

INSWABI at the 9th International Conference on Social Work in Health & Mental Health

Shaping the Future: Promoting human rights and social perspectives in health and mental health.
York, United Kingdom, 19-23 July 2019

1. Introduction

Every three years members of INSWABI have a rare opportunity to meet face to face at the International Conferences on Social Work in Health and Mental Health. In 2019 this meeting was held in York. A number of activities are held during the Conference. The INSWABI Executive Committee holds a face to face meeting. INSWABI members deliver a number of conference presentations streamed as part of the concurrent sessions at the Conference. We also hold a triennial INSWABI dinner at which one of the Co-Convenors delivers a dinner address.

The York conference marked a special milestone as the first time INSWABI had enough abstracts for an ABI stream running through all the conference concurrent sessions. This involved 17 presenters delivering 21 talks. The one activity that we have been able to organise at all previous conferences (Hong Kong, Dublin, Los Angeles, Singapore) was a visit to a rehabilitation hospital with specialty ABI services. Unfortunately, York had no such service and so we were unable to organize an agency visit.

This Special Issue provides an account of the INSWABI activities as they were held in York. It starts with the INSWABI Co-Convenor's report that is always delivered at the face to face Executive Committee meeting, and provides a summary of INSWABI's previous three years. This is followed by a reflection on the conference by Mark Holloway, the Co-Convenor's INSWABI dinner address and finishing with the abstracts for all the INSWABI presentations.

Grahame Simpson



Conference opening session

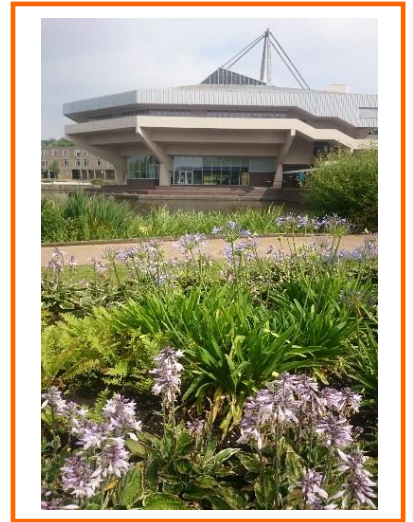


INSWABI Executive Committee Members at York: Marie Materne (Sweden), Andy Mantell (UK), Grahame Simpson (Australia), Emma Weeks (New Zealand), Anne O'Loughlin (Ireland), Mark Holloway (UK)

2. Reflections on York

This Summer I attended the 9th International Conference on Health and Mental Health which took place in the very tranquil surroundings of York University, England. Delegates and speakers from all over the world were in attendance. Most of those not from the UK probably had the shock of their lives, the weather was incredibly hot and sunny for the whole week, contrary to the expectations of many.

The 9th conference differed from its predecessors as there was an entire stream of talks dedicated to social work with individuals and families affected by brain injury. 21 brain injury specific talks in total took place across the week with topics as varied as the role of the social worker in ICU, working with families of people in inpatient rehabilitation settings, narrative approaches to building resilience in families, the online training of specialist support workers, quality of life and return to work, and suicide prevention to name a few. It was brilliant to meet people who had previously been simply names on emails or authors of papers I had read.



It is clear that, no matter where you are in the world, brain injury generates very significant challenges and that these challenges are shaped, to a degree, by local context specific issues. A handy tool on a map tells me that 21 million people live within 100 miles of me. The challenges I face in work are considerably different to speaker from the Southern Island of New Zealand, with a population of 235,000 people in the same area of land mass. Australian colleagues discussed their new National Disability Funding scheme and how this presents both opportunities and challenges for social workers. Closer to home, in Dublin, a guide to working with children in rehabilitation has been developed and the team at the

National Hospital there are examining how their approach to family meetings helps or hinders outcomes. What remains constant within all of these differences in law, local context and practice however is the social worker's ability and need to work with compassion and to integrate knowledge from other disciplines.

It was a long week, but spending time with people who wish to give away knowledge and share what they know, is a fine way to spend time. Now, back to the grindstone.

Mark Holloway



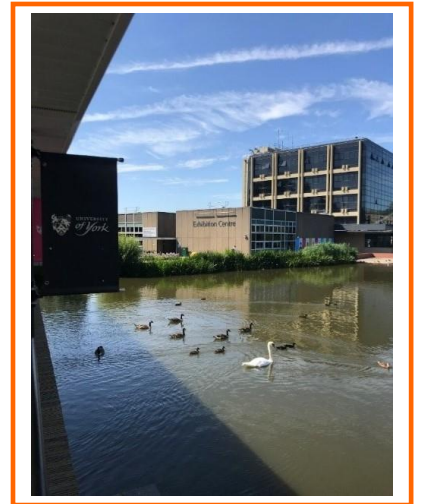
3. Convenor's Report - Grahame Simpson and Patti Simonson

This is the fourth Co-Convenor's report and outlines the achievements, challenges and activities of the INSWABI committee over its third term (2016-2019).

Overall 2016-2019 marked a significant milestone in the development of INSWABI with a number of major achievements that have been undertaken over a number of years and finally came to fruition in this triennium, and have taken the network up to a whole new level.

Achievements:

- (i) Publication of the systematic review of social work authored peer reviewed publications – the outcome of a seven year project.
- (ii) Publication of first book of edited papers addressing social work practice in field of ABI.
- (iii) We have uploaded the INSWABI website (www.inswabi.org) with significant success.
- (iv) Associated with this, the most significant surge in membership since 2006-2010.
- (v) The INSWABI program at the York International Conference for Social Work in Health and Mental Health is the largest yet, with almost double the presentations seen at the previous two conferences, and an ABI stream established through the concurrent sessions for the first time.
- (vi) We have almost trebled our research output compared to the previous triennium.
- (vii) Members of the third term of the INSWABI EC maintained engagement and a strong commitment to the committee, with the EC continuing to meet at its target frequency.
- (viii) We have continued to achieve continuity of the committee with the majority of committee members volunteering to serve for a third term, but also with the initial step in successful renewal with the first introduction of new members to the EC (Marie Matérne, Melissa D'Antonio) to replace retiring EC foundation members.
- (ix) The peer review function of the e-list continues to be lively and the most common way that the general membership engage with the network.



Challenges

Some of the challenges that we face include:

- (i) The committee moving from Adobe platform to Zoom
- (ii) The loss of one of the EC recorders due to retirement (Denise Young)

- (iii) Keeping the membership engaged in a virtual international network among whom people may only know one or two other members personally
- (iv) Need to develop goals to ensure that INSWABI maintains a sense of direction
- (v) Resources for ongoing development difficult to access (e.g., for the website)
- (vi) Establishing a social media presence on FaceBook and Instagram to complement the website

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 (Separate item later in meeting)
- ◆ The Progress Reports have also been important and has been an avenue for the broader membership to contribute
- ◆ One membership exchange visit was conducted with Thomas Strandberg also having 5 months study leave at the Brain Injury Rehabilitation Research Group with Grahame in Sydney

(ii) Development

- ◆ There remain only two nationally based SW professional interest groups in the area of ABI – the one in Australia (<https://www.aasw.asn.au/new-south-wales/groups/nsw-groups>) and the one in the United Kingdom (<https://www.biswg.co.uk/>).

