



Education and Culture DG

Lifelong Learning Programme

Leonardo da Vinci

Community Head Injury Service, Aylesbury, UK

www.leonardo.org.pl

www.leonardo.org.uk

www.leonardodavinci.nl

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Community Rehabilitation in Neurology Training Programme



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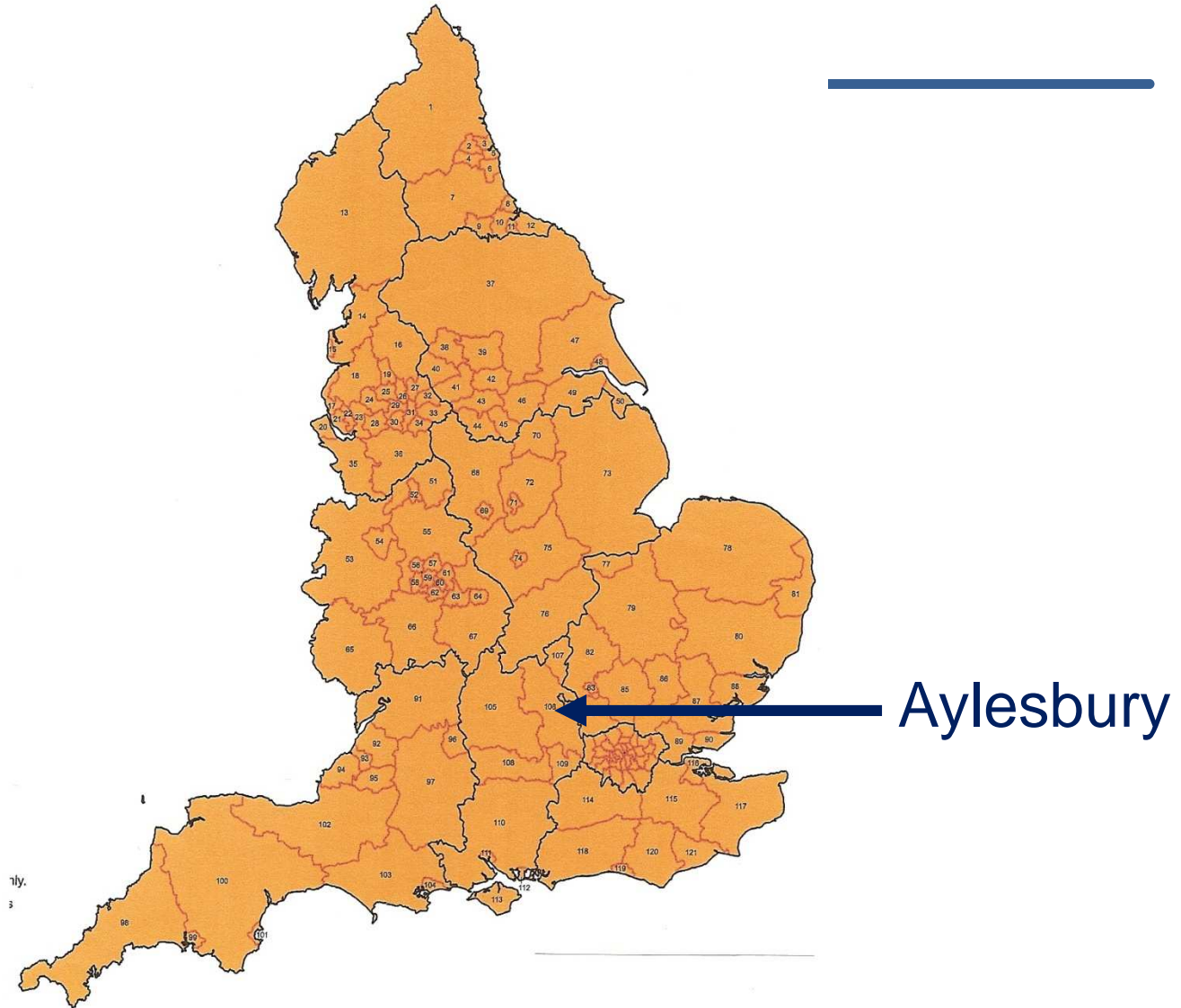


