

EVENT

15th NSW Brain Injury Rehabilitation Program Forum

Abstracts

13-15 November 2019



AGENCY FOR
**CLINICAL
INNOVATION**

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Session 1: Plenary addresses

Dr Anne Woodhouse

Brain injury meets doctor: 10 years on and still learning

A brain injury is the penultimate view of the mind-body connection. Because the brain is so complex, every brain injury must be understood and treated individually. Navigating the multidisciplinary pathways to recovery can be overwhelming for consumers and their families and frustrating and disjointed for clinicians. Recovering from a brain injury is not just recovering from the physical damage – equally important is negotiating the psychological impacts of a brain injury, no matter what part of the brain is injured. As a researcher with a PhD in Medicine, I never expected to be on the receiving end in the brain injury world – most consumers don't expect to be there! This presentation outlines the things that I discovered about the journey of rehabilitation and recovery following a traumatic brain injury. I will outline the things that I feel are important to understand and implement to achieve the best outcome possible. Someone who knows the medical environment very well as a provider, was thrown into it as a consumer and this presentation offers a unique opportunity to get deeper understanding of both viewpoints and improve education, information and processes on both sides. It will outline the importance of consumers having rapport and engaging with their team, accessing resources, feeling that their needs are heard and working with their team to develop realistic, meaningful plans and goals. It will also suggest ways that teams can work more effectively with the very diverse group of consumers that enter this world and address some of the practicalities barriers that can make an effective recovery a more difficult journey.

Dale Forbes and Anne Darton

Shared value of consumer engagement: how we have applied this in the NSW Burn Service

The National Safety and Quality Health Service Standards provide a national mandate for health services to engage meaningfully with consumers. The first two of the eight National Safety and Quality Health Service Standards, 'clinical governance' and 'partnering with consumers', are stated as setting the overarching system requirements for the effective implementation of the remaining six standards. The ACI Statewide Burn Injury Service has embedded consumer participation in its burn service using a number of strategies. These are based on the principles of equal partnership, openness, respect, empathy and designing together. Key initiatives include the SHARE (Sharing, Hope, Acceptance, Resilience and Experience) Peer Support Program, Patient Reported Experience Measures (PREMs) project and the Beyond Burns Online Hub Project. Consumer engagement provides an empathetic and respectful framework that brings together professional knowledge and best practice evidence with lived experience to design, implement and evaluate improvements, activities, products and services.

Examples of consumer engagement projects and programs through all the above stages will be illustrated.

Session 4: Plenary addresses

Naomi Deck

Identifying the true ‘consumer’ in partnerships

In this new era of ‘client directed care’, an opportunity has been created for the individual living with a severe traumatic brain injury (STBI) to partner with health professionals to make this now a lived reality. This model in theory can improve the outcomes for the individual living with a STBI, however it has become apparent that a challenge remains for professionals to deliver this. An opportunity is now available for clinicians and providers to work collaboratively with each other and the client cohort to make tangible differences.

Each member of the care delivery team can assist in creating a treatment plan that allows the individual living with a STBI to have more choice and flexibility in care and rehabilitation delivered. Focusing now on the priorities and reablement goals as determined by the individual, which can be supported and guided by the clinicians experience. Recognition of existing partnerships of both the individual and health professional can strengthen the development of a treatment plan that supports their goals and life.

Individuals living with STBI generally come into this new stage of life through crisis and trauma, which takes the skill and expertise of a health professional to assist in negotiating the path forward. Identifying and promoting consumer outcomes is possible through the development of respectful and balanced partnerships as led by the individual’s goals.

Nick Rushworth

Bringing to light: an Australian-first study into domestic and family violence and brain injury

In 2017, the Victorian Government commissioned a consortium led by Brain Injury Australia – comprising Monash University, Domestic Violence Victoria, No to Violence and the Centre for Excellence in Child and Family Welfare – to implement Recommendation 171 of the Victorian Royal Commission Into Family Violence; ‘The Victorian Government fund research into the prevalence of acquired brain injury among family violence victims and perpetrators.’

Completed in six months, the research included quantitative analysis of Victorian hospital data over a decade, interviews with 26 family violence practitioners and a systematic review of the international literature.

Brain Injury Australia’s report - launched last May by 2015’s Australian of the Year, Rosie Batty, in front of 250 people at Melbourne Town Hall - recommends: the development and distribution of information resources on brain injury; the addition of screening questions for brain injury in family violence risk assessments; the mapping, or development of, services and supports for both victim-survivors of family violence with a brain injury as well as those at increased risk of perpetrating family violence as a result of their brain injury; and the piloting of integrated brain injury and family violence services.

This presentation will both share the findings from Brain Injury Australia's, and related, research as well as propose implications for policy and service delivery. Examples of consumer engagement projects and programs through all the above stages will be illustrated.

Session 2: Concurrent sessions

Stream 1: Service initiatives promoting outcomes (part 1)

Keeping babies safe: brain injury, child protection and inflicted injuries

Team and presenters

- **Harriet Ferguson**, HNEKidsRehab, Hunter New England Local Health District
- **Barbara Church**, Raymond Terrace Family and Community Services

Paediatric Brain Injury Social Worker and FACS Case Worker will co-present a case study to investigate the importance of inter-agency collaboration when working with babies and young children with an inflicted brain injury.

We know that children who have this complex presentation are more likely to have negative health and rehabilitation outcomes. A co-ordinated service between agencies with a strong psycho-social component gives visibility and attention to risk factors as they arise.

This presentation will utilise a case study to explore the journey of a family over 12 months following the infliction of a significant brain injury.

Are Talking Mats a useful tool for people with acquired brain injury undertaking community-based rehabilitation? A Clinical Improvement Project

Team and presenters

- **Meredith Porter**, Mid Western Brain Injury Rehabilitation Program
- **Angela Vass**, Mid Western Brain Injury Rehabilitation Program

The Mid-Western Brain Injury Rehabilitation Program (MWBIRP) provides specialist rehabilitation coordination and intervention to adults and children with acquired brain injury (ABI) living in central west NSW. Staff members provide assessment and intervention within their discipline (e.g. speech pathology, occupational therapy), but also provide multidisciplinary rehabilitation coordination services, including initial assessments and goal setting and review. MWBIRP staff aim to use person-centred practices in goal setting, planning intervention priorities and processes.