(iii) Supporting best practice

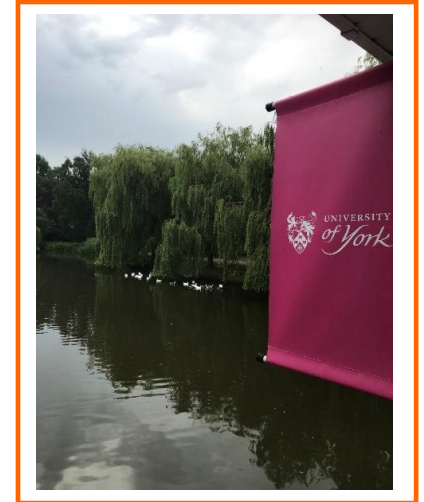
- ◆ The INSWABI systematic review, with Andy Mantell in the lead, published in Health and Social Care in the Community the quality
- ◆ Elango Arumugam involved in development of WHO TBI guidelines for developing countries
- ◆ BISWG has produced next version of their SW in BI practice guidelines

(iv) Advocacy

- ◆ Individual members have been advocating at the national level within their own countries on varied fronts including Mental Capacity legislation (UK, e.g., Mark Holloway and others); promoting ABI awareness through conferences (e.g., UK, e.g., Patti Simonson and others); and addressing women in TBI as well as intimate partner violence (e.g., Canada, Lin Haag and others)

(v) Innovation and research

- ◆ 21 excellent presentations here at York – this is the largest presence of INSWABI at this conference to date



- ◆ Release of new *Supporting Child Relatives of Adults with Acquired Brain Injury: A Resource for Rehabilitation Teams* coordinated by Philomena Butler and Anne O'Loughlin from National Rehabilitation Hospital Ireland
- ◆ Three higher degree research students completed their studies (Dr Mark Holloway, DSW; Dr Lyndal Hickey PhD; Dr Marie Matérne PhD)
- ◆ Four INSWABI members currently enrolled in Higher Degree Research studies from Ireland, Canada, USA and Australia
- ◆ SW and ABI- themed research projects being conducted in UK, Ireland, Canada, USA and Australia
- ◆ Psychosocial Assessment Framework project is continuing to progress with Lenny Hawley, Andy Mantell, Grahame Simpson and Martha Vungkhanching

(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 reports and on the website
- ◆ Mark and Andy ran the first webinar in the UK aimed to build SW knowledge and skills in ABI – members of INSWABI from other countries expressed an interest in accessing the webinar

Conclusion

INSWABI has had an extremely significant increase in capacity over the previous triennium, laying the platform for continued growth into the future.

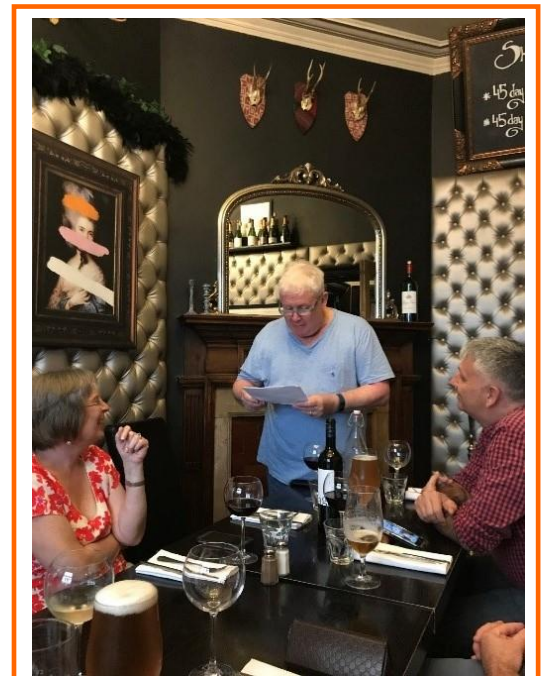
Grahame Simpson and Patti Simonson

4. INSWABI 4th Conference Dinner - Co-Convenors' Address From Pioneers to Settlers

Grahame Simpson PhD

Well here we are, gathered together again once more, 3 years after our last meeting in Singapore. We have been ping ponging around the globe, starting in a Tang Dynasty themed restaurant in Kowloon, Hong Kong, in 2006. In 2010 we gathered at Anne O'Loughlin's house in Dublin Ireland and in 2013 at the University club at University of California Los Angeles. In 2016 we had a superior Japanese dinner in the Clark Quay area of Singapore, and we now gather to meet at the Whippet Inn in York.

We are here at a momentous time for the future of the UK, with the forces of nationalism, driven by a xenophobic tribalism are reacting or pushing back against the remorseless tide of globalism. Not surprisingly, a generation of politicians are emerging who eschew many of the decencies and conventions of political life, as they



capitalise on people's fears and discontent. There have been other times in the history of the world in which demagogues have achieved some ascendancy: in ancient Greece; in the fascist movements in Germany, Italy, Japan and China in the 1930s; and now we seem to be observing a new wave of so-called strong men who seem to have the silver bullet that will solve people's problems, or who at least know where to direct the blame if things go wrong.



To counter these movements, we need a flowering of a myriad of institutions and networks that can reinforce and enhance civil society, that reach across borders and across hemispheres, that reaffirm our basic and universal humanity and contribute to the building of strong just and tolerant societies; and INSWABI is one small example of a network that can play this type of role.

In a sense the INSWABI network is a child of the technology that makes globalisation possible. In the 1980s we communicated through letters and the occasional exotic long-distance telephone call; in the 1990s faxes were whizzing

around the world, bringing communications that much more up to speed, and now we have the internet, social media platforms, e-mail Skype WhatsApp and Zoom, and global communication is now instantaneous, in real time. The pigeon holes in our staff reception office at the Liverpool Brain Injury Rehabilitation Unit in Sydney are now mostly empty, and slated to end up in a future social history museum of the 20th century.

In the 2013 Convenor's address, I talked about us being pioneers. As we were in the US, I highlighted the contribution of Mary Romano an outstanding social worker who wrote the first published item that we could find on SW practice in a peer reviewed journal. In the context of the UK, I think Patti Simonson has also been a pioneer (and it is probably easier to draw attention to this without her being here to embarrass). She is one of only three Social Workers I know worldwide who has worked in the field longer than I have. She has worked as a social worker in a number of fields but principally in neurosurgery and neuro-rehabilitation in hospitals with international reputations including Addenbrookes Hospital in Cambridge, the Wolfson NeuroRehabilitation Centre at the St George's Hospital and the Royal Hospital for Neurodisability



in Putney. She also helped to establish the Brain Injury Social Work Group UK, and is the founding co-convenor of INSWABI and is still active in the field in the latest chapter of her career. She has made a remarkable contribution and we are all in her debt. And of course we welcome the BISWG Steering Committee to our dinner here as well, and INSWABI is, of course, the child of BISWG and the Social Workers In Brain Injury Group in Australia. So we have been extremely grateful to BISWG for all their support, and their generosity in hosting an INSWABI page on their website for almost a decade.

But one can't stay pioneers for ever – at some point one has to decide that a favourable destination has been reached, and one settles down. And I think that INSWABI has reached this stage – the pioneering phase is always full of existential risk, and it is never sure that pioneers will reach their destination alive – but I think we have now moved beyond that and the prospect of INSWABI having a secure future seems more and more likely.

In the last 3 years a number of projects that INSWABI members have been working on for quite a while have come to fruition. Most importantly, through the work of the Executive Committee and led by Melissa Fingleton, we have our website, and in the three months since it was uploaded, we have received 30 new membership applications, a 600% increase on the number we received in the previous year. The website and associated social media platforms will provide an important focal point for our future growth and development.



Under the lead of Dr Andy Mantell, we have completed and published the first systematic review of all SW authored research published in peer review journals over the previous 4 decades, which provides a strong foundation for our future development. We also published the first collection of work on social work practice in the field of ABI to appear to date; our Contemporary Perspectives on SW practice in ABI. Nine of the 10 chapters included a SW author (including Mark Holloway and Franca Butera-Prinzi who are here tonight), and almost all of them were members of INSWABI, so we are finally starting to document and build the evidence for SW practice in our field.

