmet need for services a year post-injury.

Self advocacy has been defined as having the beliefs, knowledge and behaviors necessary to address one's own needs, and involves taking care of oneself, gathering information and resources, being organized and prepared, and assertively negotiating to get one's needs met. The Self Advocacy for Independent Life program (SAIL) was developed to empower individuals and families post-ABI as self advocates. The SAIL program consists of a multi-session group workshop and workbook aimed at improving self advocacy beliefs, knowledge and behaviors. Craig Hospital is currently conducting a pilot study investigating the SAIL program. This pilot study will involve 24 participants, 12 individuals with ABI, and 12 significant others who advocate for/with someone with ABI. Each participant group will be randomized into treatment and control conditions, with the treatment participants receiving the workshop and workbook, and control participants receiving the workbook only. Both groups will be assessed in the areas of self efficacy, self-advocacy behaviors, and self-advocacy knowledge, pre and post intervention.

We hope that this pilot study will help us determine if the SAIL program holds the potential for further investigation through a larger randomized controlled trial, and, if so, what adjustments may be needed. The intervention phase of the pilot study will begin by March 1st, 2014, and we plan to have study results by July, 2014. I will report back to INSWABI at the end of the study and let you know what we find!

If you want any more information about the SAIL program, please contact Lenny at lhawley@CraigHospital.org

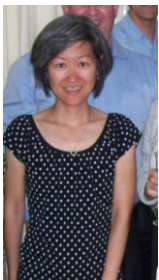
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4. Conferences

Conference on Rehabilitation following Mild to Severe Traumatic Brain Injury

Karen Sasaki and Cathie Percival were recently invited to present at a **Conference on Rehabilitation Following Mild to Severe Traumatic Brain Injury** hosted by our own organization, Toronto Rehabilitation Institute, on the topic of “Emotional and Behavioural Changes after Traumatic Brain Injury”.



To speak on a topic with such an enormous range seemed like a daunting prospect, especially given that we are not specialists in behaviour management. We chose to approach the topic in three stages, the first being a select overview of emotional and behavioural changes that can take place, the second, implications of these changes for the individual and their families and lastly, practical strategies for team members working with TBI patients.

To give the material a visual focus, we interspersed our verbal content with clips from a recent documentary called “The Crash Reel”, a film that focuses on the past three years in the life of an American snowboarder named Kevin Pearce. The film follows Kevin and his family as they adjust to a severe traumatic brain injury that he sustained few weeks before the Vancouver Olympics in 2010. We see the various emotional and behavioural changes that he goes through and how his health professionals, family and friends respond. Using archival footage, the filmmakers were also able to recreate scenes from Kevin’s life pre-injury, so we were able to

present this aspect of his life as well, which we hoped would enhance audience understanding of his sense of loss after his crash.

Karen described how individuals who suffer trauma, experience a loss of identity leading to feelings of sadness, helplessness and social isolation among other responses. Families can struggle with psychological distress arising from mixed feelings and changed relationships with the TBI patient. Family dynamics can shift as the injured person is alive but in many ways, absent, while others in the family struggle to communicate their confused feelings about this situation.

Our practical strategies section focused on interventions for non-social work team members who interact on a regular basis with patients who may be experiencing changes in mood, reduced awareness and insight, and reduced self-control and self-regulation. We introduced this part of the presentation with a quote from Dr. Jeffrey Kreutzer about the fundamental importance of a therapeutic alliance, how to know if you have one and how to develop one if you’re not sure.

The presentation was well received and we have been asked to give it again to celebrate our National Social Work week in the first week of March.

Special thanks to our INSWABI collaborators who generously shared suggested articles and presentation materials. Go INSWABI!!!

***For anyone interested in viewing “The Crash Reel” it is now available on DVD and downloadable via itunes.

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5. Publications

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

1. **Hawley, L., Newman, J. (2014). Goal setting in social competence treatment after brain injury.** In R. Siegert and W. Levack (Eds.) *Rehabilitation Goal Setting: Theory, Practice and Evidence* (pp.253-263) Boca Raton, FL, CRC Press.

This chapter discusses the history and process of setting social competence/social interaction goals with individuals who have experienced brain injury. The history of social competence as an area of treatment is reviewed, with an emphasis on goal-setting as a core element providing direction to the treatment process. The use of group therapy is highlighted, and the impact of group input on goal-setting and goal progress is described. Goal-setting in social competence treatment for individuals with brain injury is then discussed, noting the importance of input from the individual and family to insure that goals are individually relevant and realistic. A specific social competence treatment model is outlined, with a detailed description of the goal-setting process within this intervention. A case study is provided to illustrate the process.

2. **Simpson GK, Sabaz M, Daher M, Gordon R, Strettles B. Service utilisation and service access among community-dwelling clients with challenging behaviours after severe traumatic brain injury: A multicentre study.** *Brain Impairment* 2014;15:28-42.

