



INSWABI Progress Report

Vol 5, Issue 2

July - December 2011

1. Coming up to five years

It gives us great pleasure to provide the 10th Progress Report for the International Network for Social Workers in Acquired Brain Injury. This represents our first 5 years.

When we launched INSWABI in Hong Kong 2006 as a joint initiative of the Brain Injury Social Work Group UK and the Australian Social Workers in Brain Injury group, we had no idea whether the network would even last 6 months, so it is very exciting to see us now 5 years young and still developing strongly. Thank you also for all the encouraging e-mails that you send through to let us know what you have appreciated about INSWABI – the main theme seems to be the value of being linked up with a network of SW colleagues.

In this current issue, we feature the reports of two INSWABI members who have had the opportunity to undertake international study trips to visit another unit for the purposes of learning and exchange. Next, there is an update on articles by INSWABI members published in the latest issue of Social Care and Neuro-disability.

2. INSWABI exchange visits

One of the goals of INSWABI is to promote exchange visits among members. In this issue, two INSWABI members who have conducted study visits to the Liverpool Brain Injury Rehabilitation Unit in Sydney write of their experiences. We hope that many more INSWABI members will have the chance to visit their colleagues, whether to units in different parts of the same country or on visits overseas.

In the New Resources section, Elly Nadorp showcases a new resource developed at Ottawa Hospital Ontario. Following on from last Report's focus on children who have parents with ABI, we also highlight a new resource that addresses this issue, produced by Jo Johnson, a UK-based neuropsychologist. Karen Sasaki provides the second review of an American resource written to provide an introduction to TBI for social workers who only have occasional contact with such clients.

Finally, we look towards upcoming conferences in 2012 and 2013 and provide a picture of the issues which the INSWABI committee will be addressing in 2012. The first 5 years have been an exciting adventure which demonstrate what social workers can do as they mobilise together. We look forward to the next 5 years and hope that they will be as successful as the first 5.

Dr Grahame Simpson
Co-convenor

Patti Simonson
Co-convenor

Experience of a social worker from India in visiting the Liverpool Brain Injury Rehabilitation Unit



I have been working as a senior social worker in the Rehabilitation Institute run by Christian Medical College Hospital Vellore, Tamil Nadu, India. I have the privilege of working for severely disabled persons, such as persons with Spinal Cord Injury and persons with Acquired Brain Injury over the past 20 years and have developed expertise on institution-based rehabilitation of these patients. This experience

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has helped me to deliver services in my institution as well as in their follow-up. Recently, I was awarded a fellowship from my institution to visit Liverpool Brain Injury Rehabilitation Unit Sydney, Australia for 5 weeks.

Organizing the visit

Dr Grahame Simpson, one of the international coordinators of INSWABI, made all the arrangements for my visit to the LBIRU and other brain injury rehabilitation centres in and around Sydney. Dr Simpson briefly oriented me to both Liverpool Hospital and the Brain Injury Rehabilitation Unit and gave me sessions on various topics such as basic research activities, and goal setting for persons with brain injury.

Visit to other centres

I also visited social workers at other centres such as the Royal Rehabilitation Centre Sydney, the Westmead Brain Injury Rehabilitation Unit (also in Sydney) and advocacy groups such as the Brain Injury Association, ParaQuad (an advocacy group for persons with Spinal Cord Injury), NSW Carers Australia and many other community-based services. Mrs Diane Turner, Social Work Professional Leader at the Royal Rehabilitation Centre Sydney made all the necessary arrangements to make the visit useful and meaningful.

All these rehabilitation centres work with similar aims and objectives. They provide a variety of services for persons with brain injury starting from inpatient services provided by multidisciplinary team members, followed by Transitional Living Unit.

The concept of a **Transitional Living Unit** is an excellent one, supporting the better community reintegration of persons with brain injury and making a path for resettlement in their community.

Vocational rehabilitation is an important milestone in the life of persons with brain injury. This helps not only to earn money for their livelihood but also to reduce their psychological status and develop their social status.

Considering this, the Liverpool Brain Injury Rehabilitation Unit has established a wonderful programme called Head2Work. The community rehabilitation services that follow up clients who have been discharged home are excellent. The team members designated exclusively for this purpose make frequent visits to the homes of their clients, follow their progress, assess their episodic needs and guide or support them until they attain independence.

