

Community Head Injury Service

The Camborne Centre

Jansel Square

Bedgrove

Aylesbury

Bucks HP21 7ET

Tel: 01296 337760

Fax: 01296 337743

www.buckshealthcare.nhs.uk

COMMUNITY HEAD INJURY SERVICE

CORE REHABILITATION PROGRAMME

The inter-disciplinary rehabilitation team of the Community Head Injury Service provides specialist assessment and rehabilitation for people with traumatic or other acquired non-progressive brain injury of a generalised nature and their families in and around Buckinghamshire including Milton Keynes. Based on need, our rehabilitation services are also open to people with other forms of acquired non-progressive brain injury (e.g. stroke, subarachnoid haemorrhage cerebral tumour), particularly when needs are predominantly of a cognitive, behavioural and/or emotional nature.

The Community Head Injury Service is cited as an 'evaluated example of good practice' for Quality Requirement 5 on 'Community Rehabilitation and Support' of the National Service for Long-term Conditions (Department of Health, 2005).

The aims of the inter-disciplinary rehabilitation team are:

1. To provide information, advice and support for people with brain injury and their families.
2. To assess rehabilitation, care and resettlement needs after acquired brain injury.
3. To provide and co-ordinate rehabilitation programmes to promote independence, participation and long-term adjustment.
4. To facilitate the restoration and maintenance of optimal quality of life for people with traumatic brain injury and their families.

ASSESSMENT

Initial assessment

People with traumatic brain injury referred whilst still in-patients will often have been seen for a screening assessment on the ward or on discharge home by the Brain Injury Clinical Nurse Specialist / Therapist. Such referrals are usually discussed and monitored initially within a specific weekly meeting regarding referrals from acute hospital sources. Those requiring a fuller team assessment and/or rehabilitation will be passed on to the rehabilitation team. Those requiring in-patient rehabilitation are usually referred first to the Buckinghamshire Neurological Rehabilitation Unit at Amersham Hospital. Those with multiple and complex disability may first be referred out-of-county (e.g. to the Oxford Centre for Enablement). Those with severe behavioural difficulties that are not manageable within the above in-patient settings or within the community may need to be referred to other specialist out-of-county provision (e.g. Kemsley Unit, St. Andrew's Hospital).

Referrals received of people later post-injury in the community are usually passed directly to the Rehabilitation Team unless of a specific vocational nature in which case they may be passed to 'Working Out', our brain injury vocational rehabilitation programme (see separate information).

New post acute/community referrals are usually seen first along with a relative for an initial assessment by two members of the rehabilitation team (typically a Clinical Neuropsychologist, Occupational Therapists and/or Speech and Language Therapist), one of whom will act as assessment key worker. This initial assessment process provides us with a detailed clinical and social history and profile of current problems, as perceived by the person and relative. It can take at least two hours for those recently injured but up to three hours for those with long-standing injuries and a complex course of recovery, often involving input from multiple services.

Having introduced the service and explained the initial assessment process we complete a brain injury background interview schedule, which covers family, educational, occupational and clinical history, course of recovery and current situation/needs/priorities. We then usually interview the person and relative separately on a Head Injury Problem Schedule – this covers physical, sensory, cognitive, behavioural, emotional and social problems. The person and relative usually also rate change on a Head Injury Semantic Differential scale. The person is also screened on the Hospital Anxiety and Depression Scale, whilst the relative may also complete a brief Family Screening Interview. We then discuss with the person and relative our recommendations on further assessment and rehabilitation, provide information and address any pressing needs.

Team assessments

After discussion in a weekly rehabilitation team meeting, further assessments are arranged, as required, to address the specific needs of the individual. This may include medical (i.e. consultant in neurorehabilitation), neuropsychological, occupational therapy, physiotherapy and/or speech and language therapy assessments. Assessment of nursing care and activities of daily living assessments are undertaken at home, as required. Clients may also be referred for a specialist neuropsychiatric assessment (e.g. in response to severe behavioural difficulties), if local mental health services are not involved already.

