



HO 3.1

Workshop overview

Aim

The workshop is for support workers who provide direct care and assistance to people who have had traumatic brain injury (TBI). It offers practical strategies that can help individuals with a TBI to increase their independence. This assistance could be provided in the person's own home, in a residential care setting or a Transitional Living Unit.

Outcomes

At the end of this session, participants should be able to:

- list the daily living skills that a person may require assistance with (or supervision for) following a TBI
- identify ways in which impairments resulting from a TBI may impact upon a person's performance of daily tasks
- recognise the importance of encouraging a person with a TBI to participate in everyday activities
- discuss how you can assist a person with a TBI to set and work towards independent living skill goals
- list some possible practical strategies that you can use when helping a person be more independent at home and in the community
- recognise potential risks and dangers associated with increased independence and identify the appropriate people that you should discuss these risks with.
- know how to access resources and assistance when needed.



How can daily living skills be affected following a TBI?

Impairments and functional consequences:

- memory – remembering appointments, names, requests, telephone numbers, messages, etc
- planning and organising – being able to plan activities or get ready 'on time'
- concentration – being distracted and not finishing tasks
- physical abilities – may use a wheelchair or walking aid when out in the community; may also have weakness in one or both arms
- communication – slurred speech, decreased ability to recognise non-verbal communication or communication that is inappropriate
- energy and motivation – fatiguing quickly, not being able to identify any tasks or activities that seem interesting
- self monitoring – recognising when mistakes have been made and need to be corrected
- anger management – losing temper easily
- problem solving – difficulty recognising different solutions to problems; poor ability to adjust to a change in weekly program.



Members of the Rehabilitation Team

Case Manager: Frequently the primary contact person, with whom you can raise issues, express concerns and ask for extra information. Responsible for developing and overseeing rehabilitation plans. Generally meets with support workers prior to an attendant care program being introduced.

Occupational Therapist: Looks at how people are functioning in their everyday life at home, work and/or in the community. Also looks at how this may have changed for a person after a traumatic brain injury and then suggest new ways to do things, or modified equipment to help a person be independent in that activity.

Social Worker: Can assist people deal with the emotional and social results of a traumatic brain injury. This can include assisting clients and their families adjusting to changes in their lifestyle, relationships, work and leisure activities. This assistance can be in the form of counselling, support and advice on other services and agencies.

Physiotherapist: Helps maximise physical functioning after a traumatic brain injury. Can assess and treat posture, movement, muscle strength, coordination and fitness. Can also provide advice on splints and walking aids.

Speech Pathologist: Assists people with communication problems. This includes assessment and treatment of how a person understands speech, expresses themselves, and their reading and writing skills. Can also help improve the way a person communicates with others socially, as well as advising on swallowing and hearing difficulties.

Clinical Psychologist: Treats psychological and emotional problems. Can assist a person come to terms with their injury or better manage their temper. Can also provide feedback to families and friends about managing a person's behaviour. A psychiatrist could also be involved with these issues, in addition to managing medication.

Neuropsychologist: Assesses the impact that a traumatic brain injury has had on a person's cognitive process, eg. memory and thinking. Can explain what problems these changes in thinking may cause, and may offer ideas on how to manage these changes.

Recreation Officer: Assists with finding potential leisure and recreation pursuits. Can also provide details of appropriate community resources in relation to sport, leisure options, respite and community living.

Rehabilitation Specialist (Doctor): Monitors medical issues following a person's brain injury. Usually works with them while they are in the hospital and then reviews them after discharge in outpatient clinics.

Health Education Officer (or similar within a residentially based transitional living program) are responsible for the safety of program participants and to facilitate independence in the home and community. Other carers or support workers may replace the staff when the person returns home, alone or with family.



Getting started – Setting goals

What can you do to help?

1. Firstly decide **which skill** or activity to target.

Choose something that the person with the brain injury considers important. Plan to upgrade independence in only one or two skills to start with.