People with ABI face a number of challenges in goal setting, including, cognitive impairments, complex communication needs, and frequently have limited pre-morbid goal setting experience. Health and disability services face the challenge of respecting the client as the expert in their own care needs.

Talking Mats™ is a visual communication tool developed in the UK to support choice making and communication in people with complex communication needs. After attending Talking Mats™ Foundation training in Sydney in August 2017, the authors anticipated a project in which the usefulness of Talking Mats™ in goal setting with new MWBIRP clients would be evaluated with a small study.

A formal method of evaluation was developed, and piloted, however it was immediately evident that the study design was unwieldy and excessively burdensome for clients, given the prevalence of cognitive fatigue in the ABI population. The project was put on hold, pending redesign.

In the interim, the speech pathologists continued to use Talking Mats™ as a clinical tool for a variety of clinical purposes, and with a range of clients. Those clients' files were reviewed, and learnings presented as a case series.

Stepping out with day rehab: collecting data and saving beds while improving family outcomes

Team and presenters

- **Pene Ingle**, Sydney Children's Hospital, Randwick
- **Linda Nelson**, Sydney Children's Hospital, Randwick

Sydney Children's Hospital were fortunate to receive an increase in funding to enable a Day Rehabilitation Program to be established. This program has now been running for two years.

Day Rehabilitation enables children to receive intensive rehabilitation while being able to return home at night or alternate accommodation onsite. It is designed to provide therapy to meet specific patient goals and allows a step-down program for children transitioning from prolonged inpatient care, and a **step-up** program for those children across the rehab service in the community requiring intensive therapy blocks.

The data collected is able to:

- clearly indicate the demographics of children utilising the day rehab program (age, gender, housing)
- demonstrate the amount and type of therapy received
- highlight the benefits of a day rehabilitation program in terms of inpatient bed days saved and financial benefits
- showcase the involvement of the multidisciplinary team and clearly show which disciplines are involved with these patients
- clearly indicate that a day rehabilitation program can make improvements to outcome measures (WeeFIM and COPM).

Self-identity after brain injury: a 'flying by the seat of your pants' approach to group work

Team and presenters

- **Rebekah Reurich**, Illawarra Brain Injury Service
- **Jason Cusack**, Illawarra Brain Injury Service

The establishment of self-identity is a crucial task of human development. While most people experience life events that impact on their perceived sense of self, an acquired brain injury (ABI)

has the capacity to deeply and profoundly shake a person's fundamental perceptions of self. Redeveloping the sense of self within newly and often ambiguous parameters is a central, albeit often under-recognised task of effective brain injury rehabilitation.

The concept of self-identity after brain injury has received growing attention in recent years, engaging both neuroscientific theories alongside traditional social and psychological therapies. Transferring academic conceptualisations of self-identity to the therapy setting can however present as a daunting task for many clinicians.

This presentation discusses a novel approach to engaging clients in group work to facilitate the exploration of self-identity following an ABI. A non-didactic approach has been taken, with the goal of tapping into the 'shared' experiences of participants. Group content subsequently being directly relevant to the collective group, rather than pre-set therapist driven criterion. This approach allows therapists to apply empirically validated techniques as they present from clients, hence appealing to the capacity to directly and deliberately meet client needs.

Groups included individuals with acquired brain injuries who were invited to consider the central themes of 'awareness, meaning making and coping strategies' adapted from the work of Ownsworth in 2014. The experience of running this group will be discussed with reflections on 'flying by the seat of your pants', the challenges of relying on active group member participation and the fluid benefits of engaging with others with similar lived experiences. While we are not purporting that this method is suitable for all groups, it may offer clinicians who are time poor and struggling to meet service demands, an alternative approach to traditional pedagogic models of group work.

Stream 2: Working to make life transitions effective

Outcomes of a goal-focused pilot transition program for young people with acquired brain injury

Presenter

- Tracey Williams, Kids Rehab, The Children's Hospital at Westmead

Team

- T Williams, K Bau and K Larven

Background

Transition from adolescence into adulthood is a complex and gradual process. Young people with an acquired brain injury (ABI) face further challenges with limited social, academic and employment experiences and opportunities. A program was piloted for a group of young people with ABI to work on specific goal-directed activities focusing on independent living skills. The aim was to assess for positive change in performance and confidence post-program.

Method

Six young people with an ABI (four female; mean age = 18.4 years) accepted the invitation to attend the program. The Canadian Occupational Performance Measure (COPM) was completed for all participants 1-2 weeks prior to the program, and 5-6 weeks post by the same occupational therapist. Activities were structured around the COPM goals (e.g. meal preparation, catching public transport, social skills, financial management and independent decision making). Telephone

surveys investigating the participants' experience with the program and perceived long-term change in their goal-based activities were completed four months post by an independent clinician.

Results

COPM results show five out of the six participants had a clinically significant improvement in both the performance and satisfaction scores. Survey respondents (N = 5) reported a similar level of physical, social and emotional support as other previously attended camps, but differences in the program activities, highlighting the focus on 'adult-based challenges'. Results indicated that 18 out of 24 goals across respondents had been attempted again since returning home, with long-term positive change reported in 15 of these 24 goals. All respondents reported a perceived improvement in their general confidence to try new skills or tasks.

Conclusion

This pilot indicates potential for sustained perceived positive change in skill acquisition and confidence following a short, but intensive and goal-focused independent living skills program.

NDIS and brain injury: three year experience of a specialist inpatient rehabilitation program

Presenter

- **Joe Gurka**, Westmead Brain Injury Rehabilitation Service

Team

- **J Gurka, MS Quezada and L O'Reilly**

The National Disability Insurance Scheme (NDIS) was introduced in the Western Sydney region in July 2016. Since the introduction of the scheme, the inpatient program of the Westmead Brain Injury Rehabilitation Service has submitted 23 applications to the National Disability Insurance Agency on behalf of inpatients who have come through its program. 15 patients (65%) required access to their NDIS package in order to be discharged from hospital. This presentation will summarise the journey of these applications and the impact on outcomes for the patients in relation to their length of stay in hospital, discharge destination and extent to which care needs were met. Factors contributing to delayed discharge and challenges encountered working with NDIS will be examined. Suggestions for improving connections with the NDIS, based on our experience, will be shared.