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Aylesbury, Buckinghamshire

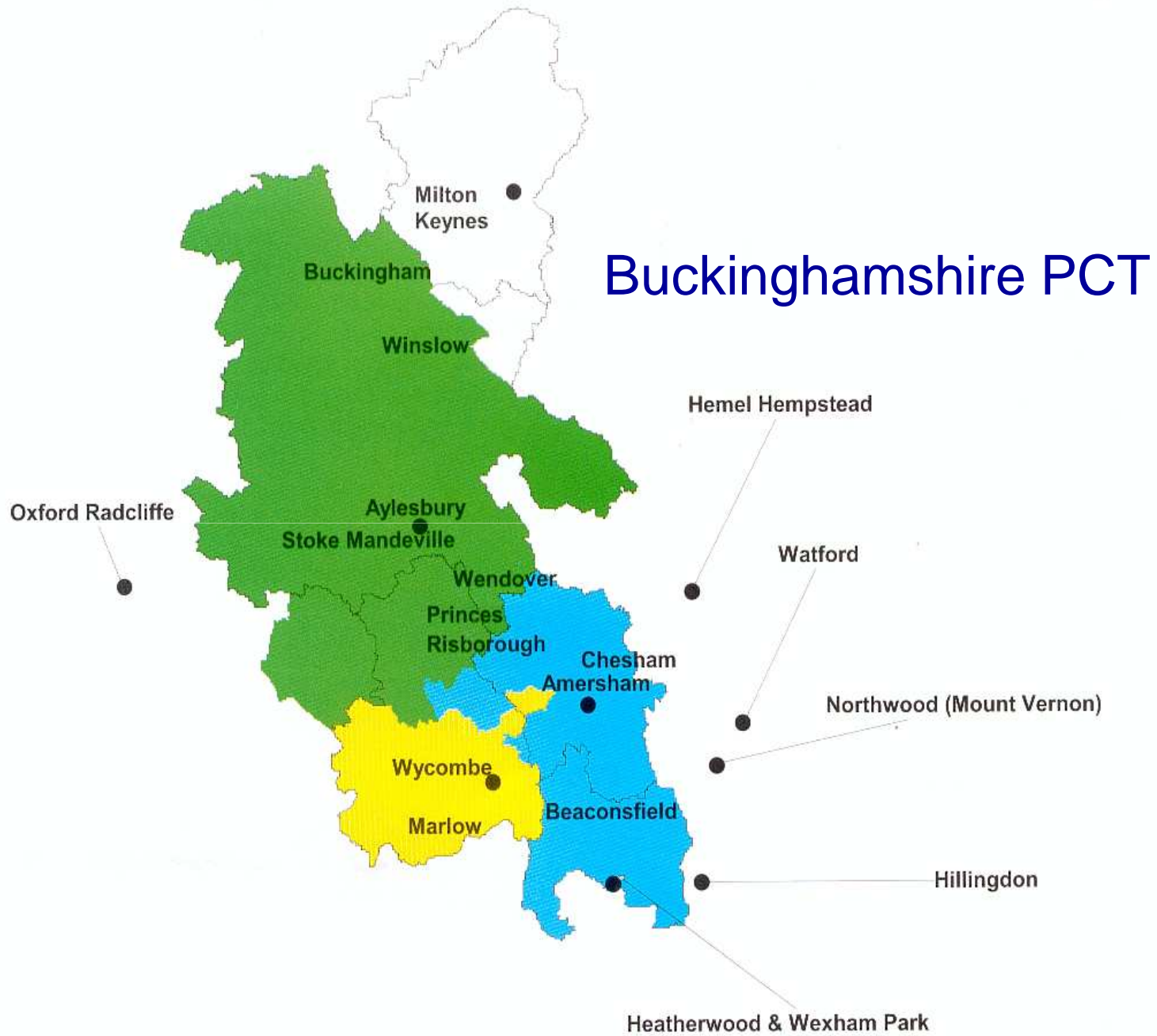


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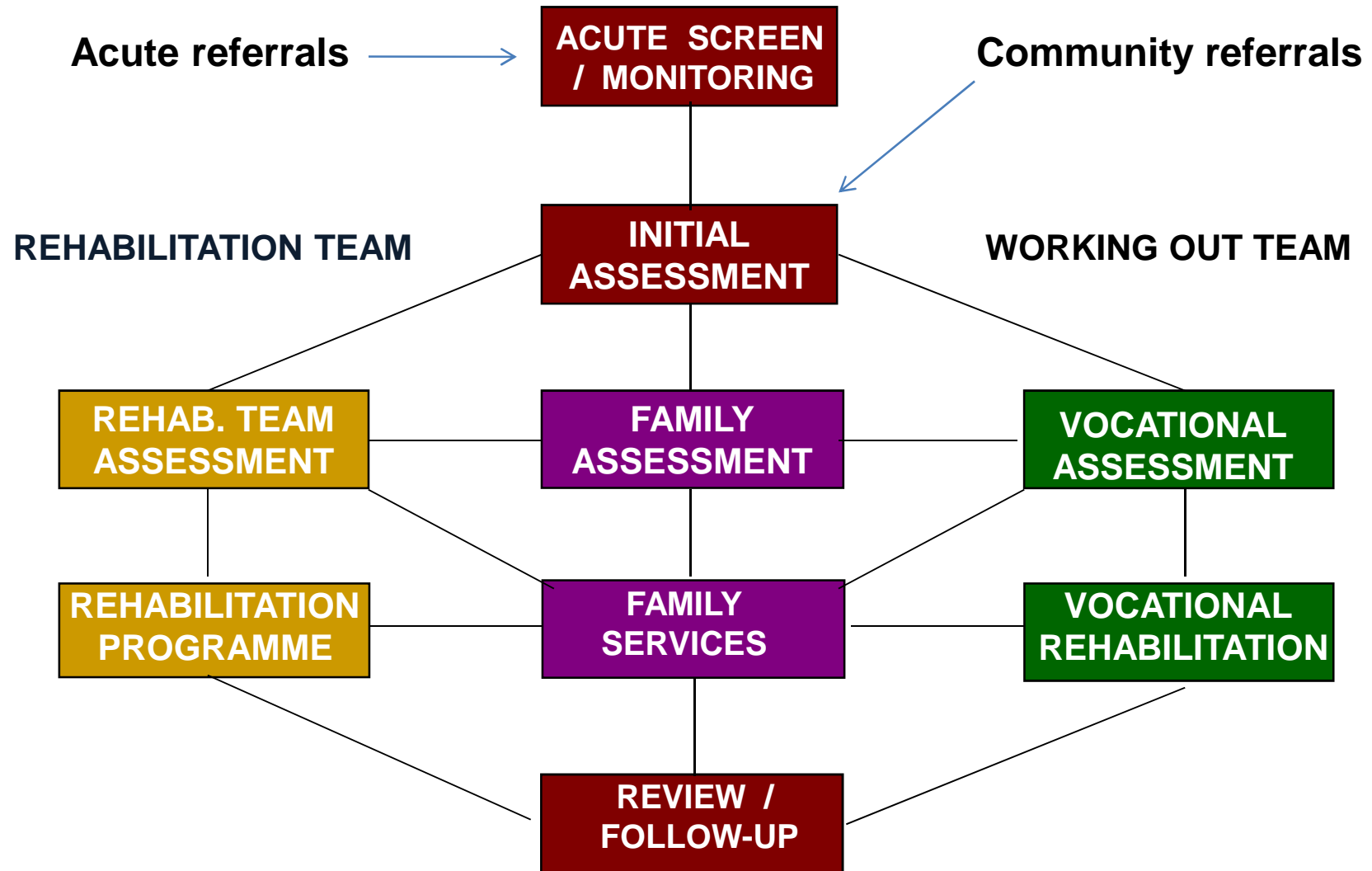
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Community Head Injury Service (CHIS) Aylesbury, UK

Exists to:

- Enable people with brain injury to achieve and maintain optimal independence and participation.
- Facilitate and support long-term personal, family and vocational adjustment after brain injury.

Community Head Injury Service, Aylesbury





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CHIS Rehabilitation Team – Aims:

- To provide information, advice and support for people with brain injury and their families.
- To assess rehabilitation, care and resettlement needs after brain injury.
- To provide rehabilitation programmes to promote independence, participation and long-term adjustment.
- To facilitate the restoration of an optimal quality of life for people with brain injury and their families.