One of the systemic challenges faced by SW, is that we have been hamstrung compared to our Allied Health colleagues from Occupational Therapy, Physiotherapy and Speech Therapy in our research capacity, with research capacity constituting a key driver for evaluating practice, building an evidence base and driving innovation. However, this is also starting to change. In the last 3 years since Singapore, we have had three INSWABI members complete their Higher Degrees by Research; Mark Holloway from UK a DSW; and PhDs to Lyndal Hickey from Australia and Marie Materne from Sweden. Furthermore, we have four other INSWABI members completing PhDs – Brooke Kooymans from Australia, Lin Haag from Canada, Kathryn Coxe from Ohio State Uni in the US and closer to the UK, Philomena Butler at the NRH in Ireland. This is an unparalleled wealth of emerging research talent that sits alongside our more experienced academics such as Andy, Franca, Thomas, Martha Vungkhanching from CSU, Emma Weeks and myself, and it is reflected in the increasing research output

recorded by INSWABI. In the last 3 years alone, there has been three books and over 30 articles published in peer review journals by members of our network.

However, the research capacity will be wasted if we do not then deploy those hard won skills into the clinical context, working with the practitioners who make up about 90% of the INSWABI membership, in a virtuous practice to research to practice cycle. Because in the end, the value of SW to people with ABI and their families is only proven in the day to day interactions that SWers have with their clients in the wide range of service settings in which we work.

In bringing this address to a close, I want to congratulate all of you who have presented or will be presenting at the conference. In keeping with the development of INSWABI, this is the first time we have had an ABI-themed stream that has run through the entire conference, and we can be proud of the quality of the presentations. On Thursday we will be having our fourth face to face committee meeting (and 23rd committee meeting overall) which I think is one of our greatest achievements so far, with the support of the Orebro University Adobe Connect platform and we are ready to set sail to Zoom. This is only our fourth face to face INSWABI meeting in 9 years – it highlights how rare and valuable these opportunities are, and we need to make the most of them.

I want to express my deep gratitude to our colleagues on the Executive Committee who have agreed to continue on with the committee's fourth term, although unable to join us in York: Lenny Hawley from the US, Karen Sasaki from Canada, Elango Aramugam from India, and Melissa Fingleton from Australia. We want to acknowledge the contribution of those members who are standing down due to retirement, namely Denise Young from Australia and Elly Nadorp from Canada, as well as Thomas Strandberg from Sweden who has stood aside to let Marie Materne join the committee (in fact Thomas was so subtle in his retirement, that I don't think we really realised when he stood down – a prodigious trick). 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, but done it so well.

Finally, looking ahead in three years' time, we will find out on Friday the destination for the next International Conference for SW in Health and Mental Health, and I hope many of you will be able to attend. Thank you very much.

Grahame Simpson



5. Conference Abstracts

Monday 22nd July 4.00pm-5.30pm

SMART or CLEVER ? Developing an integrated multi-disciplinary model for goals in a slow-stream acquired brain injury rehabilitation setting

Margaret Lakidi¹, Helen Lakidi Moro¹, Dr. Rebekah Jamieson-Craig¹, Dr. Seb Potter^{1,2}

¹High View Care Services, London, United Kingdom. ²King's College London, London, United Kingdom

Abstract

Background: Systems for setting goals are common in brain injury rehabilitation. These often use a SMART format, referring to goals that are specific, measurable, achievable, realistic and timed. However, this approach can create tension in adopting a client-centred approach. This may especially be the case for individuals who encounter difficulties with motivation or insight, or for individuals further along a rehabilitation pathway where change may occur at a slower rate or where maintaining quality of life and function may be a priority (rather than improvement).

Aims: To present an alternative model for goals in a multi-disciplinary context, with a focus on enhancing clients' participation in the process even when their aspirations and hopes for the future, are viewed by others as unrealistic and unlikely to succeed.

Methods: A CLEVER model may offer a complementary or alternative approach for setting goals, emphasising elements that are collaborative, looping, engaging, values-based, evaluated and relevant. This model recognises that goal-setting can be an iterative process, that active engagement and participation with a client that incorporates their priorities and values is important, that progress is unlikely to be linear, and that not every intervention or approach will work first time.

Results: The application of the CLEVER model will be discussed in relation to clients within a service offering slow-stream rehabilitation and residential support for adults with acquired brain injury, often in the context of difficulties with mental health, alcohol and/or substance misuse.

Discussion / Conclusion: Whilst widely used in neurorehabilitation, SMART goals may not be optimally suited across all services or individuals: CLEVER goals may provide a useful counterpoint in some situations.

Acquired brain injury – ICU to rehab: The role of Social Work

Kyla Jasperse

Southern District Health Board, Dunedin, New Zealand

Abstract

Background: New Zealand is a small isolated country of approx. 4 million people in the South Pacific. Dunedin is a small city that provides tertiary level care in a 350 bed hospital covering the largest geographical area of any hospital in New Zealand and is the centre of ABI treatment and rehabilitation for this area. The isolation is no barrier when delivering care for patients with ABI as world class staff being attracted to Dunedin.

Aims: The social work role for patients with significant acquired brain injury change and shift with each new patient, their families and values. This type of social work needs to draw from many different theories and models of practice and ways of working, taking consideration of cultural identity, religious beliefs, family understanding and legal frame works. This social work is a complex series of interactions that assist the patient and their family towards a new beginning.

Methods: The overarching theory that I use is a trauma informed care model, this theory expects that the social worker will view all people having experienced trauma in their lives and by accepting this as a starting point in relationships with both patients and families of those who have experienced significant ABI.

Results: This provides a platform for both a preventive and rehabilitative interaction with those effected and allows for the development of strong interpersonal relationships as not only is this an awareness of the current trauma that the patient and family are experiencing but is also an acknowledgement of past trauma that may have an impact on the ability to cope and recover.

Discussion / Conclusion: Consider how as a social worker working with those with ABI develops, builds and maintains supportive relationships with families and guides them through the journey from ICU to leaving the acute hospital.

Acquired brain Injury and the national disability insurance scheme: understanding the practice challenges and shaping the future for individuals with ABI, through a social work lens.

Brooke Kooymans

Griffith University , Brisbane , Australia.Rehability Australia, Brisbane, Australia

Abstract

Background: Individuals with acquired brain injury (ABI) present a unique and challenging client group, who typically find access to funded disability services problematic or non-existent, who now have the opportunity to access not only core supports, but capacity building opportunities that may enable a better quality of life outcome. Policy frameworks and organisational imperatives dictate the provision and delivery of services, which creates challenges and tensions for individuals with brain injury and the professionals that work with them. The National Disability Insurance Scheme (NDIS) in Australia has created a new landscape for both individual with disability and the professions which now service this new marketplace.

Aims: This presentation will consider the roll out of the NDIS, and the practice challenges in the community sector for individuals with Acquired Brain Injury and how these are being navigated and negotiated, through a Social Work lens.

Methods: A document analysis was conducted to explore the framework of the NDIS including policy, legislation, rules, operational guidelines and general principles and how these then shape the delivery of service.

Results: It is clear that accessing and navigating this new service sector is confronting, which requires not only the understanding of the legislation and policy of the NDIS, but also connection with adequately skilled professionals, which can navigate this evolving landscape and ultimately meet the needs of individuals with ABI.

Discussion / Conclusion: Social workers have a long history in the Australian disability sector. They apply a person-centered approach and maintain a dual focus on empowering and improvement for individuals; and

navigating inequality, injustice and discrimination that may exist for individuals within systems and structures. Social Workers are well positioned to tackle these practice challenges and shape the future for individuals with ABI in this emerging marketplace, to achieve quality of life outcomes.