The power of peers: support *for* carers, *by* carers

Team and presenters

- **Sonya Green**, Synapse – Australia's Brain Injury Organisation
- **Lauren Bannerman**, Synapse – Australia's Brain Injury Organisation

The fluid nature of brain injury and its impact across levels of cognition and executive functioning mean carers experience significant stress, which can lead to poorer personal, social, economic and health outcomes for both the carer and their loved one. Family are expected to provide significant emotional, social, financial and daily living support; often in the absence of adequate professional support.

Studies consistently show that carers of individuals with brain injury experience increased mental health issues, social isolation and disrupted employment, yet there is inadequate long-term support for carers to increase resilience and ensure sustainable informal care provision.

SynapseCarers works with carers, individuals with brain injury, health professionals and service providers to invest in carers by providing information, education and capacity-building to stabilise caring relationships and improve the outcomes for both the carer and their loved one.

One important aspect of the program is the family liaison officer (FLO) role. The FLO role is filled by a carer or an individual with brain injury, ensuring that lived experience of brain injury actively shapes the provision of information and support to carers, who then provide informal but informed support to their loved one. The FLO role is designed to assist carers through the challenging transition from hospital to home. The FLO can create meaningful connections with carers based on shared lived experience and continuity of care through the transition. In addition, the FLO role bridges the gap between the state health system and the federal disability or aged care systems to alleviate pressures on all three of these busy systems.

We will share some successes and the early qualitative findings from our first FLO role.

Opsoclonus myoclonus: a case study

Team and presenters

- **Vicki McKinnon**, HNEKids Rehab- Paediatric Brain Injury Rehabilitation Team (PBIRT)
- **Amy Shaw**, HNEKids Rehab- Paediatric Brain Injury Rehabilitation Team (PBIRT)

Opsoclonus myoclonus syndrome (OMS) is a rare neurological condition. OMS aetiology is not completely known however the syndrome is associated with neuroblastomas, or post viral infection. OMS generally presents in children between the ages of 1 and 4 years and can be confused with acute cerebellar ataxia if opsoclonus symptoms are not yet present.

This case study follows a child and his family's journey from being a typically developing 18 month old child, to becoming unwell and not even being able to rollover. I will describe the family's experience of the inpatient hospital system and then their transition to the Paediatric Brain Injury Rehabilitation team.

Points of interest are the time delay before diagnosis; advocacy for further neurologist review; the child's goal orientated therapy.

Accompanying the presentation will be a video journal of the child's skills as he progresses through his illness.

Stream 3: Partnering for better outcomes (part 1)

Vocational participation across the NSW Brain Injury Rehabilitation Program

Presenter

- **Grahame Simpson**, Brain Injury Rehabilitation Research Group

Team

- **G Simpson, P McRae, W Xuan and M Daher**

Return to work is one of the most important outcome parameters targeted by rehabilitation services after traumatic brain injury. Little has been known about employment outcomes for clients within

the NSW Brain Injury Rehabilitation Program, and to what extent there might be variations in vocational participation across the centres of the NSW program.

Data on demographic, injury and vocational variables were collected from 12 centres at two time points (2012, 2015) and aggregated. For the current analysis, clients who sustained (i) an injury before the age of 18 years, (ii) a non-traumatic injury, or (iii) a mild to moderate injury (post traumatic amnesia [PTA] less than one day) were not included. Descriptive statistics were generated and data were analysed using chi-square and logistic regression.

A total of 928 clients were included in the analysis. Overall 48% had severe (1-7 days PTA) or very severe (8-28 days PTA) injuries, with 52% having extremely severe injuries (greater than 28 days PTA). Three non-metropolitan centres had lower proportions of clients with extremely severe injuries than Westmead, which was used as the reference point for the statewide analyses.

Within the combined sample, 357 had ever worked post-injury (39%) and there was no difference in this rate across the 12 centres ($p=0.80$; 65% return to pre-injury employment; 35% new employment). Turning to people employed at the time of the study, the rate was 28.7% (267/359) and there was no significant difference in this rate across centres. Work stability was significantly higher among people returning to pre-injury employment (80.6%, 187/232) versus new employment (64%, 80/125). There was a program-wide improvement in work stability from 2012 (70.5%, 172/244) to 2015 (82.6%, 95/115) and this change was statistically significant ($p<.014$).

Vocational participation is a key outcome for people with severe TBI and the current study provides important data about the current state of employment within the NSW Brain Injury Rehabilitation Program as well as a baseline against which to chart future improvements.

Hospital + school: Concussion partnerships

Team and presenters

- **Vicki Evans**, Royal North Shore Hospital, Northern Sydney Local Health District
- **Leanne Neal**, St Ignatius College, Riverview

Concussion has gained momentum in the media in the last few years mainly due to the issues surrounding chronic traumatic encephalopathy (CTE) and the NFL in the USA. However, CTE is rare, but headaches, memory loss, tinnitus, neck pain and visual disturbances are common and it is now recognised that in the last decade the incidence of concussion has increased markedly, particularly in adolescents across all countries. Adolescent brains are still developing and timely recognition and management of concussion is needed in the school setting. The relationship that this age group has with contact sport must be encouraged as well as scrutinised with caution.

Building relationships with local schools allows the healthcare team to educate school nurses, teachers, coaches, parents and students about the importance of concussion recognition and management as well as preventative measures, first aid management, referral and review options. A hospital isn't just a static building. It is a place where clinicians meet and also a collaborative and outgoing service to the community. It is a great opportunity for hospital based clinicians to work with schools and school nurses, giving them the skills to identify and manage concussion in their setting. Knowing what to look for, and when to refer on, is the basis of optimal care and best outcome.

Bridging the gap: Facilitating transition of adolescents with acquired brain injury to adult services

Presenter

- **Jasmine Xavier**, Illawarra Brain Injury Service

Introduction

The transition between paediatric and adult care for adolescents with disability is challenging, and often poorly managed. In 2014, only three clients transitioned to the adult team from the paediatric service. Consultations with carers and clinicians found that clients who did not engage in a transition process succumbed to poorer outcomes such as unemployment or limited employment choices and access to vocational training, poor self-esteem and self-confidence, lacking in self-care abilities, financial issues, drug, alcohol and gambling addictions, crime involvement, and mental health issues.

