

Social Work Support for Parents with Acquired Brain Injury

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What is the issue?

- * Parenting is a challenging task for most of us
- * In the UK and Australia social workers apply the law when there are concerns about parenting
- * Staff who are involved in neuro-rehab are not child protection specialists and vice-versa
- * The task demands change over time, this is not a recipe to follow
- * Not easy to parent “for” someone else, a very personal relationship

How can ABI affect parenting?

- * (Excluding physical factors) a number of common post-ABI sequelae will create a challenge for parenting:
- * Fatigue, memory, attention, planning, organising, idea generation, reasoning, speed of processing, initiating
- * Emotional regulation, disinhibition, aggression, loss of empathy, apathy, low drive, impulsivity

How does ABI affect the experience of being parented?

- * This is a two-way street, actions have reactions
- * Caring for a 3 month old child has very little in common with parenting a 14 year old
- * Social consequences for the child change over time
- * Parents need to be one step ahead?

Where is the literature?

- * A good question! Not huge, especially not from social work
- * BUTERA-PRINZI, F. & PERLESZ, A (2004) Children at risk emotionally and behaviourally, living with grief
- * Work by Webster and Daisley, often looking at rehabilitation
- * KIEFFER-KRISTENSEN, R et al, children experience losses but hide this from the parent

Practice example

- * Jane, very severe ABI aged 13
- * Complex constellation of needs, physical, cognitive, executive, emotional and behavioural
- * Lengthy history of “yo-yo” disengagement from services
- * Very complex social setting, not conducive to therapeutic alliance, social services involved with siblings

Functional difficulties

- * Unable to judge risk, very poor attention, not able to conceptualise the need for planning, very impulsive and disinhibited
- * Very limited structure or activity in life, very easily “knocked off course”, never been able to sustain any interest or activity, “immune” to rehabilitation
- * Loved children, truly adored children

A partner and a baby on the way

- * Partner with severe and enduring depression and history of suicide attempts
- * Pre-birth assessment by social worker was indicated use of the law to remove baby at birth on grounds of behaviour, risk and lack of ability to engage Jane in safer parenting

Negotiations and a plan.....

- * Highly structured plan devised by IDT
- * Jane not to be alone with baby
- * Health Visitor was only source of parenting knowledge, provided to team to reinforce (rehab principles)
- * IDT regularly meet, HV updated guidance via 2 way information exchange
- * Direct work by N'psych with Jane and spouse

Bit of a shock for the Health Visitor

- * Simplified literature of no benefit, client not learning disabled, very intelligent but could not apply knowledge in the moment PLUS lacked insight into this.
- * Jane is not able to internalise and generalise compensatory strategies and apply them over time and setting

Supporting the supporters

- * Face to face supervision, daily electronic record, guides updated monthly
- * Integrate child into age appropriate learning as they grow
- * Support to parent, not parenting by the support workers

Challenges change over time

- * Pre-speech, more direct observation for matters of health etc
- * Crawling, increased risks from environment
- * School, social difference and issues of “fitting in”
- * Parenting more complex over time? Jane cannot foresee this, team have to

How did this work?

- * Jane's intrinsic motivation was extremely high
- * Threat to parenting created “buy-in” that could not be created any other way
- * ABI knowledge, rehabilitation knowledge and approach integrated with parenting and child development knowledge. Constant sense of pre-emptive thinking and proactive engagement

Now the teenage years

- * Entering another, difficult phase, but same principles apply BUT child has more agency, needs careful and appropriate support to be part of the system and permission to not be if preferred

Thanks you for listening.

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