



INSWABI Progress Report

Vol 4, Issue 2

July – December 2010

1. A new age for INSWABI

It gives us great pleasure to provide the 8th Progress Report for the International Network for Social Workers in Acquired Brain Injury.

In this report, we are pleased to be able to share the profiles of two INSWABI members from India - it is fascinating to hear about their roles of social work in rehabilitation within the developing world. Next we feature a harrowing first person account of the Christchurch earthquake in New Zealand by INSWABI member and local resident, Bronwyn Stephenson.

Andy Mantell and Patti Simonson provide an update on the latest issue of Social Care and Neurodisability. We have a new section of the report ~~Research Corner~~ which highlights various projects that INSWABI members are involved in. In this report we hear from Judy and Bronwyn from the Hunter Brain Injury Service in NSW Australia who are designing an evaluation

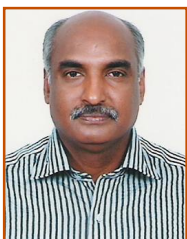
of clients who received intervention during their admission to the unit addressing the use of alcohol and other drugs post-injury.

Turning to new resources and programs, we showcase a new resource that has been completed in Canada and an exciting new program developed and evaluated in Victoria, Australia called the Family to Family Link Up program that aims to enable families who have a member (child or adult) with an ABI an opportunity to be linked up with each other.

Advance notice is provided of the International Brain Injury Association 9th World Congress which will be held in Edinburgh, Scotland next March. If you are planning to go, let us know as we will try to organise an INSWABI get together at some stage during the conference. Finally, the INSWABI committee held its first meeting in July 2010 and has started to work on a number of issues which are detailed below.

2. Profiles from India

Dr Guru Nagaranjan



I have been working as Selection Grade Social Worker in the Department of Physical Medicine and Rehabilitation of Christian Medical College (CMC) in India since 1990.

CMC's vision is to provide education, service and research at the highest quality with relevance to the needs of the country. I have been involved in teaching different categories of students including the disciplines of Physiotherapy, Occupational Therapy, Prosthetic and Orthotic, Medical undergraduates, Public Health and Social Work.

Dr Grahame Simpson
Co-convenor

Patti Simonson
Co-convenor

Other experiences are in the area of teaching in the community. This includes school students, youth groups, women groups and community leaders. I am also involved in patient and family education for patients with spinal cord injury/brain injury. The teaching methodologies adopted include the use of adult learning methods with special emphasis on participatory teaching learning strategies. I have developed a school awareness module which includes life skills, injury prevention and health education.

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My work experience includes working in a hospital for rehabilitation of people with disabilities and in rural and urban community settings for follow-up, health and development and community based rehabilitation. I like to accomplish minor projects such as organizing programmes for the networking of disabled people, in-service training for staff and conducting training programmes for World Health Organisation fellows, to give some examples. I have interests in working with the multidisciplinary team in fulfilling his role.

My research interests are in the area of social and vocational rehabilitation of severely disabled people and community-based rehabilitation. I have used several research methodologies including surveys, qualitative research methodologies such as case study, focus group discussions and PRA.

I am a member of the Rehabilitation Council of India and advisory board member for four NGOs working with rural communities for their health, care and protection of children affected by HIV, youth development and improvement of quality of life of differently abled children respectively.

Elango Aramundam



I am Elango, a Social Worker working in Mary Verghese Institute of Rehabilitation, which is a unit of Christian Medical College (CMC), Vellore,

India. In the rehabilitation institute we work with people with Spinal Cord Injury and Acquired Brain Injury.

I started my career as a Social Worker in 1987 and worked with the children of differently abled and their family members who are from poor dwelling areas of Vellore Town. Then I joined as Social Worker in CMC during 1990.

My role involves socio-vocational rehabilitation, individual and family counselling, facilitating Government benefits and follow up of people with Acquired Brain Injury and Spinal Cord Injury.

Our follow up services help our clients for better community reintegration and keep their health better. We do evaluation home visits when necessary and organize follow up home visits every month. An annual fair separately for people with ABI and SCI is conducted by us. We conduct regional level meetings and support groups for disabled persons in the community to promote association as well as to get support from each other. I attend a Brain Injury Clinic which is held once a week in our Out Patient Department to offer counselling services for our clients who come from the community and also to their relatives.

