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

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July – December 2012

1. Introduction

Over the past several issues, we have featured members from the United Kingdom, Ireland, Canada, Australia, New Zealand, India and Sweden. Last, but certainly not least, is the United States and this report includes two membership profiles from the US. In our new resources/program section, Mike Hope from the United Kingdom has brought a website to our attention which makes consumer friendly information about the rehabilitation pathway after brain injury accessible to all comers.

In the Clinical corner we have two pieces on therapeutic models that are currently being explored for their efficacy in the field of acquired brain injury. Mark Holloway in the United Kingdom writes about social work using motivational interviewing in their practice with clients who have an acquired brain injury, and Elly Nadorp from Canada tells us of her experiences with mindfulness and ABI. Our Research section highlights publications produced by INSWABI members over the course of 2012 including articles published in peer review journals and one chapter.

Committee news will report on the current activities of the inaugural INSWABI committee, as it nears the end of its' 3 year term, and the impending face to face committee meeting in Los Angeles, which will launch the committee's next 3-year term. Conference news includes a conference report from INSWABI member Thomas Strandberg about Brain Injury 2013 in Sweden and notice of the upcoming NIDDR 2013 conference in Finland. We also provide an update of the upcoming International Conference on Social Work in Health and Mental Health which will be held in Los Angeles, 23rd – 27th June.

We look forward to a very busy and productive 2013 for INSWABI.

Dr Grahame Simpson and Patti Simonson
INSWABI Co-convenors

2. Membership Profiles

Lenore Hawley, MSSW, LCSW, CBIST

Lenore has worked with individuals with TBI and their families for over 30 years in the areas of cognitive rehabilitation; individual, group, and family therapy; program development and program management; and research. Ms. Hawley completed her Master of Science in Social Work (MSSW) degree at the University of Texas and is a Licensed Clinical Social Worker.

She completed advanced training as a Certified Brain Injury Specialist Trainer (CBIST), and has specific clinical expertise in the areas of group therapy, social competence, and self-advocacy. Ms. Hawley is the author of *A Family Guide to the Head Injured Adult; Self Advocacy for Independent Life* (Editor and co-author); and co-author of *Group Interactive Structured Treatment-GIST: for Social Competence. multi-site grant investigating the effectiveness of the GIST intervention*.

She served as co-investigator on a research grant showing the efficacy of the GIST intervention, and is currently a co-investigator and Co-Director of Intervention, Training and Dissemination on a U.S. Department of Defense multi-site grant investigating the effectiveness of the GIST intervention. She is also Co-Principle Investigator on a study investigating the effect of volunteer activity on psychological well-being for individuals with TBI. Ms. Hawley provides group therapy for civilians with TBI, as well as for soldiers and veterans with TBI and PTSD through her private practice. She is a new member of INSWABI, and is looking forward to meeting other INSWABI members in Los Angeles!

Dr. Martha Vungkhanching

Dr. Martha Vungkhanching is an Associate Professor and MSW Program Coordinator at California State University, Fresno. Dr. Vungkhanching is an active member of INSWABI since its inception in 2006, in Hong Kong. She has worked in substance abuse treatment and rehabilitation, and prevention programs in India and Hong Kong for several years. She completed her post-doctoral research fellowships at the University of Missouri-Columbia (2001-2003) where she conducted research on alcohol use development and attachment styles among college students. She continued with her post-doctoral fellowships at Northwestern University, Chicago (2003-2005) where she conducted research on traumatic brain injury and family caregivers with Dr. Allen Heinemann and Dr. Mark Mycyk. She mentored several graduate students' Project on a variety of social issues. As a field liaison for social work students' internship, she is connected with several community services in Central Valley, California. Dr. Vungkhanching has facilitated several study abroad programs to India and Hong Kong for social work students in the United States on global social issues and international social work practice. Dr. Vungkhanching's research interests include cultural diversity and cultural competence practice, diverse learning needs and styles of college students, substance abuse, traumatic brain injury and family caregivers, international social work, and social entrepreneurship. She is currently collaborating with Dr. Grahame Simpson and Dr Andy Mantell on the systematic review of the evidence base for social work in acquired brain injury.

3. New Resources / Programs Corner

INSWABI member Mike Hope has brought the website *www.brainnav.info* to our attention. Brainnav is an ingenious template for an interactive electronic pathway for the whole brain injury rehabilitation experience. It enables mapping and navigation down the pathway. It's easy to use and offers non-jargonistic information and advice, but it is also based on a respected clinical model of neurorehabilitation. It brings lots of information into the most accessible public domain, and can be used by family members as well as the widest range of professionals.

