

Community Head Injury Service

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COMMUNITY HEAD INJURY SERVICE
SERVICES FOR FAMILY AND FRIENDS

The Community Head Injury Service (CHIS) works closely with family and friends, both in addressing the needs of people with brain injury and in providing specialist education and counselling for carers, couples and families. The CHIS family services are cited as an 'evaluated example of good practice' for Quality Requirement 10 on 'Supporting Carers and Families' of the National Service Framework for Long-term Conditions (Department of Health, 2005).

The aims of the services to family and friends are to:

- increase awareness and understanding of the nature and effects of brain injury.
- provide information and advice about the management of brain injury.
- facilitate and promote positive coping and adjustment in family and friends
- improve the quality of relationships between the person, family members and friends.

In describing our services for family and friends, we often use the term 'family' or 'relative' for convenience – these terms are used broadly to include close friends, as well as relatives.

WORKING WITH FAMILIES

We welcome the involvement of the family in the assessment and rehabilitation process with a close relative/friend invited routinely to initial assessment and feedback/planning appointments.

On initial assessment we determine the family context and explore the perceptions, priorities and expectations of accompanying family or friends. In establishing the personal, family, social and clinical history we address most questions to the person with brain injury. However we encourage the relative or close friend to assist the person in recalling details (e.g. early after the brain injury), in explaining information and also in contributing their own observations. In identifying current difficulties on a Head Injury Problem Schedule, we usually interview the person and relative (or close friend) separately. This allows relatives and friends to speak freely about their observations and concerns without risk of upsetting the person or of prompting confrontation over any evident differences of opinion.

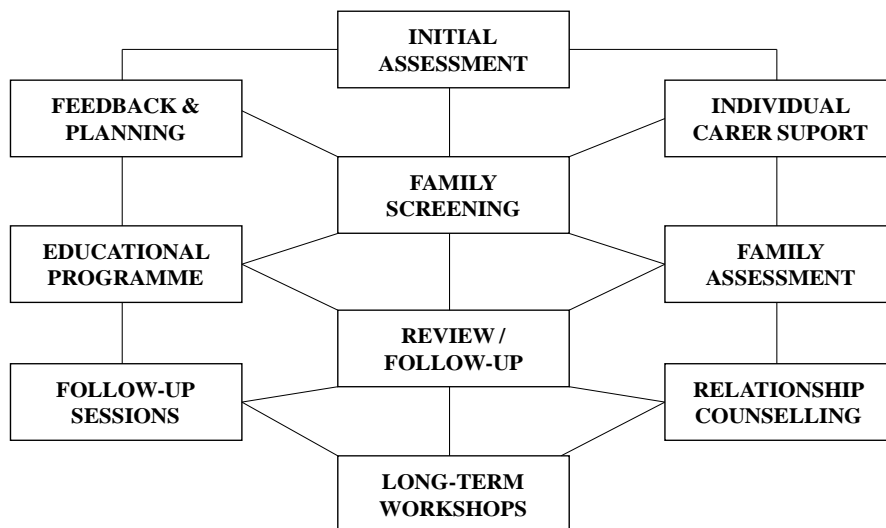
In order to identify the needs of family members, we routinely administer a brief Relatives' Screening Questionnaire with relatives and friends. This provides an early impression of the impact of the brain injury on the family and what support the family may have received. Services available to support the family are also outlined. If there is concern about the family, we will offer support to individual family members and/or relationship/family counselling, as well as a routine invitation to our relatives' educational programme.

Relative or close friends are invited routinely to feedback sessions to discuss the results of assessment and rehabilitation plans/goals to develop a shared understanding of the major issues, priorities and interventions. During rehabilitation ongoing liaison with the family is undertaken by a designated rehabilitation key-worker or Working Out programme manager, both to facilitate and reinforce interventions and to elicit ongoing feedback about progress at home and any emergent difficulties. Relatives are invited routinely to contribute to review and follow-up processes. Over time the services available to the family may be outlined again, as appropriate.

FAMILY SERVICES

CHIS family services include an annual brain injury educational programme, follow-up workshops, individual carer support, and specialist relationship/family counselling (see attached Figure).

CHIS: Working with Families



Relatives' educational programme

We provide an annual educational programme on the nature and effects of brain injury (see attached programme summary). This is currently run in a monthly Wednesday evening format. This covers the following topics:

1. Brain function and traumatic brain injury.
2. Cognitive impairment – general.
3. Cognitive impairment – executive.
4. Communication difficulties.
5. Behavioural difficulties.
6. Emotional difficulties.
7. Physical and sensory difficulties
8. Medical aspects of brain injury.
9. Vocational difficulties.
10. Personal impact and adjustment.
11. Family impact and adjustment.
12. Services for people with brain injury and their relatives

The sessions follow a similar pattern combining presentations with illustrative videotapes, group discussion and general questions, together with a coffee break to allow for informal peer support. The presentations combine talks and the viewing and discussion of illustrative videotapes of clients and relatives talking about the specific area of difficulty. The videotapes illustrate the particular area of difficulty and act as a catalyst for general discussion and questions. If numbers allow we may split relatives into small groups (e.g. partners and parents) to discuss the nature and impact of difficulties experienced by their injured relative, feeding back to the large group.

Follow-up relatives' sessions

Following the above educational series, attendees each year are invited to one or more follow-up sessions to see how relatives are progressing, to provide further professional and peer support and to address cover additional topics of interest (e.g. carers support services, benefits etc).

