

Brain Injury Rehabilitation Unit (BIRU)

Edgware Community Hospital
Burnt Oak Broadway
Edgware HA8 0AD

Introduction

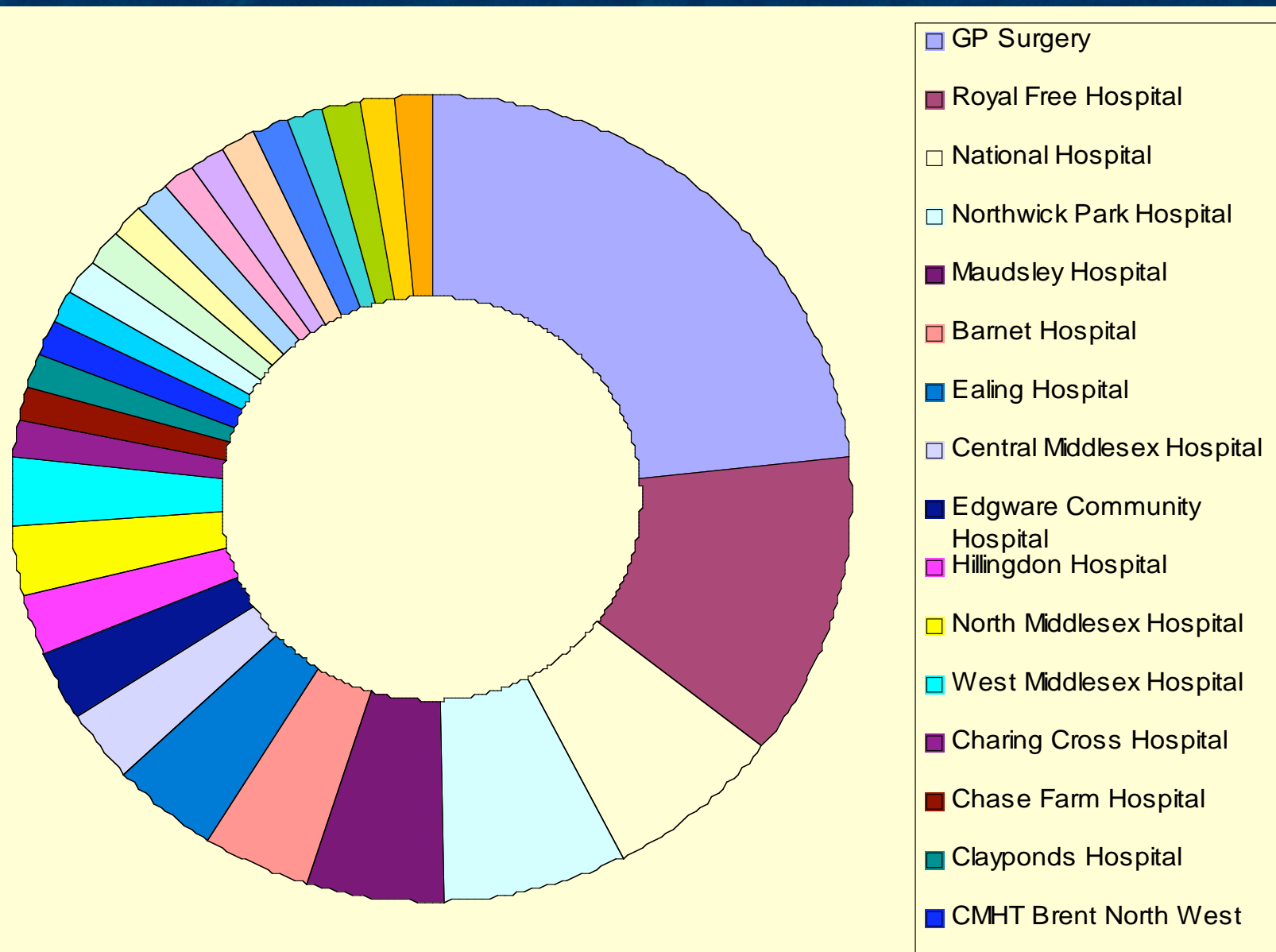
Who we see:

- Offer inpatient service for adults with moderate-severe cognitive and behavioural difficulties following ABI
- Most clients have co-morbidity e.g. drug/alcohol, mental health problems, relationship difficulties
- Those who are medically stable

Who we don't see:

- People with deteriorating neurological conditions e.g. dementia, Huntington's disease, MS
- Those with high physical dependency needs

Who refers most often? (2006/7)



The goals people want to achieve whilst at BIRU include -

- Reintegration into family life
- Return to independent living
- Return to the working environment

Barriers to these goals can include –

- Cognitive issues – e.g. difficulties with memory, executive function, concentration, initiation
- Personality or emotional changes including depression and anxiety
- Physical barriers such as fatigue or pain
- Substance abuse / alcohol dependence

General principles of rehab – to help overcome barriers – and working in partnership with client and carers

