

Report: Brain Injury and the provision of community based cognitive rehabilitation therapy: a pilot study examining issues, process, outcome and implication to service providers

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Background

Fryer et al (1987) state that:

- The complex social behaviour necessary to achieve community readaptation is dependent on a hierarchy of cognitive skills
- A training programme designed to systematically improve attention, perceptual discrimination, information integration and retrieval, and executive control, is likely to lead to better community reintegration

Objective

The objective of this study was to examine the issues, process, outcome and implication to service providers relating to the implementation of cognitive rehabilitation therapy (CRT) in the community.

Method

The study used three modules from the Brainwave-R programme – attention, memory and executive functions. These three were selected as they had been rated as top priority by the clients themselves. The Brainwave-R programme has an emphasis on developing self awareness via the use of prediction and self rating scales for each cognitive exercise.

The CRT programme used consisted of 72 sessions over a 24 week period. Each session lasted an average of 30 minutes and was conducted on a one-to-one with each client. Three clients completed the programme. Clients A and C were 12 months post injury; Client B was 8 years post injury.

Different types of outcome evidence was acquired for this study:

- Neuropsychological test performance
- Clients own self-ratings
- Therapist ratings and observational comments

Results

The use of the Brainwave-R programme appeared to improve client awareness levels, which corresponded with functional improvements in their everyday lives. Asking each of the clients to monitor their own behaviour using rating charts, and to predict how they would perform on any activity appeared to be very important in this process.

Client comments

' I would now be more aware that I need to write things down to aid me with my memory and remind me of specific things'

'I didn't realise that my attention was such a problem and that it affected so much of my life. My family are really noticing my progress and they are very pleased. It is affecting my whole life'

'I would like to take a practical task and break it down. I would highlight important jobs...I will start to do more jobs and I will start to see what needs doing for myself. I will develop a routine'

Conclusions

- It is possible to improve self awareness of strengths and weaknesses by using structured rating charts as part of a cognitive rehabilitation programme
- Time post injury does not seem to preclude the value of cognitive rehabilitation – one of the clients was 8 years post injury and still made gains
- Good family and carer support is essential to achieving good outcome when implementing CRT in the community
- It is important to link the structured cognitive training programme actively into the clients' everyday life activities
- It is recommended that CRT should be provided as a service in the community

References

Fryer LJ & Haffey WJ (1987). Cognitive Rehabilitation and community readaptation. Outcomes from two programme models. *Journal of Head Trauma Rehabilitation*, 2(3):51-63