Long-term relatives' workshops

One or two follow-up workshops are also organised per annum to address long-term concerns about living with / supporting a relative with brain injury. Topics are suggested by group members (e.g. stress of ongoing care, independent living, taking-risks, family relationships etc). Depending on numbers relatives may explore topics in small groups before feeding back themes and issues for general discussion in the larger group. Whilst some relatives attend these long-term groups regularly, others come only when they feel in need of further professional or peer support. Occasional additional sessions are also organized specifically for the adult children and/or siblings of people with brain injury.

Individual family / carer support

Our Family Specialist is available to see individual family members for short or long-term emotional support. This may be provided in the family home or the rehabilitation centre as the relative or friend wishes. In this way some individual family members are supported throughout the course of recovery and adjustment, others during periods of active rehabilitation, maintenance support or when active involvement with the client has ceased. This support is taken up by both parents and partners, and occasionally by close friends or other family members (i.e. siblings and children) or friends. (It should be noted that the service can only see children or siblings under the age of 16 if accompanied by a one or other parent). For some families individual support is provided in parallel with joint relationship or family counselling.

Relationship / family counselling

Specialist relationship / family counselling is available, often provided jointly by a clinical neuropsychologist (one of whom is also a trained couples' therapist) and the family specialist. Some couples may be seen early post-injury or during active rehabilitation to address specific difficulties, others are seen for help with couple or family adjustment years post-injury.

On initial assessment the relatives' screening questionnaire provides an early impression of the stress, distress and coping of family members. Where there is a need for relationship/family counselling, we may on occasions complete formal family assessment scales to understand more about the family impact prior to, or shortly after, starting intervention. This may include a number of family rating scales (further information available on request). Such scales are selected for the particular family circumstances, with some more suited to couples or child/parent relationships). Clinically, such scales have proved valuable: in clarifying the nature and extent of family needs; in identifying potential avenues for therapy; in facilitating engagement; and in monitoring change during intervention in individual cases. Feedback of family assessment results needs to be handled with sensitivity and care due to the sometimes dramatic impact on family ratings post-injury and the common discrepancy between ratings of partners or other family members.

In our experience the foundation for this specialist relationship counselling is in establishing an appropriate brain injury framework to promote a shared understanding as to how partner and other family relationships have been affected by the brain injury. A focus is often on reducing conflict and re-establishing communication and positive connection between family members (and intimacy in the case of couples). The format of couple and family sessions varies markedly from couple to couple and from family to family. For example some couples are seen only for joint sessions, others are also seen individually (e.g. fortnightly or monthly joint sessions interspersed with individual sessions). Work with child relatives is also available, with children under the age of 16 seen with one or both of their parents (or other appropriate adult).

Some couples are currently being seen specifically for emotion focussed couples therapy (see Bowen et al. 2010). This is an evidence-based approach to couples' work, based on systemic and attachment theory. Its aim is to work actively with emotion in the session to identify negative cycles between the couple (and the impact of the injury on this) and to develop alternative patterns of interaction to enhance connection and intimacy. This approach is currently being explored within the service and viewed positively by the staff involved. It is hoped to evaluate its efficacy for couples after brain injury over the coming years.

In summary, drawing upon the above the Community Head Injury Service seeks to address the needs of relatives and close friends of people with brain injury. Sometimes the family work is provided in parallel with individual work with the person, sometimes it naturally follows this work.

FURTHER INFORMATION:

Tyerman A & Barton S (2008). Working with families: A community service example. In A Tyerman & NS King. (eds.). p449-474. Psychological approaches to rehabilitation after traumatic brain injury. Oxford: BPS Blackwell. .

REFERENCE:

Bowen C, Yeates GN & Palmer S (2010). A relational approach to rehabilitation: Thinking about relationships after brain injury. London: Karmac.

COMMUNITY HEAD INJURY SERVICE

GROUP / ACTIVITY PROGRAMME SUMMARY 2011

GROUP TITLE:	RELATIVES' EDUCATIONAL PROGRAMME
AIMS:	<p>To increase awareness and understanding of the nature and effects of traumatic and other forms of acquired brain injury.</p> <p>To provide the opportunity for peer group support for relatives of people with brain injury</p>
CONTENT:	<ul style="list-style-type: none"> • Brain function / nature of brain injury • Physical disability • Sensory deficits • Cognitive impairment – general • Cognitive impairment – executive • Communication difficulties • Behavioural difficulties • Emotional difficulties • Vocational difficulties • Personal impact and adjustment • Family impact and adjustment • Services for people with brain injury & their relatives
FORMAT	Educational format with talks (supporting handouts), videotape examples, questions and discussion
LOCATION:	Group Room, The Camborne Centre
DAY OF WEEK / TIME:	Wednesdays: 19.00-21.00
FREQUENCY / LENGTH:	Monthly: 12 X 2 hour sessions (e.g. September – August) + one or more follow-up sessions
STAFF INVOLVED :	Clinical neuropsychologists, medical consultant, occupational therapists, physiotherapist, speech & language therapist
LEAD THERAPIST(S)	Consultant Clinical Neuropsychologist / Head of Service Brain Injury Family Specialist
GROUP / ACTIVITY OPEN TO:	<p>Relatives of people with brain injury attending the Community Head Injury Service.</p> <p>Relatives of people with brain injury attending other services by referral and agreement.</p>