In this study we found that social workers working in multidisciplinary community rehabilitation teams were twice as likely to be involved in cases that involved a client with

challenging behaviours, compared to clients without challenging behaviours.

Hassett L, Simpson GK, Cotter R, Whiting DL, Hodgkinson A, Martin D. A prospective interrupted time series study of interventions to improve the quality, rating, framing, and structure of goal setting in community-based brain injury rehabilitation. *Clinical Rehabilitation* (Published ahead of print)

In this study we found that social workers and case managers were more likely to set staff action plans rather than client-centred goals due to the majority of their time focused on working with the families of clients with TBI or advocacy with service systems (e.g., income, housing, legal) to access supports for their clients.

Two other recent publications by members have



appeared in the Archives of Physical Medicine and Rehabilitation. These are papers addressing Spinal Cord Injury.

Selvaraj Samuelkamaleshkumar, Somasundaram Radhika, Binu Cherian, Arumugam Elango, Windsor Winrose, Baby T. Suhany, M. Henry Prakash (2014) Survival in persons with traumatic spinal cord injury receiving structured follow-up in South India. Archives of Physical Medicine and Rehabilitation 95: 642–648.

In this study, the investigators documented the current survival rates of people with SCI in South India and found that the rates of clients who had regularly follow-up were promising and identified other factors that could be targeted to improve survival rates even further..

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Middleton J, [Simpson GK](#), De Wolf A, Quirk R, Descallar J, Cameron ID. Health status, quality of life and strain in carers during community reintegration after SCI. *Archives of Physical Medicine and Rehabilitation* 95:1312-1319.

In this study, the levels of psychological distress, quality of life and carer burden were examined among caregivers over the first two years post-SCI. In particular the study investigated whether the levels of these indicators were more consistent with a story of caregiver adaptation versus a story of increasing burden and 'wear and tear'. Interestingly, the data supported the first of these two trajectories, with caregivers as a whole reporting significant reductions in psychological distress and improvements in Quality of Life. Caregiver burden remained steady over the two years (it neither improved, nor got worse).

6. Future Events



In Los Angeles, the venue and theme for 8th Conference on Social Work in Health and Mental Health to be held in 2016

was announced. The conference will take place in Singapore, with the title "Enhancing Human Condition: Negotiating and Creating Change. After a successful INSWABI presence in Los Angeles (10 oral presentations in two themed parallel sessions at the conference plus an advanced skills symposium on social work in ABI, a field visit to the Los Ranchos brain injury rehabilitation centre, the triennial INSWABI dinner, the INSWABI face to face committee meeting, a sightseeing trip to the Getty Museum), we hope that in Singapore we will do equally as well if not better. Now is the time to start thinking and planning to come to Singapore to take part in this conference and all the



INSWABI events. If you are interested in thinking about doing some research to present at the

conference, or you have an idea for a conference presentation and would like some help, please contact either grahame.simpson@sswahs.nsw.gov.au (Senior Research Fellow, Liverpool Brain Injury Rehabilitation Unit) or andy.mantell@gmail.com (Senior Lecturer, University of Chichester)

7. Committee News

The INSWABI Committee has had its April meeting and will soon be having the second meeting of the year. An exciting development is our work towards establishing an INSWABI website. For the past several years, the Brain Injury Social Work Group UK have hosted an INSWABI tag on their website. Two years ago the committee purchased the domain name INSWABI.org. The committee has now developed a proposal for establishing a website and we are currently seeking funding to enable us to set it up. If we can establish the website, it will provide an international focal point for the network. We have a crowded agenda for our September meeting. In addition to the website, we are also hoping to finalise the Terms of Reference for the committee that will provide a framework for the governance of the committee in the years ahead. Finally, we want to do some further planning for the next practice-based project, developing a Social Work Psychosocial Assessment Framework for ABI.

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The photo shows the INSWABI Committee Members taking time out from the International Conference of Social Work in Health and Mental Health to visit the Getty Museum in Los Angeles (June 2013). From L to R: Elly Nadorp (Ottawa Canada), Cathie Percival (Toronto Canada), Patti Simonson (London, United Kingdom), Andy Mantell (Brighton United Kingdom), Lenny Hawley (Denver United States) Grahame Simpson (Sydney Australia).

8. Membership

Welcome to our new members.

Olivera Glusica	Australia
Tim Watson	UK
Leah Du Plooy	Australia
Katrina Gaib	Australia
Olga Gountras	Australia

Farewell and Thank you to:

Lucy Devlin	UK	retired
Pauline Dark	UK	retired
Susan Lindsay	Canada	changed jobs
Alex Shelton	Aust	changed jobs
Mary Loiuse Cuy	Aust	changed jobs

9. Pass this on.

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

10. Interested in joining INSWABI?

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