(When the major presenting issue is vocational, this may be assessed more appropriately on 'Working Out', our specialist brain injury vocational programme – see separate information).

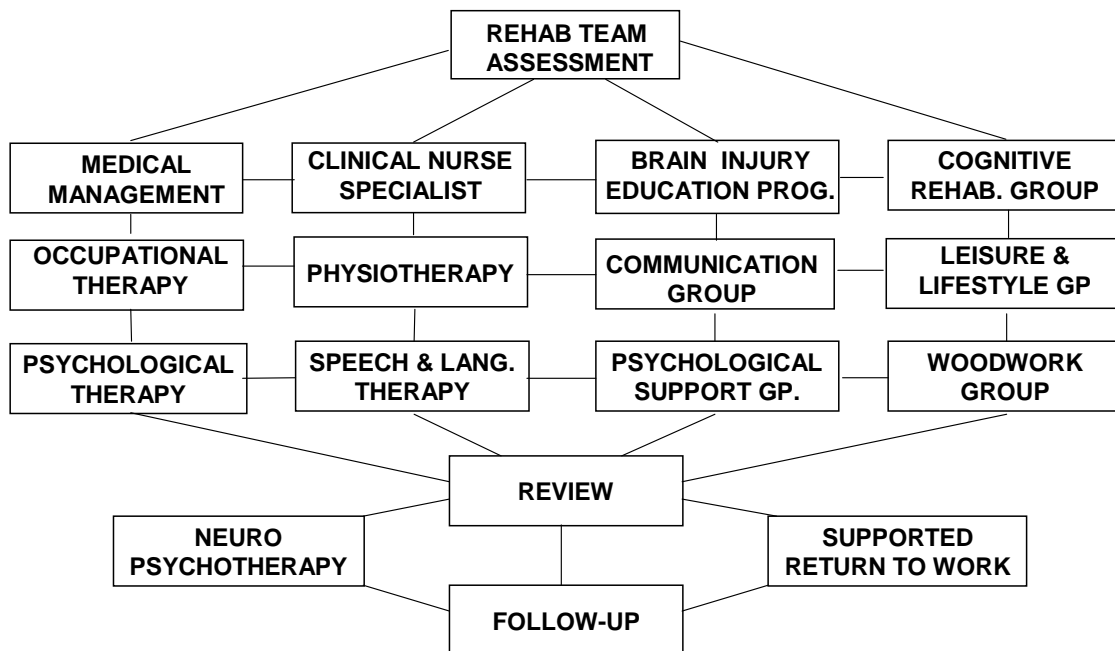
Feedback & goal setting

The results of these assessments are discussed within a weekly rehabilitation team meeting and then fed back to the person and family by the assessment (or assigned rehabilitation) key worker and other staff member in a feedback/rehabilitation planning session. Rehabilitation goals are then discussed and agreed with the person and relatives, when appropriate, and plans for an ongoing rehabilitation programme discussed and agreed.

REHABILITATION PROGRAMMES

Those requiring ongoing rehabilitation are usually offered an out-patient/community programme (see Figure 1. below). This is tailored to meet individual need but typically includes a combination of individual therapy and one or more specialist group programme (see below). This may include input within the centre, at home, in the workplace and/or in a range of community settings. (In parallel, a range of family services are provided including individual support, relatives' brain injury educational programme, follow-up workshops and specialist relationship and family counselling - see separate information). Our specialist rehabilitation interventions are summarised below.

FIG. 1 CHIS Core Rehabilitation Programmes



Individual therapy:

Individual therapy may include occupational therapy, physiotherapy, psychological therapy and/or speech & language therapy with additional input from the brain injury clinical nurse specialist, consultant in neurorehabilitation or consultant neuropsychiatrist, as required. Some clients referred late post-injury do not require core rehabilitation but need specialist neuropsychotherapy or family work to assist with long-term adjustment difficulties. Individual therapy is commonly provided in parallel with one or more specialist group programmes – see below.