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CHIS Initial Assessment

- Introductions and explanations
- Background Interview Schedule (person/family)
- Head Injury Problem Schedule (person & family)
- Head Injury Semantic Differential III (person & family)
- Hospital Anxiety and Depression Scale (person)
- Family Screening Assessment (family)
- Assimilation and discussion
- Opinion, explanation (and re-assurance)
- Recommend and agree assessment plan



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CHIS Rehabilitation Team Assessment

- Medical
- Neuropsychology
- Nursing
- Occupational Therapy
- Physiotherapy
- Speech and Language

- Care needs
- Family needs



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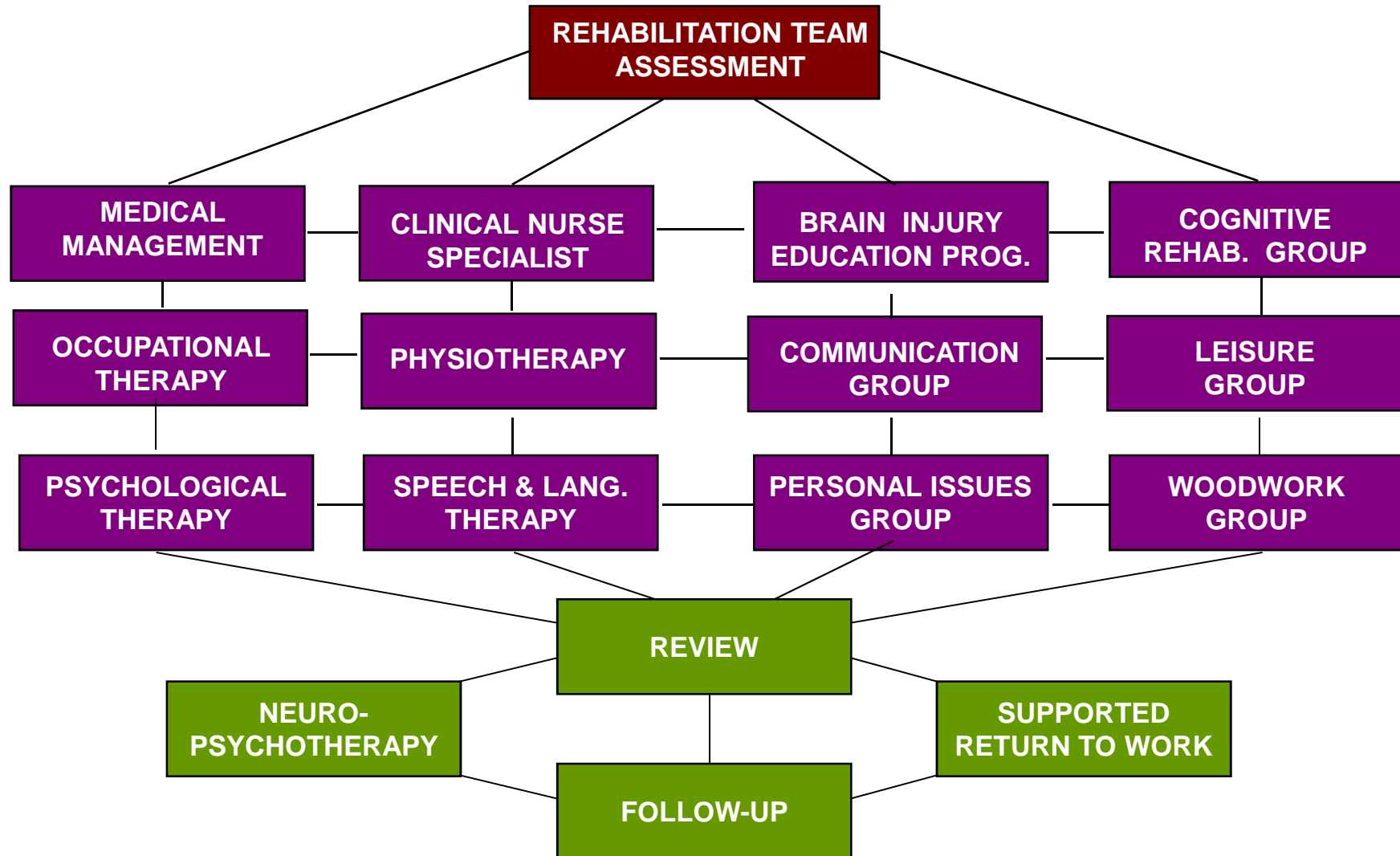
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CHIS Assessment Feedback / Planning

- De-brief person and family
 - Re-visit brain injury framework
 - Explain rationale for test results
 - Feedback test results (e.g. NP, OT, PT, SaLT)
 - Checking out / linking with self/family reports
 - Explanation of recovery - past and present
 - Discuss short-term implications (? long-term)
 - Re-visit personal/family needs and priorities
 - Recommend /agree overall rehabilitation plan
- Goal setting with key worker and therapists