- Interventions must be tailored to the individual
- ABI population is very diverse
- Pre-injury factors such as level of education, life style, level of insight and awareness, self-inhibition, self-regulation
- nature and severity of the cognitive impairments
- needs of the family
- discharge destination all taken into account

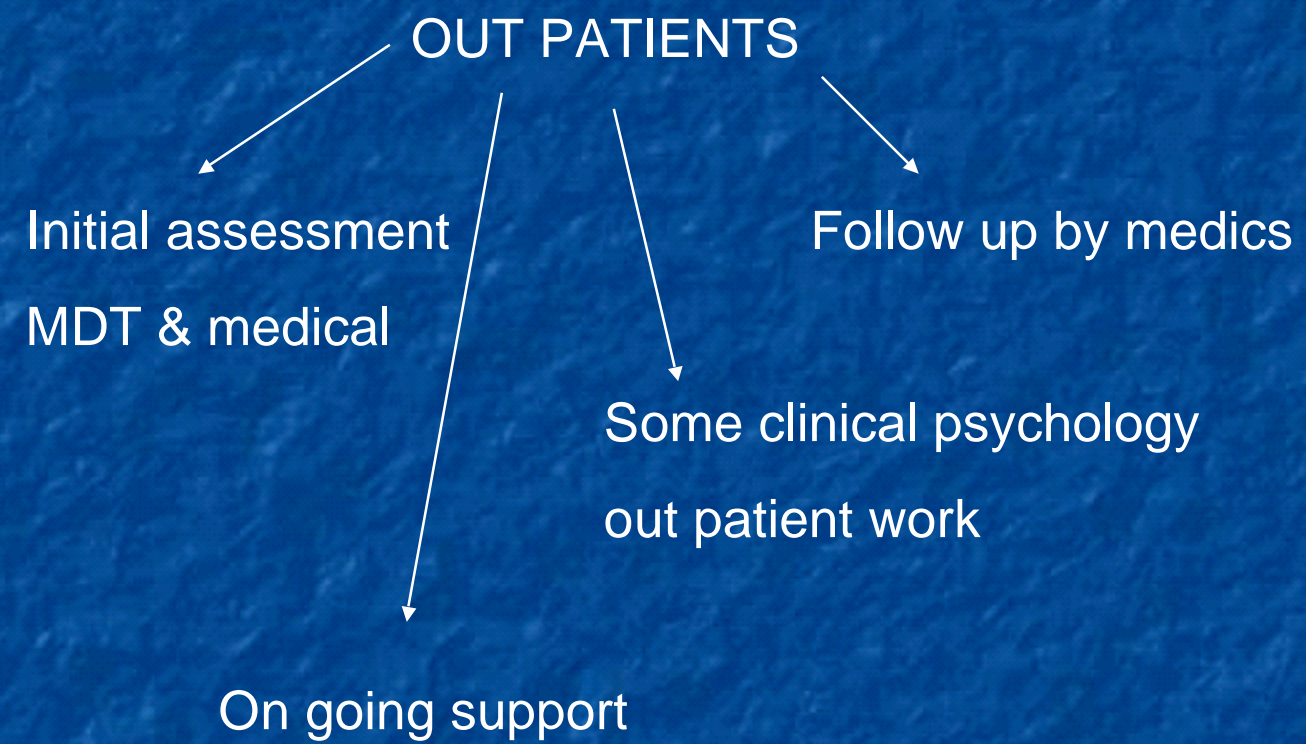
What is neuropsychological rehabilitation?

- Neuropsychological rehabilitation is collaborative
- A partnership which takes into account client's levels of awareness and difficulties
- Client develops goals and plans which are formulated between client, family and MDT