Objective

For all paediatric clients with moderate-to-severe brain injury requiring transition to adult services to have a transition plan in place within nine months.

Method

Consultations were undertaken with families. Current practice was examined and barriers to achieving successful transition for the young person were identified. Strategies to overcome these barriers and the transition process was amended to better facilitate this transition. The meeting format was more flexible to accommodate individual needs, a resource pack was developed, and the HEEADSSS assessment tool was used to assist with identifying rehabilitation goals, which were incorporated into formalised guidelines. Staff were provided with training to work effectively with adolescents.

Results

Following the development of guidelines, all eligible clients commenced the transition process. Clients attended at least one meeting which included explanation of the transition process, an information pack, and HEEADSSS assessment was undertaken. Goals were identified and an individual transition plan was developed. Clients were observed to exhibit greater confidence and developed increased responsibility for their rehabilitation. Adult team members developed more awareness of issues associated with adolescence and increased collaboration between paediatric and adult teams occurred.

Conclusion

A transition process that incorporates the unique needs of adolescents with brain injury has increased retention of paediatric clients as they transition to adult services, and successful transitions have occurred.

Partnering in play

Presenter

- **Adrienne Thorne**, Kids Rehab The Children's Hospital at Westmead

Background

Pretend play is a meaningful, child-centred occupation in which participation by children is evident across all cultures. Play is the primary way children interact with their social and physical environments. It is the foundation of development of complex thinking and social skills. Understanding play and the deficits in play of preschool aged children with an ABI is essential when partnering with families in rehabilitation through to preschool and school re-integration.

Method

The Child Initiated Pretend Play Assessment was used to assess the play skills of 21 preschool age children with an ABI and 22 neuro-typical children.

Results

The results produced both qualitative and quantitative data, providing insight into the play profile of children with an ABI, and suggesting a statistically significant difference in the play ability of children with and ABI in comparison to their neuro-typical peers.

Discussion

The results and implications of the study will be discussed in detail.

Stream 4: Connecting the evidence

Hunter Brain Injury Service (HBIS) Balance and Mobility Group: Increasing therapy dosage in brain injury rehabilitation clients

Team and presenters

- **Rebecca Ormerod**, Hunter Brain Injury Service – HNELHD
- **Alana Stoeger**, Hunter Brain Injury Service – HNELHD

Ongoing brain injury rehabilitation research shows a direct correlation between increased dosage of therapy and improved client outcomes. Group based therapy has been identified as an appropriate way of increasing dosage of therapy and increasing intensity of practice. There is also evidence that shows that group based therapy can help to improve communication skills and provide opportunities for socialisation. Clients have reported that group based therapy has been a valuable way of building connections with other people in similar situations and recognising that "I am not alone".

An audit of group based therapy at the HBIS in 2016 identified that the number and frequency of therapy groups was below standard for a rehabilitation service. In light of emerging evidence that strongly supports group based therapy for people with acquired brain injury, the introduction of a "Balance and Mobility Group" was proposed whereby clients would complete a targeted balance exercise circuit two times per week for one hour over a 12-week period. The aims of Balance and Mobility Group were to improve quality and efficiency of functional mobility, optimise static and dynamic balance, improve coordination and prevent falls. The implementation of Balance and Mobility Group has increased the amount of practice completed by clients at the HBIS and has subsequently resulted in improved gait speed, improved static and dynamic balance and

decreased falls. In addition, clients who have participated in Balance and Mobility Group have demonstrated improvements in social communication skills and improvements in overall mood.

The successful implementation of the Balance and Mobility Group project inspired the HBIS to explore the introduction of other group based therapies including memory group, communication group and consumer engagement group, as part of ongoing quality improvement. The utilisation of groups at the HBIS will continue to ensure clients are maximising therapeutic gains and reaching their goals.

Physical outcomes for people admitted to an adult Brain Injury Rehabilitation Unit: a cohort study

Presenter

- **Siobhan Wong**, Liverpool Brain Injury Rehabilitation Unit, South Western Sydney Local Health District; Institute for Musculoskeletal Health, The University of Sydney

Team

- **S Wong, L Hassett, J Liu, G Simpson, A Hodgkinson and C Sherrington**

Background and objectives

Few studies report on physical outcomes after traumatic brain injury (TBI) and even less during inpatient rehabilitation. This study aimed to report on the physical outcomes and physiotherapy interventions delivered during inpatient rehabilitation for adults sustaining TBI.

Methods

A cohort study using prospectively collected clinical data of consecutive admissions to the Liverpool Brain Injury Rehabilitation Unit between 1 July 2000 and 30 June 2013. Data on demographics, injury details and physiotherapy outcomes were extracted.

Results

There were 757 admissions over the 13 year period of which 690 (91%) were TBI. Demographic information was consistent with usual TBI presentation (80% male; average age 36 (SD15); 56% motor vehicle related; 53% ≥ 1 orthopaedic injury). Median length of stay was 52 days (IQR 28 to 129) and >70% had a posttraumatic amnesia duration of >28 days. On admission, a minority of patients could stand up (27%), walk independently (26%), climb stairs (37%) or run (6%) and 45% recorded upper limb dysfunction. Gait (82%) and standing balance retraining (80%) were the most common interventions addressing function and 74% received additional therapy through a circuit class group. On discharge, performance on all functional tasks had improved with 70% of patients able to walk ≥ 1 m/s, the speed for community ambulation. Most patients (90%) were referred for physiotherapy on discharge.

Conclusions

Patients who sustain a TBI present with significant physical limitations which have shown to improve during inpatient rehabilitation. This study has also highlighted the need for ongoing physiotherapy in long term management.