CHIS Rehabilitation Team Programme





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Brain injury education

programme (15 X 2 hr. weekly sessions)

- To increase awareness and understanding of nature and effects of brain injury:
 1. Brain function/ injury
 2. Physical disability
 3. Sensory deficits
 4. Cognitive difficulties – general
 5. Cognitive – executive
 6. Communication difficulties
 7. Behavioural difficulties
 8. Emotional difficulties
 9. Vocational adjustment
 10. Leisure/social difficulties
 10. Personal adjustment
 12. Family adjustment
 - 13/14. Videotape examples
 15. Brain injury services



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Cognitive rehabilitation group

(10 x weekly 2 hr. sessions)

- To educate clients about their cognitive difficulties and how to manage them:
 - attention, memory, executive skills,
- To provide a supportive environment for clients to:
 - share coping strategies
 - practice and improve group communication skills
- To highlight individual rehabilitation and long-term support needs



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Communication group

(6 x weekly 2 hr. sessions)

- To increase clients knowledge about their communication difficulties – sessions on:
 - general communication, communication difficulties, social skills and group interaction
- To provide a supportive environment in which clients can develop new skills and strategies
- To facilitate transference of new skills and strategies to identified areas outside the group



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Leisure group

(5 x 1.5 hr. weekly sessions)

- To enable clients to recognise the benefits of participation in leisure.
- To facilitate clients in exploring local leisure opportunities, appropriate to individual needs.
 - e.g. identifying new interests, planning activities, overcoming obstacles etc.
- To identify leisure opportunities that clients can pursue actively on completion of the group
 - individual sessions / volunteering opportunities



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Personal issues group

(12 x 1.5 hr. weekly sessions)

- To provide opportunity for group members to express their feelings, frustrations and worries about brain injury and its effects
 - on themselves and/or their family and friends.
- To facilitate and support group members in understanding and coping with behavioural and emotional changes after brain injury.
 - some set topics, others generated by members



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Woodwork group

(Weekly 2.5 hr. workshop sessions)

- To use practical, functional tasks to assess and promote recovery of physical / cognitive function.
- To provide a safe and supportive environment in which clients can:
 - develop existing skills and have the opportunity to learn a new skill.
 - feel sense of achievement on completion of a project, helping to rebuild confidence



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Supported return to work

- Development of skills/behaviour necessary for work
- Work-related routines (time-keeping, travel etc.)
- Build up attention, work tolerance and stamina
- Extend coping strategies for the workplace
- Work on material relevant to or drawn from work
- Explicit advice to person/family + GP (& Occ. Health)
- + Liaison - employer, Disability Employment Adviser (& Occupational Health) - about workplace support
- Development of joint return to work plan

(IAAGVRBI, 2004)



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Long-term neuropsychotherapy

- Reviewing past life history, plans and aspirations
- Clarifying nature of brain injury and its effects
- Explaining process of recovery and adjustment
- Evaluating changes in self, life and relationships

- Revising expectations and short-term plans
- Reconciling self concept pre- and post-injury
- Re-constructing 'new' self and life plan
- Implementing plan and rebuilding relationships