Social Work and the Psychosocial: Understanding the practice challenges at the policy/practice interface in neuro-rehabilitation

Brooke Kooymans

Griffith University , Brisbane , Australia.Rehability Australia, Brisbane , Australia

Abstract

Background: Major disability reforms are underway across Australia and we are experiencing a seismic change in the health and disability sector. Policy and legislation sets the framework for the delivery of services and it's anticipated these reforms have the potential to disrupt and redefine service delivery in this evolving sector. The needs of individuals with acquired brain injury (ABI) are often multi-faceted indicating the involvement of multiple professional disciplines and services. Yet, typically policy frameworks and organisational imperatives dictate the provision and delivery of services, creating challenges and tensions for front-line social workers.

Aims: This paper aims to critically examine how the policy and organisational contexts of neuro-rehabilitation influence social work practice and their approach to meeting the psychosocial needs of individuals with ABI.

Methods: A critical appraisal of the literature was undertaken to address the aim. Relevant electronic databases were searched, relevant papers meeting the criteria were identified and content assessed and reviewed for inclusion in the paper.

Results: The results demonstrate that policy and legislation directly impact on the delivery of services. Policy drivers shape service priorities with tangible needs, such as function, more of a focus than ones such as psychosocial needs. This context therefore influences and shapes front line social worker responses and how they deliver services. Front line workers are using discretion and autonomy to negotiate and interpret the policy/legislation to deliver services at the street level.

Discussion/ Conclusion: There is limited knowledge developed to date that specifically addresses social work and the psychosocial, within the policy climate. Further research is warranted to gain more clarity, understanding and knowledge of how social workers negotiate the policy/practice interface and how this defines their clinical work. Such knowledge will potentially enable improved social work practices and improved outcomes for individuals with ABI to be achieved.



Tuesday 23rd July 11.00am-12.30pm

Working with children and families of adults with acquired brain injury: A manual for interdisciplinary teams in the national rehabilitation hospital Dublin

Philomena Butler

National Rehabilitation Hospital, Dublin, Ireland

Abstract

Background: Research has shown that children with brain injured parents can have significantly more emotional and behavioural problems than children in the general population. While the NRH gives some consideration to child relatives, the rehabilitation process has been largely client and carer centred.

Aims: To enhance a family focussed approach, the social work department aimed to provide members of the IDT with guidance and advice on working with child relatives and including them in the rehabilitation process through development of a resource pack.

Methods: The development of the resource pack involved a number of steps:

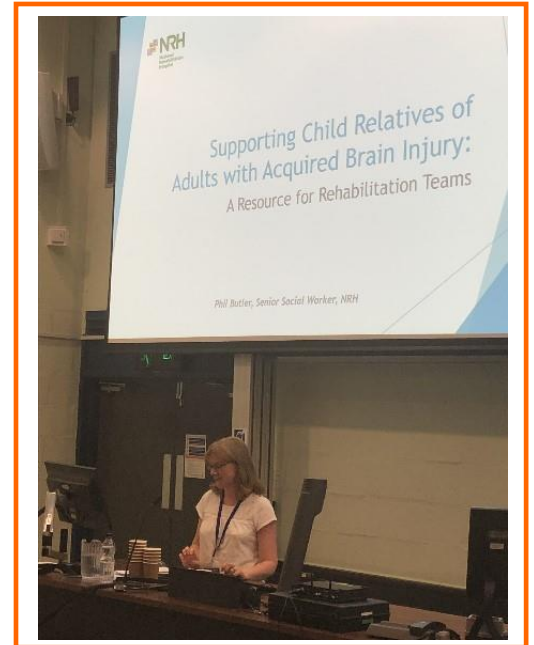
- (i) a comprehensive literature review on family focused rehabilitation in brain injury;
- (ii) consultation with NRH social workers as 'expert clinicians'; and
- (iii) consultation with members of the IDT therapy team about the proposed content.

Drawing upon these sources, a draft version was then created and piloted on one brain injury ward for six months.

Results: The resource pack incorporated strategies for communicating information about ABI with children, the impact of loss and change linked with developmental stages, the importance of including parenting skills as part of goal setting and useful tools and resources.

Feedback on the pilot pack was largely positive, with some suggestions regarding the design and layout. No major changes were made to the pack, therefore it still retains the overall content including a literature review and practical tips on how to work with children. The pack will formally be launched throughout the entire Brain Injury programme in the NRH in October 2018.

Discussion / Conclusion: The resource pack is now part of routine practice within the NRH Brain Injury Programme, with future plans to adapt the resource for use in the NRH Spinal Cord Programme.



Investigating the relative's experience of ABI and of associated services

Mark Holloway

University of Nottingham, Nottingham, United Kingdom. Head First, Kent, United Kingdom

Abstract

Background: Family members of people affected by ABI are noted to report significant difficulties and their own high levels of stress and burden.

Aims: To ascertain and describe the experience of relatives of people with an ABI and seek their views of and suggested improvements to services encountered.

Methods: An online survey of open and closed questions was designed and distributed across the UK aimed at relatives of individuals with an ABI. The survey sought information regarding the nature and consequences of the injury, services used and respondents' rating/comments on them.

Results: 110 Completed responses to the online survey were received. 96% of respondents noted that their injured relative had a cognitive impairment compared to 56% who reported a physical impairment. Respondents struggle to adjust to the on-going losses experienced and to the change in roles. Respondents experienced a lack of co-ordination of services, needing to proactively educate themselves and advocate for input, maintaining an involvement in their injured relative's life over the very long-term. Services rated most highly are either those encountered immediately post injury or are highly specialised brain injury services working with individuals over the longer term, often proactively. Family commented on the need to involve them within service provision. Family commented negatively on a lack of understanding of the impact of ABI by professionals, in particular of the invisible consequences of the injury and lack of continuity of service provision. Social work was the lowest rated service. The majority of respondents reported a lack of adequate information and being unprepared.

Discussion / Conclusions: Family members of brain injured people report a lack of adequate information, of experiencing difficulties with service provision, of needing to continue to support their injured relative, being emotionally affected by this and of being unsupported personally.



Tuesday 23rd July 2.00pm-3.30pm and 4.00pm-5.30pm

Holding Resilience in Trust: Working Systemically with Families following an Acquired Brain Injury (ABI) and using a narrative approach to building family resilience

Franca Butera-Prinzi, Nella Charles, Karen Story

The Bouverie Centre, Melbourne , Australia

Abstract

This presentation outlines a systemic framework for working with families affected by ABI.

The first discussion paper argues the importance of maintaining a dynamic view of resilience - one that acknowledges the role played by support systems in bringing forth the inherent capacity of families to be resilient and adaptive in the face of trauma, grief and ongoing challenges post-ABI. When conceptualised in this manner, practitioners can listen for, strengthen and bring forth this emerging quality in the context of

assisting families to negotiate key adaptational tasks following brain injury. Practitioners may need to “hold resilience in trust”, on behalf of families when they seem to have lost all hope for themselves. A deep recognition of each family’s capacity for change and adaptation helps keep practitioners grounded in compassion and hope when working with families facing the enormity of adjustments that come with ABI.

The second discussion paper describes systemic and family interventions with the ‘Morris family’ highlighting clinical considerations which promotes family adaptation and resilience. Particular focus is given to the changing needs of family members across the lifespan.

The workshop will introduce The Tree of Life: A narrative approach to working with vulnerable children, young people and adults. This creative tool brings individual families or groups of families together, inclusive of children, to share challenges and wisdoms from their lived experience. Participants will be guided to complete their own tree of life to explore first-hand the value of this tool in working with children and families facing hardship.