How are we doing? Post-traumatic amnesia assessment after traumatic brain injury: findings from an audit of practice in the Liverpool Brain Injury Rehabilitation Unit and implications for closing evidence-practice gaps

Presenter

- **Grahame Simpson**, Brain Injury rehabilitation Research Group

Team

- **A Cassel, R Tate, B Strettles, A Hodgkinson, P Bragge, and G Simpson**

Background

Duration of post-traumatic amnesia (PTA) is one of the best predictors of TBI severity and long-term functional outcome. Accurate assessment of PTA and its duration is necessary to understand prognosis but also determine service provision and optimise costs of healthcare. International cognitive rehabilitation (INCOG) PTA best practice guidelines exist, which detail four recommendations covering: 1 PTA assessment; 2 delirium assessment; 3 management strategies; and 4 neuroleptic medication use. However, little is known about the extent to which these recommendations are implemented in practice. The aim of the current study was to audit PTA assessment practice at the Liverpool Brain Injury Rehabilitation Unit (LBIRU) and compare practice to those recommendations detailed in the guideline.

Methods

The medical records of consecutive admissions to the LBIRU were reviewed over an 11-month period using a purpose-designed audit tool drawn from the INCOG evidence-based recommendations. The current study audited aspects of PTA assessment covering the first INCOG recommendation, namely that testing is done using a validated PTA assessment tool on a daily basis until resolution of PTA.

Results

Thirty-one patients admitted to the LBIRU were eligible for PTA testing based on the recommendations. All received prospective PTA assessment in the LBIRU using a validated tool. In the majority (80%) of cases, testing had started on acute wards across various Sydney and interstate hospitals prior to patient's admission to the LBIRU. Overall, the audit found that testing was not done daily in more than 50% of cases. In almost half the cases there was non-adherence to the emergence criterion recommended in the INCOG guideline: in 90% of instances this was due to over-testing in which assessment continued after PTA resolution. This was twice as likely to occur on acute wards compared to LBIRU and the degree of unnecessary testing was additionally greater (7% of all testing days vs. 0.7% respectively).

Conclusions

These findings identify barriers to best practice (the where, what, and how) in clinical services as well as what facilitates adherence to the recommendations. This will help inform implementation interventions with the view to reduce incidents of over-testing and improve consistency in PTA assessment practice after TBI across the NSW Health service and interstate. There is additional potential to reduce resource costs incurred by unnecessary assessment of PTA beyond its resolution, which will have economic impacts for healthcare teams.

Session 3: Concurrent sessions

Stream 1: Service initiatives promoting outcomes (part 2)

More than just a multidisciplinary plan

Presenter

- **Catherine O'Sullivan**, Sydney Children's Hospital Randwick

In 2014 NSW Health released the *Care type policy for acute, sub-acute and non-acute admitted patient care (pd2014_010)* stating that rehabilitation is always:

'Evidenced by an individualised multidisciplinary management plan, which is documented in the patient's medical record that includes negotiated goals within specified timeframes and formal assessment of function.'

The policy further states 'a multidisciplinary management plan comprises a series of documented and agreed initiatives or treatments (specifying program goals, actions and timeframes) which have been established through multidisciplinary consultation and consultation with the patient and carers.'

This policy led the Brain Injury Team at Sydney Children's Hospital to undertake a project to develop a multidisciplinary management plan. However the resultant changes have been much more than that.

The project was undertaken as part of the Clinical Practice Improvement Program through the Clinical Excellence Commission.

A multidisciplinary management plan is now completed for every patient sub-acute type changed to rehabilitation at Sydney Children's Hospital. The implementation of this plan has changed many aspects of the team with a hope of being patient and family focused.

The use of the plan has demonstrated clinically significant differences in scores for many patients indicating significant increase in performance and satisfaction related to identified occupational performance issues.

The team hopes to further audit the compliance and completion rates of the multidisciplinary management plan and further consult families about their experiences.

Utilisation of the Brannagan executive functions assessment in increasing self-awareness in relation to the goal of return to work in individuals post traumatic brain injury

Presenter

- **Fiona Mason**, Flinders University; Royal Rehab

Objectives

To explore perceptions regarding the utility of the Brannagan executive functions assessment (BEFA) for self-awareness in relation to return to work (RTW); and to explore if changes in self-awareness influence individual goals.

Design

A case study design with a mixed methods approach.

Setting

Public community-based traumatic brain injury (TBI) rehabilitation service in Sydney, Australia.

Subjects

A total of 2-3 individuals with moderate to severe TBI, 2-3 significant others of the TBI individual and 1 occupational therapist.

Methods

The BEFA was completed with a two different tasks related to the participant's RTW. These tasks were chosen either from the BEFA or developed by the therapist in conjunction with the TBI participant. Structured interviews were completed post tool with each TBI participant and treating therapist to explore perceptions regarding the utility of the BEFA for self-awareness in relation to return to work.

Main measures

The primary outcomes were self-awareness, as measured on the Self Awareness Deficits Interview and Awareness Questionnaire ; and changes in goal setting performance and/or satisfaction as measured on the Canadian Occupational Performance Measure (COPM). Mood was included as a secondary measure.

Results

Preliminary findings in two participants displayed a 2 and 9 point increase versus a 2 and 39 point increase in significant others post tool in Awareness Questionnaire scores. A 6-point reduction and no change in each participant was displayed on the Self Awareness Deficits Interview. There was a 0.5 and 2.7 average increase in performance on the COPM, and a 4.5 and 0.5 average improvement in satisfaction. There was a reduction in emotional distress post tool. Qualitative analysis was yet to be completed at time of writing.

Conclusions

Preliminary findings suggest that the BEFA may assist in improving self-awareness in relation to return to work in individuals post TBI.

“It takes a village...”: An overview of paediatric inpatient rehabilitation for children and adolescents following acquired brain injury

Team and presenters

- **Julie-Anne Macey**, Kids Rehab, The Children’s Hospital Westmead
- **Anne Marie Sarandrea**, Kids Rehab, The Children’s Hospital Westmead

Family-centred and multidisciplinary team care is the backbone of paediatric inpatient rehabilitation of children and young people with an Acquired Brain Injury. This presentation describes the dynamic and unique team model of care used by the Inpatient Rehabilitation team at The Children’s Hospital Westmead in striving to achieve positive patient outcomes. Within this model of care, multilevel partnerships are established starting with the patient and their family and extending across all hospital specialty areas as well as external stakeholders to the hospital, such as Department of Education, equipment providers, funding and peak bodies, such as iCare and NDIS. Effective collaboration between the patient, parents and the team empowers the central role of the family in the decision-making process, whilst considering the child’s developmental stage and injury severity. Strong team leadership enables the connection between families, team and external providers, which requires some navigation and enhances the overall delivery of early inpatient rehabilitation. The wide range of disciplines of the Inpatient Rehab team is formed under a matrix team model to work together to meet the changing clinical and psychosocial needs of the patient and their family. Rehabilitation provided is intensive and delivered in a flexible way. The team spans across In-Reach, Subacute, and Day Rehab Programme rehabilitation settings. An illustrative case study and a selected sample of family feedback will be given. Discussion will include reflection on the strengths and challenges of this model of care. Future directions for shaping service delivery will be reviewed in light of reported family experiences.