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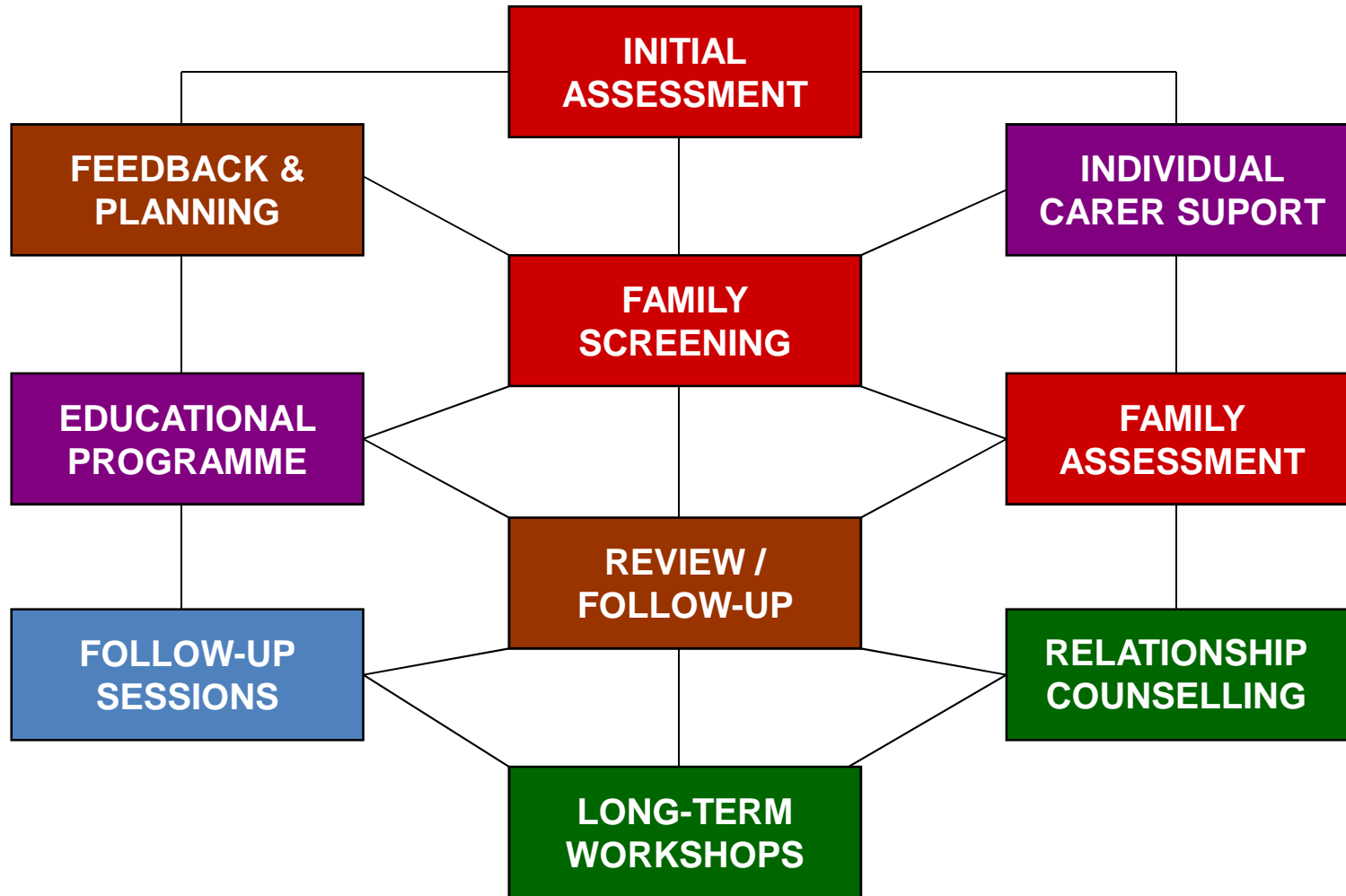


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CHIS Family Services - Aims

- To increase awareness and understanding of the nature and effects of brain injury.
- To provide information and advice about the management of brain injury.
- To facilitate and promote positive coping and adjustment for family and friends.

CHIS: Working with Families





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Relatives' brain injury education programme (12X2 hrs.– monthly)

- To increase awareness and understanding of nature and effects of brain injury:
 1. Brain function/ injury
 2. Physical disability
 3. Sensory deficits
 4. Cognitive difficulties – general
 5. Cognitive – executive
 6. Communication difficulties
 7. Behavioural difficulties
 8. Emotional difficulties
 9. Vocational/social effects
 10. Personal adjustment
 11. Family adjustment
 12. Brain injury services



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CHIS Relatives' Annual Follow-up Workshops

Long-term issues e.g. :

- Role change & dependency
- Living independently
- Balancing family needs
- Taking risks vs. playing safe
- Social isolation
- Changes in family relationships
- Sexual relationships
- The long-term future



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Carer / Relationship Counselling

- Individual primary carer (parent/partner)
- Other family members (e.g. siblings/children)
- New boy/girl- friends

- Parents on their own
- Person and parents (? and siblings)