Symposium

The Poetry Project: the use of poetry, narrative storytelling and brief focussed short term interventions as tools to support families, children and adolescents post- ABI at times of crisis, change and transition points across the life span.

Karen Story

The Bouverie Centre, Brunswick, Melbourne, Australia

Abstract

This presentation outlines the use of poetry, narrative storytelling and brief, focussed short-term interventions to support children, adolescents and their families post-ABI at times of crisis, change and transition across the life

span. Both presentations will highlight that by taking a lifespan approach, (taking into account development, transitions and crises that are likely to occur over the life span), the health and mental health of individuals and families are enhanced, thereby potentially saving public money by preventative approaches that may prevent the development of long term conditions.

The first discussion paper describes how the poetry project was conceived and conducted with both ABI clients and their families, and highlights the power of narrative to make sense of and articulate their individual and family journey with an ABI. The Poetry Project was devised to assist families, including children and adolescents, to navigate the difficult life journey from the initial diagnosis of an ABI to the realisation and perhaps acceptance of the life-long nature and consequences of an ABI.

The second discussion paper will focus on the use of Narrative informed family and group work and how it offers opportunities to work creatively and in a manner that is strengthening of families and children facing difficult adjustments post-ABI. Trauma, grief and ongoing physical, emotional and psychological challenges are part of this journey and transition points trigger new crises to be navigated. Hence there is a need to make available to these families, services and supports that meet various needs along the family life cycle. The Bouverie ABI team provided individual and family counselling, practical supports and referrals and groups programs, as well as the opportunity for families to share with others their family challenges and wisdoms from their lived experience. This discussion paper will argue the usefulness of narrative story-telling in the healing process as well as the importance of a family's opportunity to drop in as needed when a crisis or life transition is reached. A video has been made of the experience of one family discussing the effect on them of the ability to "come in for tune-up" at crisis and transition stages, (which are complicated by the unique and particular stresses associated with an ABI) and will be shared as part of this presentation.



Wednesday 24th July 11.00am-12.30pm

Spirituality after traumatic brain injury: The results of a scoping review

Kate Jones¹, Grahame Simpson², Julie Pryor¹, Candice Care-Unger¹

¹Royal Rehab, Sydney, Australia. ²Ingham Institute of Applied Medical Research, Sydney, Australia

Abstract

Background: Research has demonstrated that spirituality may contribute towards the coping, adjustment and resilience of individuals and family members affected by sudden injury. Within the area of spinal cord injury (SCI) spirituality has been closely associated with life satisfaction, quality of life, resilience and lower levels of depression. No such investigation has been conducted within the area of traumatic brain injury (TBI).

Aims: The aim of this study was to identify the extent of research which has investigated spirituality or closely related meaning-making constructs after TBI.

Methods: A scoping review was employed to capture the broadest possible range of studies. Search terms 'spirituality', 'religion', 'beliefs', 'faith', 'hope', 'meaning', 'purpose in life', 'sense of coherence', and 'post-traumatic growth' were combined with search terms related to TBI. Findings were restricted to empirical studies published in English, in peer-reviewed journals and conducted over a 20 year period between 1997 and 2016.

Results: The review identified nine studies conducted within the USA, Canada, or the UK. This was much fewer than those identified in the area of SCI. The way in which spirituality was defined and measured varied widely among the studies. Quantitative methods were used by the majority of studies (n=8). Findings revealed that spirituality was closely related to a number of positive outcomes following TBI including psychological coping, physical health, mental health, productivity, life satisfaction, functional independence and post-traumatic growth.

Discussion / Conclusion: The findings of this review suggest spirituality can play an important role in the recovery process after TBI. More research is required to further explore and identify the spiritual needs of this population. Social workers are in a unique position to facilitate such research, and together with other members of the multidisciplinary team, consider interventions which may enhance the role of spirituality for individuals and their family members after TBI.



Patients with acquired brain injury's quality of life change related to return to work: a population-based register study

Marie Matérne^{1,2}, Thomas Strandberg^{2,3}, Lars-Olov Lundqvist^{1,2,3}

¹Region Örebro County, University Health Care Research Center, Örebro, Sweden.²Örebro University, The Swedish Institute for Disability Research, Örebro, Sweden.³Örebro University, School of Law, Psychology and Social work, Örebro, Sweden

Abstract

Background: In Sweden, approximately 5000 adults of working age sustain an acquired brain injury (ABI) every year. They experience reduced mental health and quality of life (QoL) and it is a challenge to return to work (RTW). To date, no population-level data has been reported on the contribution of RTW to QoL over time among people with ABI.

Aims: This study investigated changes in QoL in relation to RTW among patients with ABI.



Methods: A longitudinal study was conducted of 1487 patients with ABI (63% men) aged 18–66 years (mean age 52) drawn from a national quality register (WebRehab Sweden). The inclusion criteria were: working at least 50% at admission and not working at all (i.e., fulltime sick leave) at discharge from the hospital. The EuroQol EQ-5D questionnaire was used to measure QoL.

Results: At the time of the study, a total of 570 (38%) patients had returned to work. Patients who had returned to work at follow up one year later perceived an increase in QoL compared to those who had not returned to work. This result remained significant after adjustments for other possible confounding factors such as, education level, functional recovery in terms of increased Glasgow Outcome Scale Extended scores, and getting one's driving licence reinstated.

Discussion / Conclusion: The study results showed that RTW increases QoL among patients with ABI and the result remained even after adjusting for other QoL related factors. Social workers can work to ensure that people with ABI have the opportunity to undertake RTW programs after discharge from hospital, as this can have important flow-on effects in terms of improved QoL.

Wednesday 24th July 4.00pm-5.30pm

The lived experience of family members of people with a severe brain injury

Mark Holloway

Head First, Kent, United Kingdom. University of Nottingham, Nottingham, United Kingdom

Abstract

Background: Family members of people affected by acquired brain injury (ABI) report significant difficulties and high levels of stress and burden.

Aims: To ascertain and describe the experience of relatives of people with an ABI and seek their views of and suggested improvements to services encountered.

Methods: 16 relatives of individuals with a severe ABI were interviewed. The transcribed interviews were subjected to a thematic analysis to identify key areas of concern.

Results: Research identified that family members' experience is complex and enduring, encompassing most aspects of life, and is affected by the context in which it occurs as well as by formal and informal support structures. The nature of grief and loss experienced is ambiguous, develops over time and leads to ambivalent feelings for family members who perceive no option but to remain involved. Informal and formal support frequently fails to take account of the reality and complexity of the condition and fails to integrate the relative by recognising their own losses and trauma. Relatives' views on the services received identified significant gaps in practitioner knowledge, most especially of those aspects of life that were of most concern to them, the invisible impairments and issues with insight. Valued Practitioners were more likely to be specialists in the condition and practiced as "expert companions" supporting the relative to develop a new "neuro- narrative" to reconstruct their identity in the face of their ongoing grief.

Discussion / Conclusions: Greater understanding of the complex lived experience of family members may support more effective responses to both them and the individual with ABI, integrating services and families to improve quality-of-life. As ABI is a process with changes to functioning developing over time, the information and knowledge required by loving and supportive relatives needs to be created with them, being person-, family-, injury- and context-specific.

Strength2Strength: Building Family Resilience after traumatic injury - translating research to practice: A 10-year journey

Grahame Simpson¹, Candice Care-Unger², Kate Jones²

¹Ingham Institute of Applied Medical Research, Sydney, Australia. ²Royal Rehab, Sydney, Australia

Abstract

Background: Translation science addresses the gap between best evidence and current practice. Strength2Strength (S2S) is a group-based psycho-educational program that aims to build resilience among families supporting relatives with traumatic brain injury or spinal cord injury. The efficacy of the Full program (10 hours) was demonstrated in a controlled clinical trial. A stage2 translation phase commenced in 2013, with the establishment of the S2S translation steering committee to drive ongoing implementation.