I teach Sociology & Social Work subjects for students of Physiotherapy, Occupational therapy, Prosthetics & Orthotics and Social Work. I have involvement in the publication of various research articles and in the preparation of guidelines for care of persons with spinal cord injury in the community published by WHO (http://www.whoindia.org/LinkFiles/NMH_Resources). Currently I am involved in a study on Exploring Community Reintegration after Brain Injury from rural South India+.

Apart from membership of INSWABI, I am a registered member of the Rehabilitation Council of India which is an apex body of India to regulate the professionals working in the field of rehabilitation. I am also working as member of expert committee for the preparation of a training module on the application of International Classification of Functioning (ICF) in the area of Physical Medicine and Rehabilitation.

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3. Bronwyn Stephenson in the Christchurch New Zealand earthquake



Bronwyn is an INSWABI member who lives in Christchurch New Zealand and works as a social

worker in the rehabilitation wards at Burwood Hospital. This is her account of living through the earthquake and the immediate aftermath. She writes:

It was horrific that's for sure and so much worse than September's one (2010). However, as far as I am aware all of us social workers are fine though there has been damage done to our department. My boss had to use a sledgehammer to get my door open because nothing else was working including brute strength! Josh's school was brilliant and texted me to let me know that he was okay. Trying to make phone calls or text messages was challenging. I personally find being on the other side of the city from where I live and, more importantly, my son's school very stressful but so pleased that my Mum was able to pick him up for me as it would have taken me literally hours to have got there. We are currently staying with my parents as they live south of Christchurch and have got all their essential services. I've checked my house this morning and its fine -



just some broken glassware and crockery but nothing major. There is power on but no water and there's no

word yet when it will be sorted as the focus currently is rescuing people. The schools are closed until further notice. There is either a broken water pipe or some liquification occurring

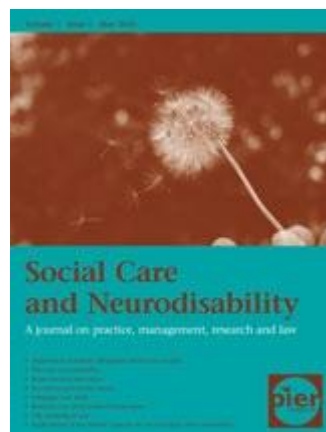
at the school but while the rescue effort is under way I would imagine those kinds of things are all put on hold. We are all bracing ourselves to hear the names of the people that have been killed as it's more than likely we will know someone or someone thru our networks. A former colleague was one of the women who escaped from the CTV building with only a cut on her leg. Burwood Hospital has cracks in buildings and in the car parks but still is operational. From all accounts the nurses had to pull some long shifts last night as people were coming in with their injuries, despite it not having an emergency department. However they simply would not have got to Christchurch Hospital or have been able to call an ambulance. Until the schools return, I will be off work. It was extremely sad to see the damage done to the Cathedral as that's the heart beat of the city in many respects. I suspect the prognosis will be poor.

Anyone wanting to donate to assist the people of Christchurch can do so at

www.christchurchearthquakeappeal.co.nz

4. Social Care and Neurodisability

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



the first of a series of articles we summarise the key points from Issue 2.1, an Issue which explored both dominant and marginalised discourses in adult social care.

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In the practice section Steve Wiseman explored transdisciplinary working. He discussed what a social worker can bring to the brain injury case manager role within the health service. Drawing on a case study, he demonstrated how the effective practitioner acts as a conduit between services and serves as a point of continuity for people with brain injuries and their families through the difficult changes and transitions that occur following traumatic brain injury.

Such support and continuity would have been very helpful for Mary who talked with Terry Scragg about her experiences of caring for her husband Richard. He developed a rare hereditary condition (prion disease) and her account highlights the distress and difficulties caused by uncertainty as the professionals struggled to identify his condition. Due to Richard's strong sense of privacy, he was reluctant to accept help from others. Whilst they received invaluable support from a strong familial network, the burden of caring fell heavily upon Mary. Her account illustrates how contact with services can transform the resources available to often isolated carers. However, she also highlights how financial pressures have undermined some services; for example, respite care's ability to provide what is actually needed from them (a care home lacked the staffing level to be able to manage Richard's care). Such savings in cost on services simply transfer the cost to the families who are least able to bear them.