Group programmes:

The group programmes run by the Rehabilitation Team include the following:

Brain injury educational programme: A series of 15 weekly educational sessions on the nature and effects of brain injury are provided for new and recent referrals. Sessions typically comprise a talk on the specific topic illustrated by a videotape example and supported by a summary handout with time for questions and general discussion.

Cognitive rehabilitation group: This 10 session weekly group provides a focused programme for people experiencing difficulties with major areas of cognitive function (e.g. memory, concentration, executive skills). The group combines information about cognitive difficulties with discussion about coping strategies, group exercises and peer support.

Communication group: This 8 session group is for people experiencing communication problems. The group is tailored to meet the specific needs of individual members and aims to develop participants’ communication skills in everyday life.

Leisure group: This 8 session weekly group programme assists people with brain injury in exploring leisure and life style options appropriate to their needs and to identify local opportunities to pursue after the group, linking as appropriate with local resources such as the local Headway group.

Psychological support group: This weekly group (which supersedes the previous personal issues group) is ongoing, running in 6 monthly cycles. It provides a safe and supported environment within which to assist clients in their psychological adjustment, coping and social relationships and in increasing awareness of their difficulties and interpersonal patterns.

Woodwork group: This weekly group meets off-site in a workshop in a local arts centre (Queen's Park Centre) with supervision from staff experienced in woodworking skills. The group seeks to provide further practical assessment and to promote recovery and management of physical and cognitive skills, as well as an opportunity to learn a new skill and plan/complete an individual project.

For further information on each of these group programme – please see summaries below.

A community living skills groups has also been run occasionally by the Rehabilitation Team.

REVIEW / FOLLOW-UP

The rehabilitation programme is set up and monitored by an assigned rehabilitation key worker (including liaison with relatives) and reviewed regularly in the rehabilitation team meeting. Goal attainment and general progress is reviewed with the person and family, when appropriate, at regular intervals by the rehabilitation key worker. Formal re-assessments are arranged, as required. Following review many people may require a further period of rehabilitation. Some may be ready for a early guided and supported return to work, others may require referral to 'Working Out', our brain injury vocational rehabilitation programme (see separate information), for example when a return to previous work is not possible, or referral to the local Headway Group for alternative occupational activities. Some clients and their relatives may require individual or group neuropsychotherapy and/or family work to assist them in making positive adjustments to the effects of the brain injury.

After cessation of active involvement clients and their relatives will usually be followed-up both to monitor progress and to respond to long-term difficulties which arise as the person and family seek to move forward in re-building their lives and in adjusting to long-term disability.

If the person or family members subsequently run into difficulties in their long-term adjustment to the effects of brain injury they are encouraged to contact the service for a review, with further advice and rehabilitation provided, as and when required.

FURTHER INFORMATION (including illustrative example)

Tyerman A & King NS (2008). Community rehabilitation. In A Tyerman & NS King. (eds.). Psychological approaches to rehabilitation after traumatic brain injury, p 65-90. Oxford: BPS Blackwell.

AT/NK (08/04/11)

COMMUNITY HEAD INJURY SERVICE

GROUP / ACTIVITY PROGRAMME SUMMARY 2011

GROUP TITLE:	CLIENTS' EDUCATIONAL PROGRAMME
AIMS:	To increase client's awareness and understanding of the nature and effects of traumatic and other forms of acquired brain injury.
CONTENT:	Overview of brain function & brain injury Cognitive impairment – general Cognitive impairment – executive Communication difficulties Physical disability Sensory deficits Behavioural difficulties Emotional difficulties Vocational difficulties Leisure and social difficulties Personal impact and adjustment Family impact and adjustment Videotape case studies (X2) Services for people with brain injury
FORMAT	Educational format with talks (supporting handouts), videotape examples, questions and discussion
LOCATION:	Group Room, The Camborne Centre
DAY OF WEEK / TIME:	Wednesdays: 13.30-15.30
FREQUENCY / LENGTH:	Weekly: 15 X 2 hour sessions (with mid-session break)
STAFF INVOLVED :	Clinical neuropsychologists, medical consultant, occupational therapists, physiotherapist, speech & language therapist
LEAD THERAPIST(S)	Consultant Clinical Neuropsychologist / Head of Service
GROUP / ACTIVITY OPEN TO:	Open to all clients currently attending the Community Head Injury Service, unless otherwise indicated. Clients with brain injury currently attending other services by referral and agreement.