Partnerships with parents: parent-child interaction therapy use in paediatric neuro rehabilitation

Presenter

- **Anne Marie Sarandrea**, Kids Rehab, The Children’s Hospital Westmead

The impact of childhood behavioural problems in children with ABI are far reaching and can manifest in reduced participation in rehabilitation, education, and socialisation. Parents with young children with ABI often experience significant challenges in managing behaviour. Behavioural parent training programmes that work with parents to build their skills and confidence result in positive outcomes for children with challenging behaviour in the general population as well as those with neuro developmental disorders. Parent-Child Interaction Therapy (PCIT) emphasises improving the quality of relationships and interactions between the parent and child as well as teaching management strategies. The aim of this presentation is to provide an overview of Parent-Child Interaction Therapy (PCIT) and to discuss this intervention within a paediatric neurorehabilitation setting.

Stream 5: Promoting health and wellbeing

Values identification and achievement after a severe TBI for individuals undergoing both acceptance and commitment therapy and befriending therapy

Presenter

- **Diane Whiting**, TBI Psychology and University of Wollongong

Team

- **D Whiting, G Simpson** and **F Deane**

Objectives and aims

Values identification is an important component of Acceptance and Commitment Therapy (ACT), guiding the establishment of “SMART” goals and increasing engagement in rehabilitation. This study sought to describe values identified as most important by participants with a severe TBI prior to and then following either ACT or Befriending interventions to address psychological adjustment.

Method

Sixteen individuals with a severe TBI who completed either ACT-Adjust or Befriending (8 in each group), rated their top 10 values at three-time points, pre and post intervention and one month follow up. Values were identified using the Survey of Life Principles (SLP), a 60-item card sort measure which guides participants through a process to identify their top 10 values. Each of the 10 identified values was rated for Importance and Success and discrepancy scores were calculated between importance and success.

Results

Analysis between treatment groups indicated no significant differences in perceived importance, successful achievement of values or consistency of values identified across all three treatment periods. Discrepancy analysis indicated both groups reduced their discrepancy scores pre to post intervention. Groups and time points were combined for values frequency analysis. “Maintaining the safety and security of my loves ones” from Security domain was the most frequently identified value across all three treatment periods. Values from the Relationship domain were the most frequently identified in participant’s top 10.

Conclusions

Individuals in both groups showed increased success in working towards their values. High values identification from the Relationship domain demonstrates the importance of psychosocial influences for individuals after experiencing a severe TBI. The short time frame for the assessment and follow-up may not have been sufficient to detect changes in values importance or success.

Heading back to work following brain injury: Paul's story

Team and presenters

- **Paul Barrett**, Consumer
- **Alison Andrews**, Westmead Brain Injury Rehabilitation Service
- **Janelle Gillard**, MAX Employment
- Philippa McRae, ACI

Background

Return to work (RTW) is frequently identified as a high priority following brain injury and evidence suggests that return to pre-injury employment results in the best outcomes. However, referral pathways for specialist vocational support for clients with severe and complex injuries (particularly non-compensable) is not always clear.

The Vocational Intervention Program (VIP; 2018-21) is a state-wide implementation sponsored by the icare Foundation, in which each of the Brain Injury Rehabilitation Programs (BIRPs) is partnered with local vocational providers (insurance and government funded) to streamline the referral pathways, information exchange and sharing of expertise

Case study

Paul is a 60 year old man who sustained a very severe TBI (PTA 35 days) and left clavicle fracture as a result of a fall down stairs in November 2018. Paul aimed to return to work and driving following his 3-month inpatient rehabilitation stay. He was employed as a sandblaster at the time of his injury, working full-time in a physically demanding role requiring high levels of concentration in a high risk environment.

Through the VIP, Paul was referred by his case manager at the Westmead BIRP to MAX Employment (a Disability Employment Service) in February 2019. Paul had some initial anxiety about his ability to return to a physically and cognitively demanding role. Fatigue, reduced physical tolerance, mild memory and attention changes post injury were identified as barriers.

Once plans were prepared by MAX Employment with Paul, his employer and the treating team, he resumed work in April 2019, initially at 15 hours per week. Regular reviews and upgrades occurred and Paul achieved his goal of full-time hours 6 weeks later.

Discussion

This case study highlights the positive RTW experiences and outcomes achieved for people with severe injury. Integral to this success was Paul's motivation, support of his employer, the close collaboration between Westmead BIRP and MAX Employment and the tailoring and pacing of the RTW plans to suit his individual needs.

Evaluation and feasibility of eHealth for individuals with a traumatic brain injury experiencing psychological distress: ACT-Adjust via video conferencing

Presenter

- **Diane Whiting**, Brain Injury Rehabilitation Research Group, Ingham Institute for Applied Medical Research; School of Psychology, University of Wollongong

Team

- **D Whiting, G Simpson and F Deane**

Background

Access to psychological services is problematic for people living in regional and remote NSW and this issue is compounded for individuals with a TBI as there are few psychologists trained in working with this complex client group. Psychological distress is high in individuals with a TBI and though evidence is emerging for effective treatment for psychological distress post TBI, solutions to improve accessibility are required to address the lack of services for people in regional and remote areas. eHealth technologies are available to bring together TBI trained psychologists with the person and their family/carer but the efficacy of providing therapy by this medium needs further investigation.

Aim

To outline the rationale and for a randomised equivalency trial. The trial will evaluate the implementation of an evidenced based psychological treatment (ACT-Adjust) for a TBI population delivered by eHealth to address mental health issues in clients undergoing active rehabilitation. The intervention is based on Acceptance and Commitment Therapy.