Mary would probably agree with many of the findings from our first peer reviewed article by Hedward, Gough and Molineux. They researched into the psychological and emotional impact of caring for a person with multiple sclerosis. In particular she shared these carers' difficult path to diagnosis, where family members tried to fill the gap left by the uncertainty and lack of information from professionals by playing

detective, seeking answers. Similarly, she also experienced a changing sense of identity as caring altered family members' roles within the work place and at home.

These two articles focused on the importance of practitioners hearing the carer's story. In the second peer reviewed paper Eva Easton and Karl Atkin advocated the importance of understanding the service user's story. Both accounts illustrated that the complexity of people's lives cannot be fully understood from simply adhering to the medical model. As Easton and Atkin pointed out, with the rationing in health funding, alternative solutions need to be sought, which place the patient at the centre of their health/illness experience. Recognition of patients' (and carers') narratives shifts the focus from them as the passive victims of disease to protagonists in their own biographies (Sevenhuijsen 1998). Re-telling their stories can be empowering; enabling them to reframe themselves and their situation more positively. Easton and Atkin argued that listening to patients' narratives can inform social, therapeutic and nursing interventions.

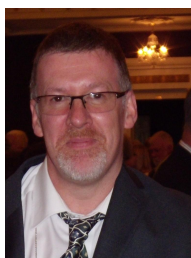
One of the most dominant discourses in the ABI field in the UK is the legal discourse. In the legal section Paul Sandford and Jim Shepherd, in the first of a two part article, explored the evolving welfare benefits eligibility criteria for people unable to work due to lost or altered consciousness. It is perhaps in the legal discourse more than any other that the significance of the meanings attached to words is most recognised. Case law's more liberal interpretation than the government intended of who would be eligible for Incapacity Benefit led to the imposition of a more restrictive description. However, as Sandford and Shepherd have pointed out in the newer and supposedly less generous Employment and Support Allowance, the

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wording seems to have reverted to a previous and more inclusive definition, meaning that those suffering from migraine or vertigo, for example may now be eligible. In a future issue of SCN they will provide practical guidance for those assisting applicants in this difficult area.

This issue's resource reviews included Justin McDermitt's thoughts on Daisley, Tams, Kischka's excellent *Head Injury: The Facts* which is particularly aimed at people with an ABI and their carers. This book will also be invaluable to practitioners with limited clinical knowledge. The text provides information, practical advice and a very good example of how to explain an ABI to a child – an area that is much neglected. It is a text that seeks to engage the reader in discourses that they may be unfamiliar with, rather than excluding them.



By **Andy Mantell and Patti Simonson**

5. Research corner

Researching Opportunistic AOD Assessment & Counselling at Hunter Brain Injury Service.



The Hunter Brain Injury Service (HBIS) provides multi-disciplinary post-acute rehabilitation for people who have sustained a

TBI in the Hunter region, a large metropolitan centre two hours drive north of Sydney, Australia. HBIS has a Transitional Living Unit, Outpatient and Outreach streams. At HBIS the usual recommendation from medical practitioners is that clients abstain from alcohol use for a period of 12 months post injury, and

from illicit substances permanently. The impact of Alcohol and Other Drug (AOD) use post injury has been identified as a risk factor that impacts on their successful community re-entry and social integration. Social Workers at HBIS routinely assess clients' patterns of alcohol use using the Alcohol Use Disorders Identification Test (AUDIT) measure, as well as undertaking a substance use history. A harm minimization approach is used which involves the provision of education in written and verbal form, counselling within a motivational interviewing framework, and where required, referral to external AOD services on discharge from this Service.

The aim of the project is to assess the effectiveness of this opportunistic assessment and brief interventions in this population over a six year period from 2004 to 2010 to determine whether there has been any change in AOD use following discharge from the service.

The research will explore whether there is a correlation between post-injury AOD use and changes to lifestyles, community participation and relationships in this population, and the counselling support and education they received while involved with the Hunter Brain Injury Service. This research would contribute to gaining an understanding of the influential factors that may assist clinicians to tailor specific interventions in the future.