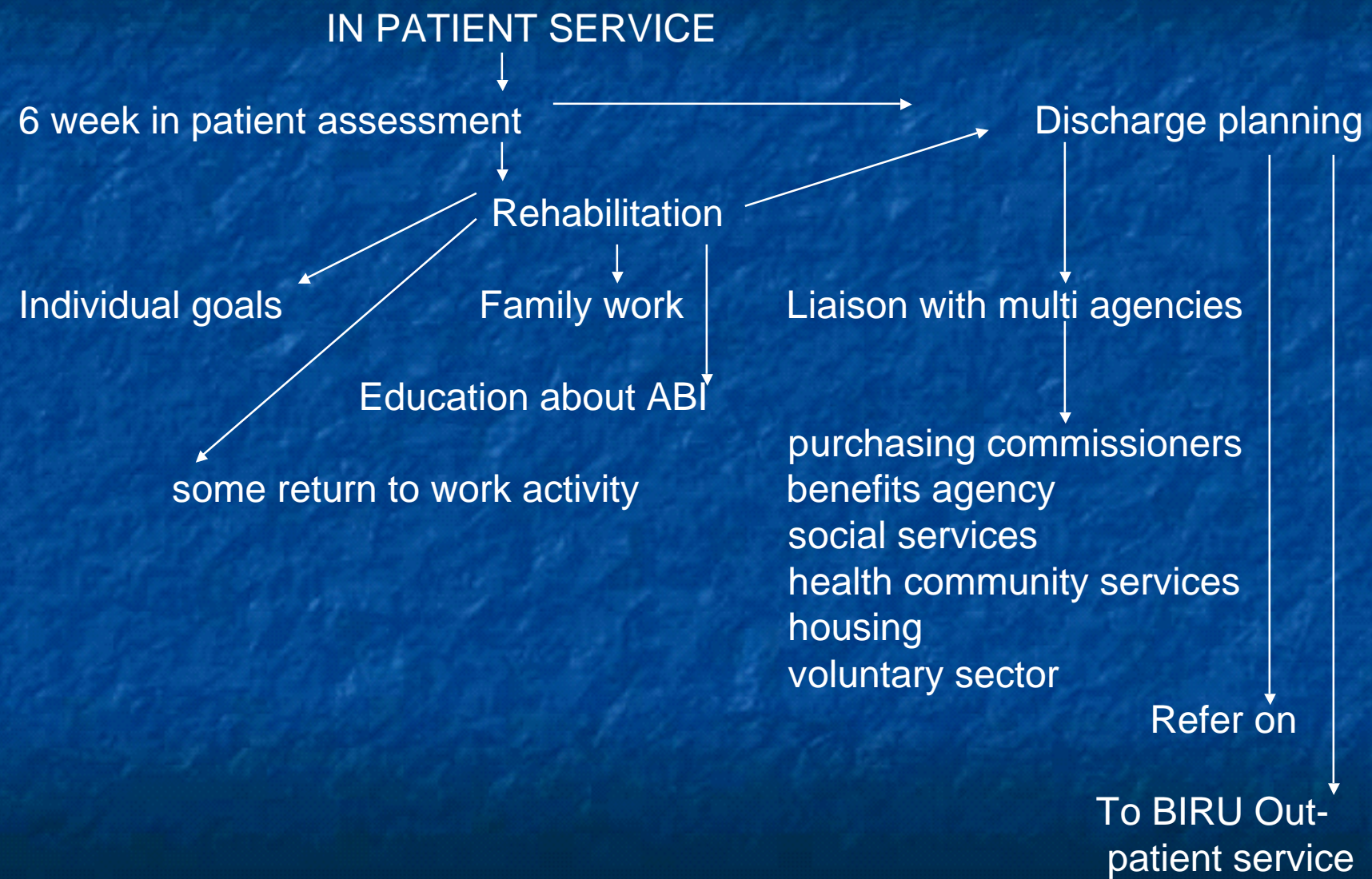
Interventions

- Most successful interventions are client specific, client centred using a multi disciplinary, multi agency collaborative approach
- Interventions should be directed at what matters to the client and their life
- Strongest evidence of a successful outcome is when the client is happy with the result

What does BIRU offer?



What does BIRU offer – continued



Assessment

- Crucial part of the process to help people understand their strengths, their weaknesses and the changes that have taken place
- At BIRU staff spend a long time assessing
 - Psychologists do psychological assessment & cognitive assessment plus family and couple assessment
 - Neuro-psychiatric assessment
 - Nursing assessment (24 hr)
 - Occupational Therapy assessment
 - Physiotherapy assessment
 - Social Work
 - Speech & Language Therapy
 - Dietician

Commonly used intervention strategies

- Environmental interventions
- Introduction of compensatory devices and strategies
- Restorative approaches
- Direct instruction technique
- Errorless learning
- Procedural learning

An audit is planned to revisit one conducted some years ago which found discharge destinations for BIRU patients were:

49% returned home (majority with some support)

31% moved to sheltered accommodation, remainder to residential or nursing care homes.

Summary of recent client (name changed):

Ann - 19 years old referred from local post acute rehab service following an alleged assault by her then boy friend.

Had been unconscious for 3 weeks after her injury

Presenting problems:

- Limited awareness of effects of injury
- Severe memory deficits
- Disinhibited and impulsive
- Left sided upper and lower limb weakness reducing ability to mobilise for any distance

Also:

- Both parents had extensive history of alcohol dependence
- Ann used alcohol and drugs
- Mother had terminal cancer diagnosis
- Father very clear he not prepared to care for Ann in the long term.

Ann admitted to BIRU

Her mother died shortly after Ann's admission

Ann's Goals:

- To live independently of parent
- Train for employment
- Maintain good health and well-being

Goals tackled by:

- Education on effects of BI, sexual health, substance abuse and alcohol use
- Providing opportunities to talk about her mothers death, relationship with father, trauma of assault
- Graded exposure and opportunities to learn the daily activities needed to live independently
- Diary kept by Ann regarding behaviour and drinking

Goals tackled by - continued:

- Regular risk assessment and review
- Anxiety management program
- Looked at interests to pursue post discharge
- Harm minimisation programmes

Out come –

Eventually Ann was discharged to sheltered bed sit with carer on hand to provide support 24 hours a day ('One step at a time')

Enrolled on basic hair dressing training course

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Ann provides an example in rehab of the need to balance allowing people to undertake tasks verses the risks inherent in this. There is considerable skill in achieving this balance safely.