Method

A three-armed randomised controlled equivalency trial will be implemented. Participants (n=48) with a moderate to severe TBI will be recruited from regional and metropolitan NSW. Participants who meet the criteria will be randomly allocated to one of three groups, ACT-Adjust Face to Face, Act-Adjust Video consulting and a wait list control. The evidenced based ACT-Adjust program is a seven-session program, with an initial assessment (administration of measures), and two follow up sessions (a total of 10 sessions). The program is manualised and will be adapted for use by video consulting. Participants will complete measures of psychological flexibility, committed action and depression (among others) at three time points (pre, post and follow-up)

Conclusion

The Act-Adjust e-Health trial provides an exciting opportunity to bring mental health treatments to people with TBI living in regional and remote NSW.

Evidence based emotional freedom techniques (EFT/Tapping) as an innovative tool for stress reduction

Presenter

- **Carol Fear**, Mid North Coast Brain Injury Rehabilitation Service, Mid North Coast Local Health District

Significant lifestyle changes can be required following a TBI due to the potential impact on cognition, behaviour, mood, personality and physical functioning. The challenges faced by those adjusting to a TBI can result in significant stress not only for them, but for their family and care givers as well. An innovative technique known as Evidence Based Emotional Freedom Techniques (EFT / Tapping) is a simple, gentle, technique that can be learned by clients and their care givers to assist with reducing stress.

Research has found that, in majority of cases, people find it harder to deal with stress after a TBI. Coping with stress uses cognitive functions such as, recognising symptoms, identifying causes, formulating a coping strategy, maintaining control of emotions, and remembering these techniques. Becoming a care giver for someone with a brain injury can be challenging and self-care can get pushed aside. Care giver stress can increase where there are challenging neurobehavioral and mood disturbances associated with the injury, limited access to social supports, resources and services, and changes within the family structure. (Stebbins 2015, Synapse 2019)

EFT is an innovative tool which combines elements of exposure and cognitive behavioural therapy, and somatic stimulation. It is often referred to as 'psychological acupuncture'. It involves combining a cognitive acceptance statement with light tapping with two fingers on certain acupressure points on the face and upper body. It is a simple stress management or emotional regulation tool, which is self-applied. It is designed to calm the body's physiological systems to assist someone to be able to gain clarity or perspective, or just feel calmer emotionally and physically.

Although EFT is rapidly gaining scientific support with considerable research being conducted across several countries, it is still considered experimental in nature. Outcomes of the use of EFT as a novel stress reduction tool with a client and care giver will be presented.

Stream 3: Partnering for better outcomes (part 2)

SynapsePeer: reconnecting lives

Presenter

- **Megan Baker**, Synapse

SynapsePeer is an extension on the already established Reconnections peer support program, funded by the icare foundation. It is a co-designed program involving various stakeholder representatives in the advisory group which shapes the program.

SynapsePeer provides various ways for people with brain injury to engage and connect with other individuals with similar lived experience. There are group and 1:1 opportunities, online, over the phone and in person. There are volunteer mentoring roles and paid transitional support roles which meet individuals and families in hospital. All of these roles will be filled by individuals with brain injury. SynapsePeer supports individuals with brain injury to connect, share their stories, share successes and frustrations, receive information and share their own learnings.

R they OK? A collaborative approach to managing suicide risk

Presenter

- **Cassie Carswell**, Mid North Coast Brain Injury Rehabilitation Service

The Mid North Coast Brain Injury Rehabilitation Service (MNCBIRS) identified a need to examine processes around assessment and management of clients at risk of suicide. This was in response to a spike in clients reporting suicidal ideation and difficulties engaging Mental Health services.

Current research reveals that an elevated risk of suicide persists for at least 15 years after TBI (Teasdale & Engberg, 2001). Persons with severe TBI are four times more likely to attempt suicide (Simpson & Tate, 2012) and 18-25% of people with a TBI report suicidal ideation (Simpson & Tate, 2007). A review of current files to examine the collection of routine mental health background information revealed poor compliance. Only 40% of files audited included pre-injury mental health background information and 50% noted current mood status at time of interview. A survey of case managers reported 21% of clients deemed to be 'at-risk' presenting with suicidal ideation in the previous three months.

Using an Accelerated Implementation Methodological (AIM) approach with co-design principles the project team developed a protocol guiding MNCBIRS clinicians in assessing for suicide risk and to ensure the use of consistent screening processes and safety planning. The MNCBIRS team underwent refresher skills training for suicide intervention. The project simplified referral pathways to Mental Health services.

An Education Collaborative was developed to provide a sustainable, collaborative, interdisciplinary education program supporting learning between clinicians across Mental Health, Drug and Alcohol and Brain Injury services. The Collaborative provides education that is evidence based, targeting person centred care and is sustainable and cost effective.

The Collaborative provides opportunities to share expert knowledge, strengthen networks and support staff to improve worker and patient safety through specific skill development. In 2018 nineteen education sessions were delivered and the collaborative aims to deliver fortnightly sessions across 2019.

Chronic pain after TBI: a new service model and framework

Presenter

- **Regina Schultz**, Agency for Clinical Innovation

The chronic pain and brain injury project was established to develop appropriate resources and design a service model to improve pain management for people with a moderate to severe TBI). An estimated prevalence rate of 50% is often cited in the literature, however, the specific data is much more inconsistent, with reported rates varying from 12.7% to 52%. In addition, there is limited information within the existing literature to provide guidance on the most appropriate assessment tools and specific pain management resources and strategies for this population. Specialist brain injury, and pain management clinicians were consulted on their experiences with pain management; they articulated their perceived lack of confidence and described feeling under resourced to manage this issue. The PROMIS-29 has been identified as a potential screening tool for chronic pain, this will be described and how it can be used to provide a framework for the classification of pain complexity and provide direction for clinical pathways for chronic pain management. A new service model option which provides improved access to specialist pain

management services for this population will be explained. Promising preliminary results of a small pilot trial to test the model will be discussed. In addition, the framework of a suite of new clinical resources for pain management for consumers with a TBI will be previewed.