Field visit

I had a nice chance to participate in the meeting of the Chinese Brain Injury Support group. The meeting was one of a series of events organized for the carers more generally as part of NSW Carer's Week. It involved a meal at a Chinese restaurant. Many of the participants shared their experiences about having a relative with a brain injury.

Presentations

I had a chance to present about the rehabilitation activities in Christian Medical College, Vellore, India to a meeting of the Social Workers in Brain Injury Group. I also presented to the multidisciplinary teams at both the Liverpool Unit and the Royal Rehabilitation Centre Sydney respectively. I had a good chance to meet all the social workers working in various other departments of Liverpool Hospital while attending the team leaders meeting and the social workers meeting.

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Research programme

The Liverpool Brain Injury Rehabilitation Unit has been involved in research actively lead by Dr Grahame Simpson and has many staff involved in research. All their research activities have stimulated me to find some more time for research activities to bring out more research articles as we have more resource and scope for research in India at Vellore.

Conclusion

I completed this training on 19th October 2011 successfully learning new skills, and gaining knowledge to use for our patients in India. The Liverpool centre follows a planned and organized way of delivering rehabilitation to persons with brain injury. CMC, Vellore, India and the LBIRU have major variations in their type of services and activities for persons with brain injury, though both have unique features in their delivery of service.

Elango Arumugam



Report from a visit as a research fellow at Brain Injury Rehabilitation Unit, Liverpool Hospital, Sydney, NSW, Australia

I have been a member of the International Network of Social Workers in Acquired Brain Injury (INSWABI) since 2006 when it was founded at the 5th International Conference for Social Work in Health and Mental Health, held in Hong Kong in December 2006. At that time I was a newly doctor in disability research and I presented results from my PhD study with the title “Adults with acquired traumatic brain injury, a changeover process and consequences in every day life.”

I have known Dr Grahame Simpson since 2004 when I, as a doctoral candidate, visited Sydney. Grahame and I have the same research interest in people with ABI but with different approaches. Grahame has more or less a quantitative approach while I have a qualitative approach. The contact with Grahame was for me an important experience because it has lead to many meetings with different researchers and clinicians within the field of rehabilitation.

Recently I visited Sydney as a research fellow at the Liverpool Brain Injury Rehabilitation Unit, and the Research Team were Grahame is a Senior Research Fellow and Research Team Leader. With financial support from the Faculty of Medicine and Health at Örebro University, Sweden I had the great opportunity to visit the unit for a period of 2 months in November and December, 2011.

Briefly, I will summaries my research activities during my visit at Liverpool Hospital.

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First, it was an opportunity for me to work on an ongoing research project in which I am studying "Return to working life after acquired brain injury: possibilities and challenges among the process."

Second, I continued my work with two research manuscripts that were already in process to finish. One manuscript is a literature review, in which some colleagues and I have been studying Empathy in social care for older adults. The other manuscript has a conceptual focus on disability research when describing a vertical integration of analysis.

Third, a matrix was developed to organize theses in disability research (n = 40) produced by students at my institute with the aim of undertaking an overview study and describing the student research activities at the Swedish Institute for Disability Research, SIDR.

Fourth, I delivered three presentations at different organizations: (I) Results from my PhD study at the Royal Rehabilitation Centre Sydney, (II) A seminar titled "Conducting qualitative research in traumatic brain injury" with Grahame and Dr Allison Rowlands for social workers INSWABI (III) A presentation at the Brain Injury Rehabilitation Unit, Liverpool Hospital.

Fifth, both research activities and clinical issues were discussed with researchers and staff members at the unit. I participated in different meetings and discussed avenues for ongoing research cooperation with Grahame.

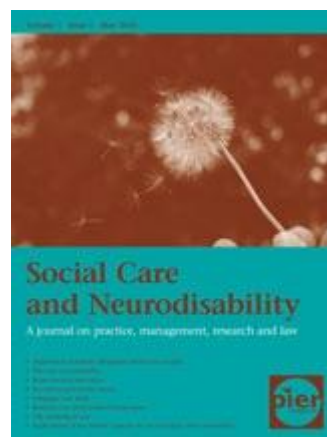
In conclusion it is worth mentioning the importance of such exchange visits. Even though the time was limited to two months, it was enough time to work on an ongoing project, to discuss new research projects and to learn about the unit's research and clinical programs. Hopefully, such visits are useful for strengthening the organizational network of INSWABI as well as the activities for the individual researcher.

I am grateful for the hospitality I received from the unit and I am sure this will be an ongoing and continuing partnership.