4. Clinical Corner

Motivational Interviewing and Acquired Brain Injury[1]

I suspect that, across the globe, there can be few people, working with those with an acquired brain injury, who have not found themselves struggling to gain or sustain engagement with their clients. We might think our service or ideas will give our clients the best possible outcome and chances as they face their new post-injury life but often this is complicated and confounded by the nature of the client's injury, their reaction to it and, perhaps most importantly, their insight into their changed circumstances.

Any technique, approach or theory that helps overcome (or circumvent) issues with loss of insight may therefore promote engagement and support rehabilitation.

Motivational Interviewing (MI) is an approach to addressing difficulties with engagement within health and rehabilitation settings. MI has its roots in an unanticipated finding during a study to assess the effectiveness of different approaches to the counselling provided to people with alcohol related difficulties. William Miller noted that two-thirds of the variance in client drinking six months post input was accounted for by levels of empathy demonstrated by the counsellors during therapeutic sessions. The impact of the relationship between counsellor and client had a greater effect than the behavioural interventions that were being compared.

Miller went on to work with his colleague Stephen Rollnick to develop their ideas in to what we know today as Motivational Interviewing. The technique is most usually applied when working with drug and alcohol users, supporting them to change their behaviour.

Whilst it is difficult to break this down within a very short article, MI is defined as a collaborative, person-centred approach that guides people to draw out their own strength and motivation for change. (see *www.motivationalinterviewing.org* for a much fuller description). The spirit of the approach is to collaborate not confront, to draw out an individual's ideas rather than impose your own and to ensure the power for change remains with the client.

The principles behind the approach are those of empathy and promoting self-efficacy and (my own favourites) the notion of "rolling with resistance" and "developing discrepancy". Often, particularly when working with those with poor insight, we can find ourselves drawn in to very negative conflicts, who is right and who is wrong? MI asks the practitioner to not engage with this by lowering levels of confrontation and simply "rolling" with this, not allying ourselves with any outcome or belief. Discrepancy can then be developed by the client, for themselves, when they perceive the mismatch between what they want and what they have got, between what they say and what they do.

For our clients, cognitive and executive impairment, reduced social awareness and loss of insight complicate using an MI approach. It is harder for our clients to retain the information and use it, making decisions and seeing connections is much more difficult.

By making ourselves our client's allies, by seeing the world with them and by helping them to see their strengths and the discrepancies between their views and their realities we support them to engage in rehabilitation and be in control of it..

Interestingly I think that the MI approach is more about “us” than “them”, it stops us from driving our clients away, stops us from blaming them for disengaging and supports us to see that we can unknowingly create that very scenario. Lastly, MI stops us “arguing” with our clients. Who has ever “won” an argument with a person with an acquired brain injury and why would you want to?

As an approach it is not without its flaws, but it is humane and promotes engagement, the very first step towards change.

Mark Holloway
Headway

Mindfulness-Based Cognitive Therapy groups for people with a brain injury[1]

Current therapies for people with a traumatic brain injury (TBI) include physical, cognitive and behavioural rehabilitation, as well as pharmacotherapy. Evidence exists that many people with a traumatic brain injury experience depression following their injury however, psychological and emotional issues often go untreated.

Mindfulness-Based Cognitive Therapy (MBCT), which was developed by Segal et al (2002), is a relatively new therapeutic approach rooted in cognitive behavioural therapy and mindfulness-based stress reduction (Kabat-Zinn, 2009). There is growing evidence that this novel intervention may offer a successful rehabilitation approach in treating depressive symptoms for people with a traumatic brain injury.

A multisite randomized controlled trial (RCT) of MBCT for individuals with TBI was conducted at three rehab hospitals (The Ottawa Hospital, St. Joseph Care Group in Thunderbay and Toronto Rehab) in Ontario, Canada between 2009-2011 (Bedard, Felteau, Gibbons, Marshall et al., 2012). This study was funded by the Ontario Neuro-Trauma Foundation. Over a two year period, 10 clinicians (speech language pathologists, social workers, occupational therapists and rehabilitation therapists) were trained in MBCT and developed their own mindfulness/meditation practices in order to deliver several 10 week treatment groups at their respective hospitals as part of the research project.

The training included a two day retreat to introduce mindfulness and practice meditations with an experienced facilitator, which gave the participants the tools to start their own meditation and mindfulness practice. In addition, the clinicians received biweekly multisite telephone learning conferences for support and further training, facilitated by a certified MBCT teacher during the duration of the RCT. Also, the ten clinicians took part in a 5 day MBCT training program provided by the Center for Mindfulness, University of California at San Diego, co-taught by Dr. Zindel Segal, Dr. Steven Hickman and Dr. Sarah Bowen. The results of the RCT conducted at the three rehab hospitals have not yet been published however unpublished data to date indicate that patients experienced a reduction in overall depression symptoms following the MBCT training.