The Alcohol and Drug Cognitive Enhancement (ACE) Program: addressing cognitive impairment in the alcohol and other drug sector

Presenter

- **Jenni Johnson**, Agency for Clinical Innovation

Team

- **A Sedwell** and **S Russell**

Up to 80% of clients accessing Alcohol and other Drug (AOD) treatment have a degree of cognitive impairment particularly, diminished executive function. Executive functioning impacts on an individual's ability to plan, organise, set goals, solve problems, make effective decisions and regulate emotions. These capacities are required for individuals to facilitate positive behaviour change, which is a primary focus of AOD treatment. Despite the level of impact this issue has upon clients accessing AOD treatment, there is no comprehensive approach to guide services to manage this issue.

Method

In 2015, a sequential group, controlled trial of a 12 session Cognitive Remediation program was undertaken at We Help Ourselves Residential Rehabilitation Service. In 2016, based on the results of this trial, the project was chosen to be further developed and scaled up by the Agency for Clinical Innovation (ACI) after winning the ACI Drug and Alcohol Innovation Forum, leading to the Alcohol and drug Cognitive Enhancement (ACE) project.

Through ACI support, the ACE project has both developed and trialled a suite of tools, which includes a Brief Risk Screening Tool, Brief Executive Assessment Tool, Brief Intervention and a multi session Cognitive Remediation Program.

In 2019, a large-scale, multi-site, stepped-wedge randomised controlled trial to investigate the effects of the 12-hour Cognitive Remediation Program was completed, and a 12 week trial in ISLHD to develop and test a Clinical Pathway for these clients was completed in September 2019.

Key findings

The Cognitive Remediation program revealed a large treatment effect for improving executive functions, and treatment retention for the intervention group was significantly higher than that of the treatment-as-usual group. In addition, the Brief Screening Tool and Brief Executive Assessment Tool have been validated for use in AOD settings, and a Clinical Pathway including referral to Brain Injury Services has been developed and trialled.

Discussions and conclusions

Cognitive Impairment is a significant barrier to treatment retention and treatment completion for clients with Substance Use Issues. The ACE Package of resources will be completed and released in the coming months to support services to identify, assess and respond appropriately to this client group.

It is clear however that a significant number of these clients have acquired and TBI and require further assessment and treatment options.

There is a significant lack of resources to respond to this client group in both AOD and Brain Injury Services and a combined case for change will be prepared utilising data from the completed studies.

Stream 6: Experience of care

The Dunghutti Muri Project: Improving access to rehabilitation services for Aboriginal people with a brain injury

Presenter

- **Craig Suosaari**, Mid North Coast Brain Injury Rehabilitation Service MNCLHD

We envisaged a range of culturally appropriate strategies would improve access to MNCBIRS for Aboriginal people. A governing committee that includes local Aboriginal people and clinical experts was convened to oversee project deliverables. From November 2017 funding from the MNCLHD Research Support Grant Program has employed a Research Project Officer to manage and evaluate the project. In February 2018 a dedicated Aboriginal Health Worker commenced work with MNCBIRS using funding secured through an Agency Clinical Innovation grant. A file audit has identified general trends relating to clinical pathway and service usage. Previous and current clients of the service have been interviewed about their health experience following Brain Injury. Themes identified through the interviews highlighted numerous factors that have improved access and influenced our service delivery to Aboriginal people.

- Culturally safe and responsive services encourage Aboriginal people to access services.
- Appreciation of individual needs and goals that may be different to the typical requirements is vital and services should adapt to meet these.
- Creation of a genuinely effective partnership between Brain Injury staff and clients make people feel comfortable and assist with navigation of a complex system.

Risking the partnership: The challenge of making applications to the NSW Guardianship Board for BIRP clients

Presenters

- **Paul Whiting**, New England Brain Injury Rehabilitation Service
- **Anita Barbara**, New England Brain Injury Rehabilitation Service

Clinicians (predominantly social workers) of the NSW Brain Injury Rehabilitation Programs (BIRPs) are required to assess their clients' risk in the community and submit applications to the NSW Guardianship Board when the concern is a person does not have capacity to manage his/her own decisions/affairs. This decision-making process is complex and requires consideration of duty of care, dignity of risk and other ethical concerns. At all times, an awareness of how this process could affect the relationship with the client or their family is challenging for the clinician.

This paper will present three brief case study examples to outline the ethical and clinical reasoning that is required when making Guardianship applications for known clients. All three case examples are current clients of the New England Brain Injury Rehabilitation Service where a Guardianship application was made by the service on behalf of Hunter New England Health. The presentation will reflect upon the decision to seek Guardianship for clients and the process of informing and

working with them throughout the process. Reflections on the way this can, and does, affect therapeutic relationships with the clients will be presented.

This paper will further outline current legislation in relation to Guardianship and some informal analysis of the current themes noted from Guardianship hearings. Conclusions will discuss the need for a team approach to considering Guardianship applications and the Social Work process of maintaining a relationship with the client and their family throughout the process including accepting the determination. It is anticipated the presentation will lead to further discussion around the professional challenge of Guardianship applications for people who have sustained a brain injury.

Outcomes of care delivery involving partnerships across consumers, brain injury rehabilitation and disability accommodation services: A case study

Presenter

- **Jodie Pavett**, Lifestyle Solutions

The complexity of care needs for consumers post severe TBI resulting in severe physical and cognitive disability relies on both the specialist care team and the accommodation care team. Negotiating the Policy and procedures of the funding body; consumer and family choice, the available health services and the disability support provider system can be challenging.

Ms M is a 29 year old lady living in National Disability Insurance Scheme SIL Complex care/ High needs accommodation post TBI at age 26. Ms M shares a 5 bedroom purpose built home with 4 ladies with Developmental Disability. Ms M is currently funded through Lifetime Care and receives other health supports through a Rehabilitation team appointed by icare. Ms M has a team of nurses delivering direct care on a daily basis and accesses both the State and Private Healthcare sectors. Ms M has an appointed Guardian (a sibling) and a 6 year old son.

This paper will discuss and highlight the gap between provision and availability of supported accommodation service options for consumers post TBI; the importance of collaboration and effective communication between the care teams and the positive outcomes over the past two years by continued Rehabilitation and associated partnerships in a disability accommodation setting.