COMMUNITY HEAD INJURY SERVICE

GROUP / ACTIVITY PROGRAMME SUMMARY 2011

GROUP TITLE:	COGNITIVE REHABILITATION GROUP
AIMS:	<ul style="list-style-type: none"> • To educate clients about their cognitive difficulties and how to manage them. • To provide a supportive environment in which clients can: <ol style="list-style-type: none"> a). share coping strategies for their cognitive difficulties; b). practice and improve their group communication skills c). access peer support • To highlight clients' longer term rehabilitation needs.
CONTENT:	<p>Topics covered include:</p> <ul style="list-style-type: none"> • Neuroanatomy and brain function • Attention/concentration • Memory • Problem solving, planning and organising • Communication
FORMAT	Workshop style group with educational, brain storming and peer support elements. Discussion, practical exercises and homework talks also used.
LOCATION:	Group Room, The Camborne Centre
DAY OF WEEK / TIME:	Thursdays: 13.30-15.30
FREQUENCY / LENGTH:	Weekly: 10 X 2 hour sessions
STAFF INVOLVED :	Clinical neuropsychologists, occupational therapists, speech & language therapist, technical instructor, assistant psychologist, student psychologist
LEAD THERAPIST(S)	Consultant Clinical Neuropsychologist
GROUP / ACTIVITY OPEN TO:	<p>All clients currently attending the Community Head Injury Service, by invitation.</p> <p>Clients with brain injury currently attending other services by referral and agreement.</p>

COMMUNITY HEAD INJURY SERVICE

GROUP / ACTIVITY PROGRAMME SUMMARY 2011

GROUP TITLE:	COMMUNICATION GROUP
AIMS:	<ul style="list-style-type: none"> • To increase client understanding of communication and social skills. • To improve client awareness of their own communication difficulties. • To provide a supportive environment in which clients can develop new skills and strategies. • To facilitate transfer of new skills and strategies to identified areas outside the group.
CONTENT:	<ul style="list-style-type: none"> • General communication. • Communication difficulties following brain injury. • Social skills. • Communication within functional activities.
FORMAT	Group discussions, video analysis, video-taping of clients and feedback, role play, practical/functional activities within and outside group as appropriate.
LOCATION:	Group Room, The Camborne Centre
DAY OF WEEK / TIME:	Tuesdays 10.00 – 12.00
FREQUENCY / LENGTH:	Weekly 6 X 2 hours (extended, as appropriate).
STAFF INVOLVED :	Speech and Language Therapist Students/assistants, Placement Consultant (if appropriate).
LEAD THERAPIST(S)	Speech and Language Therapist
GROUP / ACTIVITY OPEN TO:	<p>All clients attending the Community Head Injury Service, by invitation.</p> <p>Clients with brain injury currently attending other services by referral and agreement.</p>