Aims: Evaluate progress in the translation of S2S into routine social work practice.

Methods: Components of a Translational Research Framework were employed to identify discrete areas of translation activity, namely

- (i) replicability/adaptability and
- (ii) scalability.

Results: Addressing replicability/adaptability, a successful pilot of the phone-based delivery of the Abbreviated S2S (5 hours) program has been completed. Projects to adapt S2S to three other clinical groups (drug and alcohol, stroke, families of the paediatric TBI population) are underway.

Addressing scalability, annual “Train the Trainer” workshops have been conducted annually (n=6) with more than 90 health professionals trained in how to facilitate the S2S program with fidelity.

S2S is now offered as frontline care to families supporting relatives who are part of the New South Wales (NSW) state-insurance scheme for victims of road accidents. It is delivered in hospitals and community health services within NSW and three other Australian states. Although there has been a wide take-up of the training, delivery of S2S has not always followed. Identification of barriers will help drive further implementation.

Discussion / Conclusion: The S2S program provides an example of social work driven intervention-based research being translated into clinical practice. The S2S steering committee will continue addressing the challenges of both scaling up a program for broad delivery and establishing monitoring/mentoring processes to support sustainability and treatment adherence in program delivery over the longer term.

Model of resilience in family caregivers of relatives with neurotrauma (Traumatic Brain Injury or Spinal Cord Injury): A multigroup analysis

Grahame Simpson^{1,2}, Malcolm Anderson³, Maysaa Daher^{1,4}, Kate Jones⁵, Peter Morey³

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³Avondale College of Advanced Education, Sydney, Australia. ⁴Agency for Clinical Innovation, Sydney, Australia.

⁵Royal Rehab, Sydney, Australia

Abstract

Background: In a previous study, mediating variables (resilience, self-efficacy, hope, social support) were strongly associated with both positive and negative psychological outcomes among family caregivers of people with traumatic brain injury (TBI).

Aims: Building on these results, the comparability of the model between caregivers for relatives with TBI and family caregivers of individuals with Spinal Cord Injury (SCI) was tested.

Methods: Structural equation modelling with multigroup analysis was conducted in a cross-sectional sample to test a hypothesised model of resilience. A total of 181 family members were recruited (131 TBI, 50 SCI). Assessments comprised the Connor-Davidson resilience scale, Eysenck personality questionnaire, ways of coping questionnaire, general self-efficacy Scale, Herth Hope scale, medical outcome study social support survey; and four measures of psychological adjustment including: caregiver burden scale, medical outcomes survey, general health questionnaire, and positive and negative affect scale.

Results: The model for the aggregated sample demonstrated a very good model fit ($\chi^2 = 47.42$, $df = 39$, $p = 0.167$, $NFI = .962$, $IFI = .993$, $TLI = .985$, $CFI = .993$, $RMSEA = .035$), and accounted for 59% of the variance in resilience. Resilience was directly associated with caregiver positive affect and also played a protective role in relation to caregiver burden, as mediated through social support. Multi-group analysis showed neuroticism was significantly more influential on burden in family members supporting relatives with TBI than family members of individuals with SCI. Further, problem-focused coping was statistically more influential on positive affect in family members of individuals with TBI when compared to family members of individuals with SCI.

Discussion / Conclusions: This is the first study to show neurological disability specific pathways underlying resilience and psychological adjustment in family caregivers of individuals with TBI or SCI. This study makes a contribution to better targeting strength based family support interventions.

Thursday 25th July 11.00am-12.30pm

Developing a curriculum to meet the contemporary challenges of equipping support workers in the health and wellbeing sector

Emma Weeks

The Open Polytechnic of New Zealand, Wellington, New Zealand

Abstract

Background: Support workers are a large part of the health and wellbeing workforce in Aotearoa New Zealand and demand is expected to grow. The past decade has seen a shift in the development and provision of services, with those living with disability or mental health and addiction taking the lead in service design, resulting in a more person-centred and person-directed delivery model.

Despite being an unregulated and largely unqualified part of the workforce the support worker role provides a significant face to face component in service provision. Acknowledgement of the need to build a skilled and capable workforce came about to ensure support workers could meet the requirements of this new wave of working with people seeking wellbeing.

Aim: To outline how the Open Polytechnic of New Zealand took the opportunity to ensure curriculum development was responsive to the dynamic environment.

Method: Following the release of the Health and Wellbeing qualification framework, development was focused around industry needs and produced in collaboration with key stakeholders. Content was created by subject matter experts with significant experience across the brain injury, disability and mental health and addiction sectors, ensuring a relevant and meaningful experience for the learner.

Results: Since completion of the development of the Health and Wellbeing certificates in July 2018 the impact evaluation from graduating students has been positive. As support workers they report feeling well informed of the importance of working in a person-centred way and confident to apply this in their practice. They see the significance of the role they take in supporting people and their achievement is acknowledged by their employer.

Discussion / Conclusion: A detailed outcome evaluation at a later date will determine the greater impact the Open Polytechnic of New Zealand certificates have on support workers and their informed input in the health and wellbeing sector.



ABI as easy as ABC? Lessons from a programme to expand social workers' awareness of acquired brain injury (ABI).

Andy Mantell¹, Mark Holloway², Linda Jooste³

¹University of Greenwich, London, United Kingdom. ²Head First, Hawkhurst, United Kingdom. ³AMS Case Management, Bury, United Kingdom

Abstract

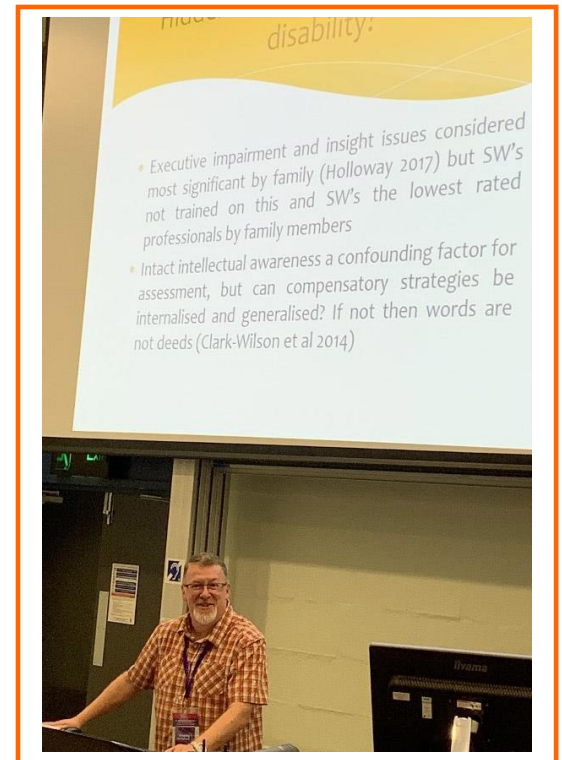
Background: The body of academic literature informing UK social workers, in their support of people with acquired brain injuries (ABI) and their families, is limited. Criticisms of practice are commonplace. Consequently, the brain injury social work group in collaboration with the British association of social workers produced a guidance booklet. To complement this, a half day training course was developed to raise awareness. This research explores the effectiveness of these initiatives.

Aims: To identify the breadth of the dissemination of the guidance booklet and its impact. To identify the strengths and weaknesses of the training course. The overall objective was to help raise awareness of ABI amongst social workers.

Methods: A process evaluation was conducted, incorporating a review of the dissemination strategy of the guidance booklet and feedback on the guidance booklet and training course.