My colleagues and I, the MBCT facilitators (2 social workers, 1 speech language pathologist and 1 rehabilitation therapist) at The Ottawa Hospital Rehabilitation Centre, observed the following benefits for patients who had participated in the MBCT groups: increased familiarity with negative and positive thought patterns, reduction of negative reactions to difficult situations, increased tolerance to pain, acts of compassion toward other group members and a reported sense of belonging and reduced isolation.

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The medical and management team of the Ottawa Hospital Rehabilitation Centre's Acquired Brain Injury Program has approved and supported ongoing MBCT groups for patients with a brain injury after the RCT was completed. The four facilitators expanded the eligibility criteria for group participation and are now including patients with an acquired brain injury, while still accepting referrals for patients with a traumatic brain injury. There is a growing interest among our patients to participate in our MBCT groups. We have completed two MBCT patient groups in the fall of 2012 and are planning more MBCT patient groups in 2013.

Although there are challenges in working with this patient population, such as difficulty following through on homework assignments, cognitive and physical fatigue, and commitment to attend weekly sessions, the four facilitators are keen to continue to provide this service, because of the benefits of this treatment modality for patients. All four facilitators continue to have their own mindfulness/meditation and yoga practices, and some have taken or will be taking more advanced MBCT teacher training.

Elly Nadorp

[1]References for these two articles can be found at the end of the Progress Report

5. Research Corner

Publications produced in 2012 by INSWABI members

Anderson M, **Simpson GK**, Morey P. The impact of neurobehavioural impairment on family functioning and the psychological wellbeing of male versus female caregivers of relatives with severe traumatic brain injury: Multi-group analysis *Journal of Head Trauma Rehabilitation* (Published ahead of print), 2012

Braden C, Cuthbert J, Brenner L, **Hawley L**, et al. Health and wellness characteristics of persons with traumatic brain injury. *Brain Injury* 2012; 26: 1315-27

Brenner L, Braden CA, Bates M, Chase T, Hancock C, Harrison-Felix C, **Hawley L** et al. A health and wellness intervention for those with moderate to severe traumatic brain injury: A randomized controlled trial. *Journal of Head Trauma Rehabilitation* 2012, 27: E57- E68, 2012

Harrison-Felix C, **Hawley L**, Brown AW, Devivo MJ. (2012) Life Expectancy and Wellness. In *Brain Injury Medicine, Second Edition*, Zasler, N., Katz, D., Zafonte, R., editors, DemosMedical, New York, 2012

Holloway M. Motivational interviewing and acquired brain injury. *Social Care and Neurodisability*, 3: 122 – 130

Simpson GK, Jones K. Resilience among family members supporting relatives with traumatic brain injury or spinal cord injury. *Clinical Rehabilitation* 2012, (Published ahead of print)

Simpson GK, Baguley IJ. Prevalence, correlates, mechanisms and treatment of sexual health problems after traumatic brain injury: A scoping review *Critical Reviews in Physical Medicine and Rehabilitation*, 2012; 23:215-250.

6. Committee News




INSWABI Committee meetings are now being conducted through Adobe Connect supported by Örebrö University in Sweden rather than Skype. We have to thank Dr Thomas Strandberg for this transition. The change has much improved the audio quality and capacity for committee members to participate in the meetings. The inaugural 3-year term for the committee will come to a close at our upcoming meeting in April. Although most committee members have indicated their willingness to serve for a second 3-year term, two members have indicated that they will be standing down, Dr Guru Natarajan from India and Daniella Pfeiffer from Australia. Patti and I would like to thank both the committee members who have made themselves available for a second term, as well as to Guru and Daniella for their contribution to the committee over its all important 'start-up' phase.

The 3-year terms for the committee are linked to the triennial meetings of the International Conference on Social Work in Health and Mental Health. The inaugural committee was launched at 6th conference in Dublin 2010 and ends this year. The second term for the INSWABI committee starts with the face to face meeting at the 7th conference in LA in June and will continue for another three years up to the 8th International Conference which will occur in Singapore in 2016. The first three years have proven that it is possible for INSWABI to have a committee which can operate effectively (although not without some difficulties) and take responsibility for the mission of the network. We are hoping that the second committee will be able to build on this foundational work.

7. Conferences

Brain Injury 2013 Sweden

In January 15-16, I participated in a conference "Hjärnskadeforum – 2013" [Brain injury – 2013] arranged by NGOs in the field of Brain injury and Rehabilitation, University Hospitals in Sweden, Swedish Association of Occupational Therapists and Registered Physiotherapists.