This is in the embryonic stage and negotiations have been undertaken with the Social Work Department Program Convener at Newcastle University with whom we plan to work in collaboration. We are exploring options at present for funding grants to assist us in commencing this work.

By **Bronwyn Stuart and Judy Dawson (Social Workers, Hunter Brain Injury Service).**

For more information e-mail:

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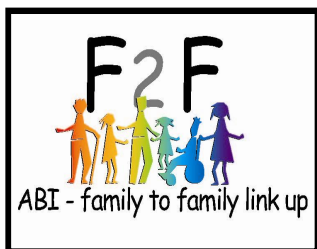
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6. What's the latest in resources or new programs?

Family 2 Family Link Up



The ABI Team at The Bouverie Centre in Melbourne, Australia are currently running a Family to Family Link Up program which provides families who have a member (child or adult) with an ABI, an opportunity to be linked up with each other. This unique community initiative creates connections between families in supportive and community-oriented ways that acknowledges the social isolation, burden of care for all family members, and behavioural challenges that arise as a result of head injury, yet draws on families' own solutions, wisdoms and coping strengths in dealing with ABI. Families are matched according to various identified needs including type of injury, time post injury, challenges faced post ABI such as aggressive behaviour, grief and loss, depression, raising young children, changes in roles within the family and cultural background.



Children with a family member with an ABI were linked up using the 'Tree Of Life' narrative tool. It focuses on children's strengths and skills

and encourages them to share their experiences in a way that is safe and helps them feel stronger. For children it offers a fun way to meet with other children to share and learn from each other. Using the metaphor of a tree, they are guided through a drawing process which maps unique things about themselves, such as skills, hopes and dreams. Children are not required to discuss their individual experiences but are encouraged to talk as a collective group about the challenges and difficulties that they may face

and ways of responding to these challenges that are helpful. The drawings and collective wisdoms of the group are then shared with parents. A focus on building strengths and helping children develop positive identities is a key focus of the program.



Results from the program evaluation showed that the value of sharing experiences emerged as the strongest identified

benefit as well as, an increased sense of empowerment and hope from sharing similarities and differences, resourcing, ability to give to others, developing an increased sense of compassion and understanding for themselves and their own family members, building a sense of community and the ability to draw out strengths, competencies and wisdoms even in the midst of challenging times. Of significant importance to all family members was the presence of a trained facilitator which offered containment and a sense of safety. Feedback from family members about their involvement includes:

"Listening to other families helped me to see where we were and where we are now– it has given us lots of hope". Partner

"For us the meeting broke down some of the isolation we have experienced since our son's ABI. We found that we easily spoke the "same language" and felt less of the victims we have often felt the system places us" Parent

"The facilitator was able to guide the session successfully; they had a calming influence and empathy for me and my family". Partner

By Franca Butera-Prinzi

For further information about the program:

e-mail: F.Butera-Prinzi@latrobe.edu.au

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Navigating the System of Brain Injury in Toronto, Canada by Ramona Bray

An Advisory Committee in the City of Toronto assessed the need for services for those living with the effects of acquired brain injury (ABI). As a result of this comprehensive needs assessment completed by the Advisory Committee, a psycho-social support and education group was formed for spouses and partners of individuals with ABI. This group became known as The Spousal/Partner Education and Support Series, otherwise known as SPESS. This support and education series consisted of psycho-social clinical support and psycho-educational seminars specifically designed to assist spouses and partners of individuals with ABI understand the impact of these injuries. This series was an inter-agency initiative involving: Holland Bloorview Centre; CHIRS (Community Head Injury Resources Services); COTA (Community Occupational Therapists and Associates); Neuro-Rehabilitation Consultants, Feldman & Associates; Toronto Rehabilitation Institute; Bridgepoint Health; St. Michael's Hospital; and West Park Health Centre.