Results: The guidance document was distributed to BASW and BISWG members, disability teams and via BISWG conferences and website. The training course was piloted, with students in September and run in October 2018. The guidance was sent to 19000 BASW members and 1000 copies were distributed through BISWG. 28/30 students completed feedback forms. Of the 26 that rated the training; 19 were very good, 6 good, 1 satisfactory, 0 poor. Students appreciated the explanation of ABI, but would have liked a longer session.

Discussion / Conclusion: These initiatives provide an important first step to nationally improve knowledge and skill of social workers with people with ABI. Undergraduate university courses have limited scope for the provision of this specialist knowledge, highlighting the vital role of specialist social work organisations. The materials have the potential to inform social workers in ABI. However, webinars and/or massive open online courses may be necessary to expand access.



The development of the brain injury needs indicator (BINI): A tool to identify “hidden disability” in people with acquired brain injury

Sue Copstick, Sara Da Silva Ramos

Brain Injury Rehabilitation Trust, Burgess Hill, United Kingdom

Symposium

Background: Impairments of executive function arising as a result of an acquired brain injury, such as poor ability to plan, initiate and monitor behaviour, and poor insight of the individual into these very problems, are difficult to detect and yet are extremely disabling to the individual and their family (Holloway, 2014). Relying on interviews and self-report alone poses a problem, as the difficulties experienced by people with acquired brain injury “manifest themselves more clearly outside of an interview setting” (George & Gilbert, 2018, p. 59).

Aims: The aim of this paper is to describe the development of the brain injury needs indicator (BINI), a tool designed to aid social workers in assessing the difficulties experienced by people with a history of acquired brain injury.

Methods: Measures of brain injury recovery (Glasgow outcome scale extended, Wilson et al., 1998), insight (awareness questionnaire, Sherer et al., 1998) and clinical risk (structured matrix) were administered with 30 individuals with a history of acquired brain injury. Non-parametric correlational analyses validated the use of the BINI score as an indicator of clinical risk and need for support.

Results: The majority of the individuals in the sample presented with severe disability, and some degree of lack of insight into their own difficulties, with 30% presenting with severe lack of insight. Both recovery and lack of insight were significantly correlated with risk, and median risk was highest in those with poorest recovery and most impaired insight.

Discussion / Conclusion: The results demonstrate that the degree of disability following an acquired brain injury depends on multiple factors, which are complex to assess. The BINI provides a simple, valid score of a person’s level of risk at any point along the process of recovery, and its use is recommended to complement and inform standard methods of care needs assessment.



Thursday 25th July 2.00pm-3.30pm

Social work support for parents with acquired brain Injury

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¹Head First, Kent, United Kingdom. ²University of Nottingham, Nottingham, United Kingdom. ³Barwon Health, Geelong, Australia

Abstract

Background: Children can experience a significant impact when a parent sustains an acquired brain injury (ABI). The cognitive and behavioural challenges associated with acquired brain injury can pose serious challenges in terms of child safety and nurturing. Despite the importance of this issue, very little is known about possible management approaches.

Aim: To describe the nature of two social work interventions to support parenting following an ABI.

Methods: Two case reports from specialist ABI services (one UK, one Australian) are used to
(i) highlight the complex interventions that were deployed to manage these difficulties, and
(ii) highlight the outcome for the two families.

Results: In both cases, it was the female who sustained the ABI, and in both cases gave birth a number of years post-injury. Interventions in the cases involved a number of elements including the support of a multidisciplinary team; services provided in the family home; liaison between staff from health, education and other social service departments; monitoring, support and intervention with other family members including the partner; planning about developmental stages to prepare for parenting challenges; training in strategies for successful parenting; training the parent with ABI in broader self-management of cognitive and behavioural impairments; and organising treatment for comorbid mental health issues in both parents.

In both cases, the parenting has proceeded successfully over several years with children meeting key physical, educational and social developmental milestones.

Discussion / Conclusion: The nature of acquired brain injury with its complex, interrelated and often invisible sequelae is one that provides truly significant challenges for parents with ABI. The case studies illustrate how social workers are able to work alongside injured people to appeal to intrinsic motivation in parenting; and influence parental lifetime growth towards change and adaptation.



Supported decision-making: brain injury case managers' experience of mental capacity and the Mental Capacity Act

Mark Holloway^{1,2}, Alyson Norman³, Jackie Dean⁴

¹Head First, Kent, United Kingdom. ²University of Nottingham, Nottingham, United Kingdom. ³University of Plymouth, Plymouth, United Kingdom. ⁴N-Able, Birkenhead, United Kingdom

Abstract

Background: Assessments of mental capacity of people affected by acquired brain injury (ABI) can be complex to undertake and the results contested. Brain Injury Case Managers (BICM) work over the longer term with individuals affected by ABI and have experience that may inform this debate.

Aims: This research aimed to gain a greater understanding of the experiences and knowledge of BICMs of the issues presented by mental capacity and the application of the MCA. The intention of undertaking this research was to utilise the knowledge and experience of BICMs to inform policy makers, support improvements in the services provided to brain injured people and their relatives.

Methods: BICMs were asked to complete an online survey completed a questionnaire of open and closed questions. This allowed for the collection of both qualitative and quantitative data detailing BICM's experience with brain injured clients in the last five years. 93 BICMs provided feedback re the issues they had experienced regarding capacity and assessment following ABI. A thematic analysis of the results was undertaken.

Results: All BICMs noted that their role was to support decision-making by people affected by ABI. Conflict or difficulties with other professionals most usually arose in relation to decisions regarding welfare needs, risk taking behaviours and living arrangements. Judgements regarding "unwise" versus "incapacitous" decisions were contentious. An assessment process that failed to take account of third party knowledge, relying solely on verbal output, was criticised.

Discussion / Conclusion: BICMs have valuable insights into how aspects of ABI affect an individual's ability to take decisions and be supported to take decisions that may be in their best interests. A failure by non-specialist professionals to understand or integrate family and specialists' knowledge relating to how people "weigh up and use" information was a key issue in relation to inter-professional conflict.

Long term care needs following Acquired Brain Injury

Mark Holloway^{1,2}, Alyson Norman³, Tolu Odumuyiwa³, Machaela Kennedy³, Hannah Forrest³, Freya Suffield³, Nena Percuklievska³, Hilary Dicks⁴, Hannah E. S. Harris³

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Abstract

Background: Difficulties associated with acquired brain injury (ABI) can affect an individuals' quality of life in terms of relationships, employment, education, and mental health. Such needs may require long-term specialised care or support from a variety of different services. Behavioural changes can make it difficult for people with an ABI to maintain existing relationships/form new ones.

Aims: Study focused on identifying what community services people with ABI, and their families, access. The study focused on understanding the needs of people with ABI and how these may/may not be being met by current community services.

Methods: Individuals affected by ABI, their family members and professionals (ABI specialists and generalists) completed an online questionnaire which included methods such as multiple choices, 5 point Likert Scale, comment boxes and rating scales. This allowed for the collection of both qualitative and quantitative data detailing respondents experience of services. A thematic analysis of the results was undertaken

Results: A general lack of knowledge of the impact of ABI was described as were difficulties accessing generalist services that lacked an understanding of the condition. Where services were accessed, quality was assessed as poor to average. The breadth and complexity of needs following ABI was key to the issues around service use. A lack of understanding of the impact of changes to behaviour, executive abilities and insight was noted to impact negatively upon Safeguarding investigations and the hidden nature of impairments was central to the poor response received.

Discussion / Conclusion: Survivors of ABI and their family members identified a need for consistent, specialised and long-term support from multiple agencies who work together. Services were generally rated from poor to average and lack of awareness of ABI, in particular the invisible aspects of the condition, was noted as a significant issue by family members and specialist professionals.