The content of the conference was to put focus on the rehabilitation situation for people with acquired brain injury, especially traumatic brain injury, in Sweden. Researcher from different fields of medicine and neuropsychology were presenting results and people with injuries were interviewed about their experience of living with TBI. A newly published report from The National Board of Health and Welfare were presented, and the content was about the lack of a national coordinated rehabilitation support for people with TBI. During the conference; workshops, poster presentations and social network contacts was available to participate in. It was the first conference, of this kind, in Sweden.

The Swedish Institute for Disability Research (SIDR*) www.ihv.se* is starting a new PhD-course within this semester, spring 2013. Two doctoral candidates will participate in research projects according to the field of Brain Injury. (I), Marie Matérne, Social Worker, are going to study vocational rehabilitation and returning to work after ABI, and (II) Joakim Soleimani, psychologist, are going to study ABI and neuro-psychiatric disabilities in people within Probation Service in Sweden.

NNDR 2013 Research Conference, Turku Finland, 30-31th May, 2013

Nordic Network on Disability Research (NNDR), are going to have the 12th Research Conference in Turku, Finland, during 30-31th May, 2013. For more information please read *http://nndr2013.fi/*

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

The International Conference for Social Work in Health and Mental Health (Pathways 2013) is

rapidly approaching. INSWABI members have submitted 13 abstracts to the conference, all of which have been accepted as oral presentations. The conference starts on Sunday evening 23rd June with the first keynote address. On the Monday, INSWABI member presentations will take place in two blocks of 6 and 7 presentations at 8-9.30am and 2-3.30pm respectively. On the Monday evening we will hold the second formal INSWABI dinner (the first was held in Dublin as part of the 6th International Conference on SW in Health and Mental Health in 2010). On the Tuesday INSWABI members will take part in a morning field visit to the Ranchos Los Amigos Rehabilitation Centre. Some of you might recognise the name as being the centre which developed the Ranchos Los Amigos Scale. Following the morning tour, we will hold an afternoon workshop at Ranchos Los Amigos titled 'Advanced practice skills in social work practice in ABI' with presentations from Dr Andy Mantell, Jane Stretton, Lenore Hawley and Dr Grahame Simpson. The Wednesday will just be a normal conference day with INSWABI members each choosing to attend which ever conference presentations are of personal interest. The conference finishes on the Thursday 27th June at midday and the INSWABI committee will then hold its second face to face meeting (after the inaugural committee meeting in Dublin in 2012) on the Thursday afternoon. INSWABI members attending the conference who are not committee members have been invited to attend the meeting as observers. We are all looking forward to this rare opportunity for INSWABI members to meet face to face.

8. New Members

INSWABI would like to welcome the following new members who joined between July and Dec 2012 from Australia and the United Kingdom.

Bianca Worboyes	Australia
Lisa Bistak	Australia
Vanessa Fernandez	Australia
Linda Stewart	United Kingdom

9. Pass this on.

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

10. Interested in joining INSWABI?

Patti Simonson
(United Kingdom, Ireland, Europe, North America)
Social Work Department, Royal Hospital for Neuro-disability
West Hill, London SW15 3SW
psimonson@rhn.org.uk
Tel/Fax: +44 (0) 208 780 4530

Dr Grahame Simpson
(Australasia, Asia)
Brain Injury Rehabilitation Unit, Liverpool Health Service
Locked Bag 7103,
Liverpool BC, NSW Australia 1871
grahame.simpson@sswahs.nsw.gov.au
Tel: 61 2 9828 5495

11. Clinical Corner References

Motivational Interviewing references

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Medley, A. and Powell, T. (2010), ‘‘Motivational interviewing to promote self-awareness and engagement in rehabilitation following acquired brain injury: a conceptual review’’, Neuropsychological Rehabilitation, Vol. 20 No. 4, pp. 481-508.

Miller, W.R. and Rollnick, S. (1991), Motivational Interviewing: Preparing People to Change Addictive Behaviour, Guildford Press, New York, NY.

Mindfulness-based cognitive therapy references

Segal, Z.V., Williams, J.M.G., & Teasdale, J.D.(2002). *Mindfulness based cognitive therapy for depression: A new approach to preventing relapse*. New York: The Guilford Press

Kabat-Zinn , J. (2009). *Full catastrophic living: using the wisdom of your body and mind to face stress, pain and illness* (15th ed.). New York: Random House

Gibbons.C., Felteau M., Cullen N., Marshall S., Dubois S., Maxwell H., et al. (2012). Training Clinicians to Deliver a Mindfulness Intervention. *Mindfulness.* On line First –Springer *(http://link.springer.com/article/10.1007/s12671-01200170-x)*