Dr Thomas Strandberg

3. Social Care and Neurodisability

Congratulations to our INSWABI members who have articles published in the latest issue of



Social Care and Neurodisability. Dr Guru Nagarajan and Elango Arumugam are lead authors on a paper titled:

"Perceptions of patients with spinal cord injury on future research in South India." Mike Hope

from the UK is second author on a paper titled "Client support co-ordinator-bridging the gap in brain injury legal cases."

If INSWABI members become aware of social workers who have had an article published in a peer reviewed journal on any topic to do with social work in the field of neurodisability, please let us know and we can showcase it in our Progress Report.



By Andy Mantell



Patti Simonson

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4. Resources



Improving the transition experience from hospital to community for patients and their

families following an acquired brain injury (The Ottawa Hospital Rehabilitation Centre, Ottawa, Canada)

The Acquired Brain Injury Program at The Ottawa Hospital Rehabilitation Centre in Ottawa, Canada provides comprehensive rehabilitation through a variety of services along the continuum of care (inpatient, day hospital, outpatient, transitional living and outreach).

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 embarked on a Quality Improvement Project to improve the processes and support the patients and their family members with the transition from hospital to home/community.

The project team obtained data from patients and caregivers/family members, who had previously used the ABI hospital services, using structured interviews, questionnaires and focus groups regarding their needs at time of transition from inpatient services to community. Best practice literature was reviewed to identify common discharge needs and themes required by both patients and families.

Subsequently, two comprehensive documents (one guide for patients and one for caregivers) were created in both official languages, English and French, to facilitate the transition to the community and reduce anxiety and risk.

The guide for patients has sections on "What to Expect" (including physical, cognitive, behavioural / emotional issues and potential

complications), "Recommendations for Recovery" (including recommendations regarding driving, sports, return to work/school and substance use), and a section on Community Resources. The guide for caregivers includes "Brain Injury Information", "What to Expect" (including common problems and symptoms, how to recognize and how to help, helping your loved one with symptom management), "Coping Strategies" with stresses related to role changes, added responsibilities, financial stress, etc.) and "Community Resources for Caregivers".

The documents were reviewed for content, language and layout by clinical staff, patients and family members before being finalized. The Patient Guide "Coping with Brain injury" was launched in December 2011, with an initial implementation with 30 inpatients. The Caregiver Guide "Coping with Brain Injury" will be launched in March 2012. The process for evaluation of both documents is being developed.

A review of the manual

Systematic Approach to Social Work Practice: Working with Clients with Traumatic Brain Injury by Margaret S.



Struchen and Allison N. Clark

Published in 2007 and available as a free download at the Rehabilitation Research and Training Center (RRTC)

on Community Integration of Persons with TBI website, this manual was developed to improve the quality of

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care for many people with brain injury who receive post-injury care and support in health and social service settings where social workers may have little familiarity with brain injury. Designed as a training resource for generalist social workers, it includes valuable Brain Injury 101 information. It also identifies practical skills and strategies that can be implemented through all phases (contact, problem identification & assessment, planning, intervention, evaluation and termination) of a problem-focussed model of social work practice.

This guide promotes self-awareness regarding one's own attitudinal biases as well as knowledge deficits and areas for skill development at each stage of the helping process. Providing excellent foundation knowledge and focus on reflective practice, this will be of greatest benefit to social workers entering the brain injury field and to social work students completing internships/practicums in specialized brain injury programs and services. Unfortunately, the length (120+ pages) and level of detail make it unlikely that a generalist social worker will have the time or inclination to review the manual in its entirety.

Highlights include:

- ◆ a supplemental '**quick reference**' **summary card** for time-constrained social workers (appendix);
- ◆ emphasis on thorough **assessment** of pre-injury functioning, client's residual and emergent strengths, and complicating factors, especially substance use and mental health problems;
- ◆ **adaptive strategies** (sensory, motor, cognitive, behavioural and emotional) that social workers can employ to be more responsive to client needs (p. 44-47) and corresponding compensatory strategies to reinforce with clients (p. 79-86)

- ◆ the importance of **mobilizing family/other support** (p.52) as well as the impact of TBI on family functioning
- ◆ **practice modifications** in the intervention phase to optimize practice efficacy (p. 99)

Published by Baylor College of Medicine, Houston, Texas

http://www.tbicommunity.org/research/publications/SW_Manual2009.pdf or

<http://www.lapublishing.com/blog/2009/tbi-training-social-work/>

My parent has a brain injury....a guide for young people"

A new publication written by Jo Johnson, Consultant Neuropsychologist.