COMMUNITY HEAD INJURY SERVICE

GROUP / ACTIVITY PROGRAMME SUMMARY 2011

GROUP TITLE:	LEISURE GROUP
AIMS:	<ul style="list-style-type: none"> • To enable clients to recognise benefits of participation in leisure. • To facilitate clients to explore available local leisure opportunities appropriate to their needs. • For clients to identify a leisure opportunity that they will actively pursue on completion of the group.
CONTENT:	Topics include: <ul style="list-style-type: none"> • What is leisure? • Balancing activity • Identifying own interests. • Planning activities. • Overcoming obstacles. • Local opportunities. • Volunteering.
FORMAT	A workshop style group. Participants may receive individual sessions to support them in their chosen leisure exploration.
LOCATION:	Group Room, The Camborne Centre.
DAY OF WEEK / TIME:	Wednesdays 14.00 – 15.30
FREQUENCY / LENGTH:	Weekly: 6 X 1.5 hours (once a year)
STAFF INVOLVED :	Occupational Therapist Occupational Therapy Technical Instructor
LEAD THERAPIST(S)	Occupational Therapist
GROUP / ACTIVITY OPEN TO:	Clients attending the Community Head Injury Service who have experienced 6 months reduced leisure/occupational activity and who are motivated to explore and take up old/new leisure pursuits, by invitation. Clients with brain injury currently attending other services by referral and agreement

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GROUP / ACTIVITY PROGRAMME SUMMARY 2010

GROUP TITLE:	PSYCHOLOGICAL SUPPORT GROUP
AIMS:	<ul style="list-style-type: none"> • To provide a contained weekly space for clients to use the group to support adjustment, coping and social relationships after brain injury • For group members to use relationships with others, together with the input of the facilitators, to increase awareness of difficulties and interpersonal patterns
CONTENT:	<p>The group has two in-session aims: <i>i) to provide psychological support to one another and ii) to notice when this is not happening.</i></p> <p>Discussions often include experiences from the previous week or general and significant themes relating to life post-injury. The facilitators often have a reflecting conversation with each other in front of group.</p>
FORMAT	<p>Discussions are open-ended. Facilitators often focus, heighten and amplify difficult, emotional or significant moments in the group as a vehicle to work on the adjustment and interpersonal communication needs of individual members. Facilitators tend to refer to the group when offering summaries/interpretations. Clients are also addressed individually, but less frequently.</p>
LOCATION:	Group Room, Camborne Centre
DAY OF WEEK / TIME:	Tuesdays 14:00-15:00
FREQUENCY / LENGTH:	Weekly – ongoing. Membership is reviewed every 6 months as part of the group process and in terms of personalised goal reviews.
STAFF INVOLVED :	Clinical Neuropsychologist & Trainee Clinical Psychologist on 1 year placement
LEAD THERAPIST(S)	Principal Clinical Neuropsychologist
GROUP / ACTIVITY OPEN TO:	<p>Clients currently attending the Community Head Injury Service who have already attended either the cognitive, education or work preparation groups, by invitation.</p> <p>Clients with brain injury currently attending other services by referral and agreement.</p>

COMMUNITY HEAD INJURY SERVICE

GROUP / ACTIVITY PROGRAMME SUMMARY 2010

GROUP TITLE:	WOODWORK GROUP
AIMS:	<ul style="list-style-type: none"> • To use practical, functional tasks to assess and promote recovery of physical and cognitive function. • To provide a safe and supportive environment in which clients can: <ul style="list-style-type: none"> (a) develop existing skills or have the opportunity to learn a new skill (b) feel a sense of achievement on completion of a project, restoring confidence and self esteem
CONTENT:	Attendees are facilitated to choose a project and are supported through the stages from planning and design to completion. Examples of common projects are shelf units, occasional tables. An induction programme is offered to attendees when they join the group.
FORMAT	The group meets in a fully equipped workshop and caters for 4/5 clients. Clients are involved in identifying the aims of their attendance and are encouraged to plan their own projects. Supervision is provided by occupational therapy and support staff experienced in wood-working skills.
LOCATION:	Queens Park Centre, Queens Park, Aylesbury
DAY OF WEEK / TIME:	Wednesday afternoon (13.45 –16.00)
FREQUENCY / LENGTH:	Weekly during school term time – ongoing
STAFF INVOLVED :	Senior Occupational Therapist, Occupational Therapy Technical Instructor and Volunteer
LEAD THERAPIST(S)	Senior Occupational Therapist.
GROUP / ACTIVITY OPEN TO:	<p>Available to all clients attending the Community Head Injury Service, by invitation.</p> <p>Clients with brain injury currently attending other services by referral and agreement</p>