Friday 26th July 9.00am-10.30am

Building resilience among family members supporting relatives with acquired brain injury in rural New South Wales: Testing the feasibility of a phone-based delivery of the Strength 2 Strength program

Denise Young¹, Jerre Weaver¹, Grahame Simpson^{2,3}, Michelle Genders²

¹Mid Western Brain Injury Rehabilitation Program, Bathurst Health Service, Bathurst, Australia. ²Brain Injury Rehabilitation Research Group, Ingham Institute of Applied Medical Research, Sydney, Australia. ³Griffith University, Brisbane, Australia.

Abstract

Background: Strength 2 Strength (S2S) is an evaluated, group-based, psycho-educational program (10 hours) that aims to build resilience among family members supporting relatives with acquired brain injury (ABI). Families who reside in rural NSW face significant geographical barriers that limit their opportunity to participate in S2S face to face. The Brief (5 hour) S2S program delivered by phone was piloted to test possible effectiveness.

Aims: Test the feasibility, acceptability and outcomes of a phone-based delivery of the Brief S2S program.

Methods: A mixed methods design with a prospective case series was employed to investigate the (i) ease/convenience of phone-based delivery; (ii) acceptability of the program material; and (iii) efficacy of the program (primary outcome measure, Connor-Davidson resilience scale (CD-RISC); secondary measures positive and negative affect scale (PANAS); depression, anxiety and stress scale-21 (DASS-21); carer assessment of managing index (CAMI); and caregiver burden scale (CBS). Outcome data were collected at baseline, post program and 3 months follow-up.

Results: A total of 8 participants (6 mothers, 1 sister, 1 wife) supporting adult relatives with severe ABI completed the program across three groups. All participants and facilitators commented positively about the cost, ease of use and quality of the teleconference facility. The relevance of some aspects of the program material for more experienced carers was questioned, but this was not reflected in the quantitative satisfaction data. Statistically significant gains were found between pre-program and follow-up scores on the CD-RISC, PANAS, CAMI and CBS. There were also significant reductions on the depression scale and CBS scores between post and follow-up.

Discussion / Conclusion: The study provides preliminary evidence for the efficacy of phone-based delivery of S2S to family participants. Therapists have suggested potential changes to the brief S2S based on their experience using the phone-based delivery.

Does the window to hope program reduce suicide risk after moderate-severe traumatic brain injury?: A pooled data analysis.

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²Liverpool Brain Injury Rehabilitation Unit, Sydney, Australia. ³VA Rocky Mountain Mental Illness Research, Education and Clinical Center, Aurora, USA. ⁴University of Colorado, Anschutz Medical Campus, Aurora, USA

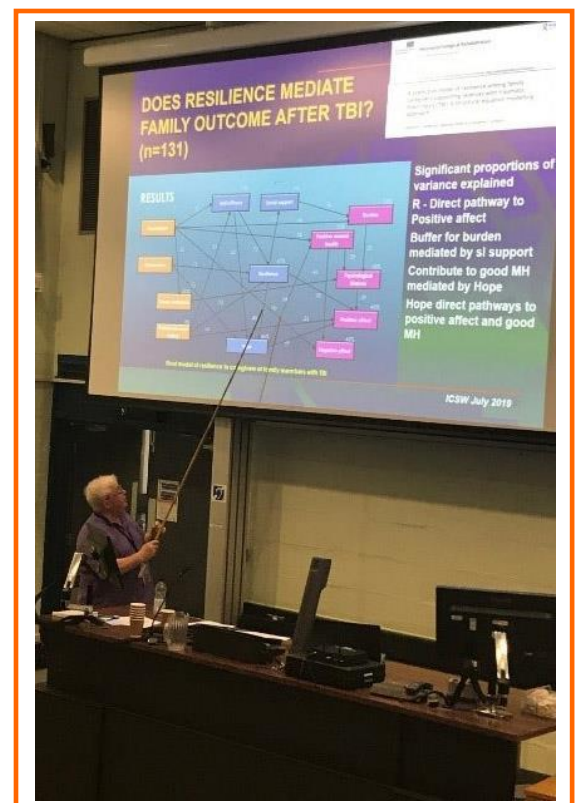
Abstract

Background: People with moderate-severe Traumatic Brain Injury (TBI) are at greater risk of suicide than the general population. Window to Hope (WtoH) is a manualised psychological intervention to reduce chronic hopelessness after TBI. An initial randomised controlled trial and subsequent replication trial both found statistically significant reductions in hopelessness (primary outcome). However, only non-significant trends for improvements were found for the secondary outcomes.

Aims: To the effect of WtoH on the secondary outcomes of suicide ideation and depression after pooling the results of the two trials.

Methods: Both trials employed a parallel two arm design (WtoH vs usual care; UC). The pooled sample comprised 52 clients (WtoH arm, n=23; UC arm, n=29). Measures comprised the Beck Hopelessness Scale (BHS); Beck Scale for Suicide Ideation (BSS); and Beck Depression Inventory Fast-Screen (BDI-FS). Analysis of covariance was conducted to test the three outcome scores for the pooled data at the conclusion of WtoH (Time 2), as a function of group (WtoH vs UC), age, and the baseline value of the respective outcome.

Results: The pooled sample were predominantly male and middle aged. Baseline scores were elevated for all three measures across both the WtoH and UC groups (BHS 15.3±3.3 vs 12.8±3.7; BSS 6.3±7.9 vs 6.0±6.3; BDI-FS 11.1±3.7 vs 9.3±3.6, respectively). Controlling for baseline values and age, the WtoH group demonstrated a significantly larger reduction in BHS scores at Time 2 than the UC group, with the reduction for the WtoH group



maintained at 3 month follow-up. Pooled analysis found similar significant differences in reduction in BSS scores and depression scores for WtoH (baseline - Time 2), not found in the UC group, and sustained at 3 month follow-up.

Discussion / Conclusion: The pooled analysis demonstrated that WtoH had broader effects in reducing suicide risk after TBI.

Insights from acquired brain injury patients, family members and professional perspectives of rehabilitation hospital family meetings using a participatory action research approach

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¹UCD, Dublin, Ireland. ²National Rehabilitation Hospital, Dun Laoghaire, Dublin, Ireland

Abstract

Background: Family meetings are an integral part of social work practice and an important part of each Acquired Brain Injury (ABI) patient's journey through their inpatient rehabilitation. Questions have been raised about how well they meet the needs of patients with a cognitive impairment such as ABI.

Aims: This study set out to explore how family meetings were experienced from ABI patient, family and Interdisciplinary Team (IDT) perspectives using a participatory action research approach(PAR).

Methods: A PAR approach was used which involved hospital social workers (N = 8) and a social work academic. A quantitative, descriptive study design was adopted, which utilised a cross sectional survey. Work package 1 consisted of a survey of IDT members (N = 85). Work package 2 involved survey interviews carried out by the practitioner researchers with ABI inpatients who had attended a family meeting (N =38). Work Package 3 involved surveying a family member of each patient who had attended a family meeting (N =35).

Results: Patient, family and IDT members unanimously viewed social work involvement and facilitation in family meetings as critical to their success. 26% of ABI patients and 14% of their family members did not feel they received sufficient preparation for their family meeting. 13% of ABI patients and 26% of their family members reported that they did not understand everything discussed in the meeting. 16% of patients and 12% of family members reported finding their meeting distressing with 11% of patients and 30% of family members reporting their meeting was sometimes distressing.

Discussion / Conclusion: ABI patients and their family members have additional support and information needs which may not always be fully met within the family meeting forum. In preparation for the role of family meeting facilitation, the implementation training programmes for social workers and IDT members is strongly recommended.



Acknowledgements: Thanks to Catherine Simpson for formatting.