For many years it has been said that brain injury doesn't just happen to individuals, it impacts the whole family. Children and young adults in families changed by brain injury are often the forgotten victims. At a time of trauma and uncertainty they are frequently left feeling upset and confused by the loss of their pre injury family.



This book has been written in a clear and colourful way that will appeal to young people across a wide range of ages. It can be used as a standalone resource or to support individual or group work in clinical or home settings

The book gives factual information about the brain that is easy to understand. It explains why people change after brain injury and why it is so confusing and upsetting living with a parent who has had a brain injury.

It encourages young people to think about how they can look after themselves and avoid developing negative coping strategies like withdrawal, self injury or substance abuse. The

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final section leaves space for the young person to write their own story and articulate what help they need.

Headway UK has said this is 'An excellent book that will be a source of support for many young people'. The Brain Injury Rehabilitation Trust have also endorsed this book describing it as 'an innovative and creative new book which will help young people and provide coping strategies at a very difficult time.'

The book costs £9.99 and can be ordered from Headway UK. Visit the website at

www.headway.org.uk or call 0800 800 2244.

The book is also available from Amazon and significant discounts can be given on orders over ten copies if ordered from Rehab support literature. Contact Liz Perry.

Neuropsychology@talktalk.net

5. Upcoming Conferences

Ninth World Congress on Brain Injury



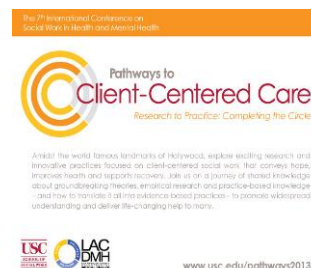
The Ninth World Congress on Brain Injury will be held in March 21-25, 2012, at the Edinburgh International Conference Centre.

The Congress will be relevant to 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-conference symposia.

Patti Simonson and Fen Parry have organised for an INSWABI members get together on the evening of Wednesday 21st March. We are hoping there may be six to eight members able

to attend. If you are coming to the conference drop Patti a line (contact details at the end of this Report) and come along. Look forward to seeing you there.

The 7th International Conference on Social Work in Health and Mental Health in 2013



The next conference for the International Conference in Health and will be held in Los Angeles in 2013, hosted by the University of Southern

California. These conferences are a central part of the life of INSWABI.

INSWABI was launched at the 5th International Conference in Hong Kong in 2006. We met again in Dublin in 2010. We had 12 presentations on the topic of SW in ABI at the Dublin conference.

Last year we sent around a call for EOIs for presentations on SW and ABI for the LA 2013 conference, and we have had 18 proposals from INSWABI members for possible oral or poster presentations. This is extremely exciting and flags the possibility of an even better showing than Dublin. Each conference we seem to be able to raise the bar.

Dr Grahame Simpson is visiting LA at the beginning of March to meet with the conference organising committee to further lay the groundwork for the INSWABI stream within the conference, as well as identifying a possible rehabilitation centre that could become the site for the facility visit that is an important part of the conference. There will also be the second INSWABI dinner with a number of special presentations from INSWABI members.

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6. INSWABI Committee news



Lyly Chenh	Australia
Alexis Stonebridge	Australia
Lorraine Troy	Australia
Tamara Soltys	United Kingdom
Susan Lindsay	Canada

The INSWABI Committee had its second Skype meeting in September 2011.

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

- ◆ Reserving the domain name www.inswabi.org for possible future use
- ◆ To organise INSWABI activities at the 2012 and 2013 conferences (see above)
- ◆ Identified a cost-neutral platform for delivering webinars so that we can start piloting specific SW and ABI web-based training events later in 2012
- ◆ Develop a marketing strategy to reach social workers working in ABI in the United States
- ◆ Initiate a future options paper to outline some of the future developments that INSWABI may wish to pursue

Our first committee meeting for 2012 will be held on Friday 20th April

10. INSWABI membership update

INSWABI currently has a membership of 120 social workers from around the world. We would like to welcome the following new members who joined between July - December 2011 from Canada, Australia, and the United Kingdom:

Catherine Anderson	Australia
Debbie Nobre	Australia
Diane Turner	Australia

We also farewell

Meghan McMenanie	Canada
Laura Buttle	New Zealand

Both members are now on maternity leave and have also moved cities.

11. Pass this on.

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

12. Interested in joining INSWABI?

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