

**Set for Success: Embedding the role of Social Work
within an interdisciplinary model of care in a new state-
wide acquired brain injury rehabilitation unit in Victoria,
Australia**

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ABI Service Overview

- 42 inpatient beds.
- 4 Bed Transitional Living Service.
- ABI Community Rehabilitation Service.

ABI Unit Model of Care

- Patient has sustained a severe/catastrophic brain injury.
- The brain injury is non progressive in nature.
- Will require interdisciplinary therapeutic intervention.
- Will have the ability to participate in a behaviour management program.
- Will have complex health and care needs, behavioural needs or complex psychosocial issues.

ABI Unit Model of Care Principles

- Early transfer from acute setting.
- Specialist reviews in the unit (e.g. trauma, neurology, psychiatry).
- Interdisciplinary model of care.
- Evidence-based practice.
- Integrated inpatient and community program.
- Lifelong community service for under 65 patients residing in residential aged care/supported accommodation.
- Person-centred goal setting and extensive family/ carer education and engagement in the process.



Complex psychosocial issues in brain injury

- Homelessness.
- Forensic history.
- Drug and alcohol issues.
- Mental Health issues.
- Cognitive issues/decision making / capacity issues.
- Behavioural issues and personality changes.
- Social isolation – due to physical disability, communication issues and cognitive issues.

Complex psychosocial issues in brain injury

- Significant conflict in social relationships, or no social support.
- Family conflict.
- Relationship issues and relationship breakdown.
- Change of family roles – family members as carers.
- Occupational issues – including unemployment.
- Significant financial stress (including paying for equipment and home modifications).
- Changes to accommodation.
- Limited services and supports in the community.
- Under 65 – Disability Services, young people in nursing homes.

Embedding the role of Social Work

- First point of entry/first point of contact.
- Goal setting.
- Early engagement and relationship building.
- Assessing adjustment/anxiety/coping mechanisms.
- Providing psychoeducation and transition support from acute care to sub-acute care.
- Assessment using a biopsychological model/framework.

Embedding the role of Social Work

- Setting expectations for rehabilitation and discharge planning.
- Early identification of discharge barriers and complex issues – thus reducing length of stay. 63% of people with severe brain injuries have returned home.
- Interdisciplinary team – respect the role of social work.
- Addressing complex ABI issues through psychosocial assessment.
- Social work theory to guide intervention (including crisis intervention, psychological first aid, conflict resolution and family sensitive practice).

Embedding the role of Social Work

- Managing uncertainty and maintaining hope.
- Social work skills and family centred practice.
- Continuity of care enhances social work therapeutic relationship with patient/family members.
- Providing comprehensive assessment and information to the Interdisciplinary Team, and managing team anxieties.
- Social work as a profession is highly respected by the Interdisciplinary Team.

Importance of Goal Setting

- Goal setting underpins the treatment and rehabilitation processes.
- Goal setting is considered rehabilitation best practice in attempting to improve social participation outcomes post a brain injury (McPherson et al 2009).
- Patients are often unclear about the meaning of goal setting and their role in this process (Sugavanam et al 2013). It is important for therapists to explain the goal setting process for rehabilitation goals to the person and their family in order to ensure understanding and the purpose of this process.



Goal Setting: Our Model

- Person centred care / Person and family directed goals.
 - Patient and family goal directed therapy.
- Social Work is the recognise discipline in the ABI unit who undertakes goal-planning & setting with the person and their family / significant others.
- We develop a therapeutic relationship with the patient and their family.

Goal Setting: Our Process

Our Process:

- Goal setting is commenced by Social Work within the first 24-48 hours of the patient's admission, with the patient and their family /significant others.
- Goals are typed and placed in the patient's room, as a reference point for the patient/family and treating team.
- Social work communicate these goals to the treating team in the initial team meeting.
- Treating team transform patient/family goals into SMART goals.
- Patient Goals are continually explored, clarified, reviewed and re-prioritised with the patient / family by the Social Worker.

Goal setting: Role of Social Work

- One of the strengths within our ABI service are the skills that the Social Workers bring to the team:
 - Social Workers understand the broader context of the person with a brain injury and their psycho-social context.
 - Patient advocate, listening / communication skills, non-biased – will not try and lead the person in a certain direction, don't pass judgement on whether or not they believe the goal is realistic (Ponsford & Sloan 2013).
 - Social Workers ensure the goals are documented in the person's own words.

Goal setting: Role of Social Work

- Social Workers seek to understand the life roles of the person before their brain injury skilfully weaving together data gathering, responding to patient or family concerns and education provision within a natural conversation Lannin et al (2014).
- Social Work as a patient advocate – Holliday (2007) describes a process whereby the patient advocate supports the patient and family members to identify their goal priorities and the support the process of discussing goals with the MDT.

Value of Social Work role in the ABI Unit

- In 2015 and 2016, patients and family members were invited to participate in research to explore themes around their experience in the ABI unit.
- Patients/family members/carers were surveyed at various times throughout their journey in the ABI unit.
- Approximately 160 surveys were completed and 14 qualitative in depth interviews were conducted and transcribed using thematic analysis.
- Results were grouped into themes which included the patient/family member's perception of the level of engagement with the interdisciplinary team, the education that they received about the patient's brain injury and how prepared they felt at discharge.

Value of Social Work role in the ABI Unit

Quotes from patients/family members/carers which describe their experience with social work in the ABI unit:

Facilitator: “Okay and what particularly about your relationship with the social worker, what elements of that were really positive?”

Interviewee: “I’d say the communication lines were open all the time. We had good feedback from her. We got action when we asked for it or feedback when we wanted it and she was very sympathetic to our cause.”

Facilitator: “Okay. So you felt listened to, responded to?”

Interviewee: “Yes. [Identifiable information removed]. [Social Worker] had also seen the improvements from February through to November so she did see that there had been changes along the way and obviously could express that to the staff.”

Value of Social Work role in the ABI Unit

- “We had excellent [rapport] with our social worker who really did commit to us and that kept the communication lines open.”
- “Social workers go out of their way to do everything 100%. My Social Worker is always working for me”. (Patient at discharge comment).
- “Family meetings on a regular bases is essential and has happened often in our case. Social work has been fantastic as coordinator”. (Family member at 4 weeks pre discharge)
- When asked to list the top three strengths about the ABI unit: social workers were listed numerous times by family members.

Implications for Social Work practice

- Innovative social work model and it differs from other traditional models of medical social work assessment and intervention.
- Quality of the role remains intact – demonstrates skill level in early engagement, relationship building, assessment, intervention, counselling and discharge planning across the continuum of care (timely quality care – TQC).
- Flexible to the needs of the individuals and to the organisation whilst maintaining the values of the social work profession (self determination, patient centred care, holistic care).
- Social work remains highly valued within the ABI unit, which also has been of benefit to patients and families in a time of limited hospital resources.

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