- Couple counselling
- Sexual counselling



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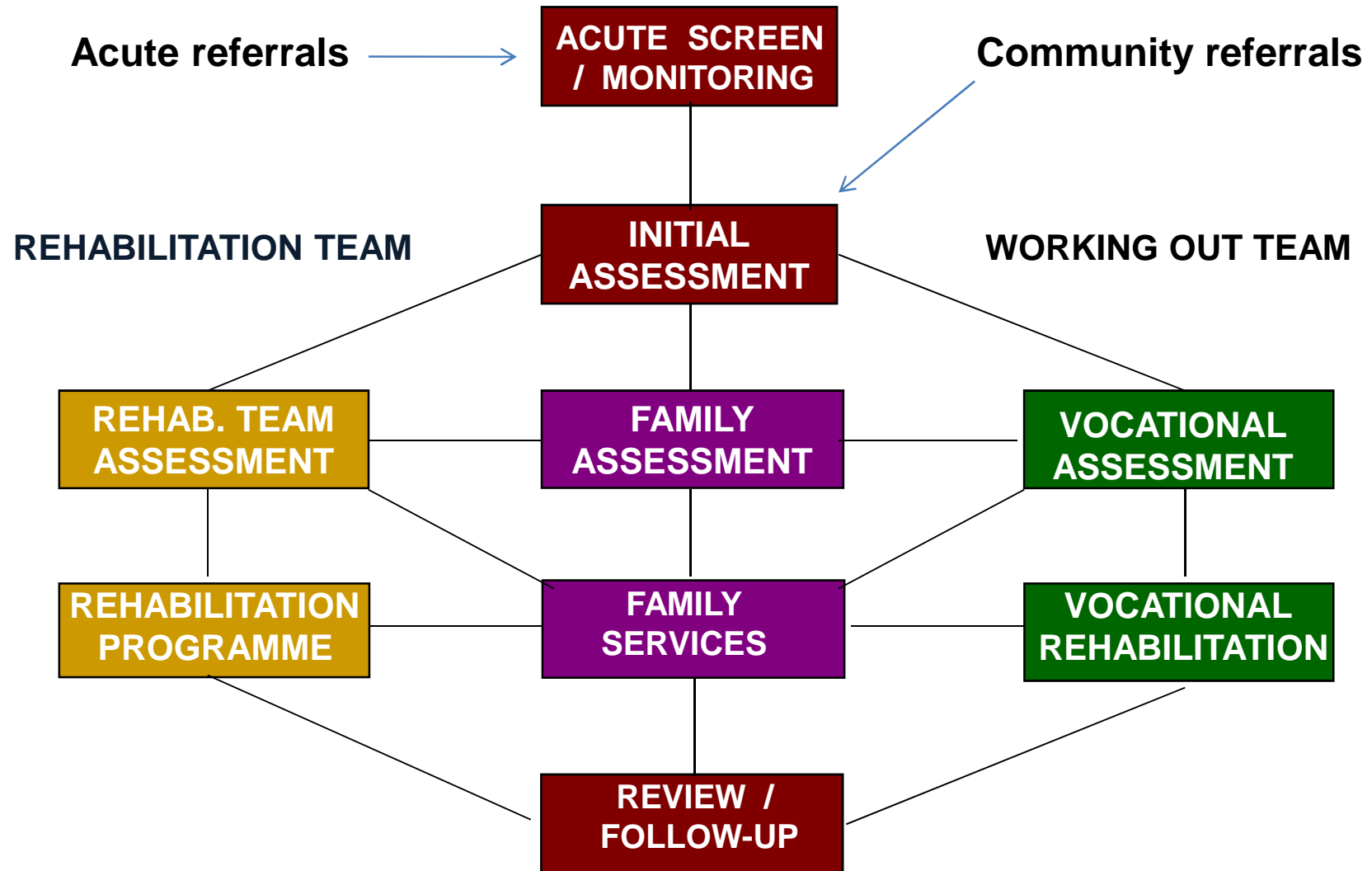
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Family Assessment Options

- Family Screening Assessment
- Family Background Questionnaire
- Family Impact Questionnaire
- Aylesbury Family Roles Questionnaire II
- Head Injury Family Semantic Differential II
- Family Assessment Device (parents) OR
- Golombok Rust Inventory of Marital State, and
- Personal Assessment of Intimacy in Relationships

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CHIS – further information:

Tyerman A & King NS (eds.) (2008).

Psychological approaches to rehabilitation after traumatic brain Injury: Oxford: BPS Blackwell.

4. Community rehabilitation (Tyerman A & King NS)
13. Facilitating psychological adjustment (Tyerman A)
15. Vocational rehabilitation programmes (Tyerman A, Tyerman R & Viney P)
18. Working with families: a community service example (Tyerman A & Barton S)