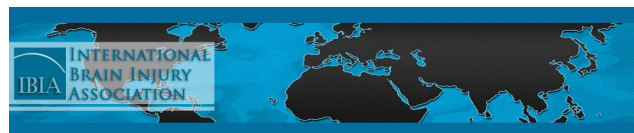
As part of a two-weekend SPESS workshop in February of 2000, spouses and partners in attendance consistently requested information with regards to community resources. They felt that sufficient information in this area was lacking and did not feel adequately linked to services for support. Consequently, this resource directory was prompted by the needs of these individuals. It also became evident that other individuals and family members of those living with the effects of ABI were in need of similar resources. Ms. Ramona Bray consequently researched, designed, implemented and funded this ABI & Stroke manual, which is utilized all throughout Toronto, Ontario and is updated on a bi-yearly basis. The

long term goal of this manual is to research and design a manual of services available throughout North America and internationally.

It is important to note that while many community resources are listed, this directory does not represent a comprehensive listing of all available resources. For further information please contact the Ontario Brain Injury Association (OBIA) at (905) 641-8877 or 1(800) 263-5404. It must also be emphasized that although children may be affected by ABI, this directory is not child focused. While there is a small listing of support groups for children and teenagers living with an adult with ABI, this resource is primarily adult focused. With this information in mind, I hope that this manual facilitates your process with navigating the complex system of brain injury.

7. Upcoming Conferences

IBIA Ninth World Congress on Brain Injury



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

The Congress will be relevant to a range of 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-congress symposia.

Some INSWABI members are planning to go so if you are going, please let us know - we will try to organise a get together during the congress.

Watch this space for latest information

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The 7th International Conference on Social Work in Health and Mental Health, June 23-27 2013



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

More information about LA 2013 in the next newsletter

8. INSWABI Committee news



The INSWABI Committee had its inaugural meeting in July 2010 at Dublin Ireland during the 6th International Conference on Social Work in Health and Mental Health.

Over the subsequent month the membership of the committee was finalised and the final committee was announced in the 2010 Jan-Jun issue of the INSWABI Progress Report.

Work commenced on establishing the committee processes and protocols. After surveying members it was reluctantly agreed that we would not be able to hold a ~~real-time~~ meeting for our second December 2010 meeting, and therefore an ~~asynchronous~~ meeting was held.

Work also was undertaken to complete the Special issue of the Progress Report that included the national perspectives addresses that various committee members delivered at

the INSWABI dinner in Dublin. This was circulated to INSWABI members in November 2010.

Arising from the committee meeting in December 2010, the committee has identified a number of tasks to work on over the next 6 months. This has included:

- A review of the INSWABI Mission and Aims, which is now completed . the new document will soon be available on the INSWABI website
- Develop a marketing brochure about INSWABI that can be used to let people know about us . Patti is heading this work and the brochure should be available by April 2011
- Develop a marketing strategy to let social workers in the United States know about INSWABI . particularly in view of the International Conference in 2013. The committee is developing this strategy at the moment
- Complete the ABI and SW systematic literature review . Andy and Grahame are working on this in collaboration with a number of other INSWABI members
- Start planning for the Psychosocial Assessment Project
- Start planning with INSWABI members towards the next face to face gathering which will be in Los Angeles USA at the next International Conference for Social Workers in Health and Mental Health in 2013

The next committee meeting will be held in May 2011.

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9. INSWABI membership update

INSWABI would like to welcome the following new members who joined between July and Dec 2010 from Canada, Australia, the United Kingdom and Ireland:

| | |
|----------------------|-----------------------------|
| Nadia Elsayed | Toronto, Canada |
| Franca Butera-Prinzi | Melbourne, Australia |
| Lorie Laroche | Ottawa, Canada |
| Helen Flanagan | NSW, Australia |
| Melinda Gollan | Sydney, Australia |
| Ramona Bray | Toronto, Canada |
| Nicola Walley | Leeds, United Kingdom |
| Victor Monaher | Cork, Ireland |
| Tracey Kissane | East Sussex, United Kingdom |

We also farewell the following members

Walter Stombaugh USA . retired after 30 yrs service as SWeR in brain injury

Monica Ludenfeldt Sweden . moved on

Shirley Denny UK – resigned from INSWABI

Dr Grahame Simpson

(Australasia, Asia)

Brain Injury Rehabilitation Unit, Liverpool Health Service

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Liverpool BC, NSW Australia 1871

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Tel: 61 2 9828 5495

There is no membership fee for joining INSWABI.

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

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