2. Next, decide which **part(s) of the activity** the person needs help with, eg. to:

- **initiate** the activity in the first place – to get started
- **remember** to do something in the first place, without being reminded every time
- **physically manage** the task
- **concentrate** and attend to the task without getting distracted and going off to do something else midway through the activity.

3. Think about whether the **task could be modified** or whether you could use some *compensatory strategies* to complete the task.

For example, if making a stir-fry for dinner, you can buy pre-cut vegetables and meat if the person doesn't have the physical strength to prepare all the ingredients.



HO 3.5

Teaching strategies

1. Demonstration

- Demonstrate/ model how you would perform the activity
- If necessary, demonstrate a number of times so that the person understands
- Get the person to practise the actions or repeat the steps verbally to you
- Use a written checklist to help the person remember the steps they need to perform

Eg. for using the telephone:

Check you have enough coins

Ask someone if there is a public phone close by

Find your friend's phone number in your address book

Lift the receiver and wait for the dial tone

Insert the money then dial the number

2. Instruction

- Try to use as many methods of instruction as possible, eg. written checklists, photos/pictures, demonstration, voice recorded on cassette tape
- Keep your instructions the same each time
- Use concise rather than wordy instructions
- Give the person time to complete each step before instructing them how to perform the next step. Allow them time to think for themselves (this may be longer length of time than you need). When an individual with a brain injury is rushed, they can become overwhelmed, distracted and not be able to focus on the activity.

3. Routine

- A lot of people learn by having a consistent weekly routine. For example every Tuesday, check cupboards and make a shopping list ready for Wednesday's shopping trip. It is important to try to keep to a set structure/ timetable.
- Routine can also include getting up at a similar time each day and going to bed at a similar time each day. This is especially important for those people that experience high levels of fatigue following a traumatic brain injury.

4. Feedback

- To help someone stay motivated when working on a goal you need to provide feedback about their performance. The feedback needs to be honest and accurate.
- Feedback is often more effective if it is on measurable qualities, eg. 'this week it took you 30 minutes to make lunch, whereas last week it took 40'.

5. Environment

- Try to teach in a quiet environment with few distractions, eg. turn off radio
- Think about using the environment to cue behaviours, eg. using an alarm clock to wake someone up or a whiteboard to list 'jobs for today'

***Remember learning a new skill takes time, so don't give up after only 1–2 weeks**



Managing fatigue

Plan activity levels

- Try to evenly spread 'heavy' activities, ie. physically demanding tasks such as vacuuming, over the week. This could mean that you vacuum the house on one day and do the washing on another. Don't complete all activities on one day, ie. cleaning the bathroom and vacuuming on different days.
- Alternate between physical tasks and cognitive tasks. An example of this may be to mow the lawn then sit and watch TV.
- Take regular rest breaks.
- Try to include a rest at a set time each day, eg. directly after lunch.

Simplify the task

- Can the task be performed while sitting?
- Can parts of the task be completed at different times of day, eg. make a pasta sauce in the morning and then cook pasta in the evening?
- Is there a different way of performing the task, eg. hanging clothes inside on a drying rack rather than on the line in the back yard?
- Can certain steps within a task be changed, eg. buying pre-cut vegetables rather than chopping up all the vegetables?

Routine

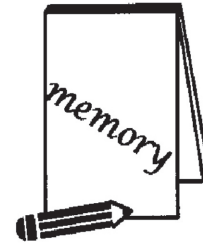
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HO 3.7

Memory Tips

Ways to remember important things!



Diaries – keep a written diary or electronic organiser of day to day activities, e.g. attend gym, meet friend for lunch, pay phone bill. Check your diary at least every morning and evening.



Calendar – keep a big calendar in a place where it can be seen clearly, e.g. on the kitchen wall or near phone. Write info next to the date and cross the days off as they pass. Make sure all people in the household use the same calendar.



Whiteboard – write important notes on a whiteboard. Use whiteboard markers or textas so it can be wiped clean. Make sure the board is in a position where it can be seen and used easily. Keep information tidy and organised.



Checklists – make checklists of things you need to do or remember. Tick the list items off so that you know you have done it.



Rehearsal – repeat silently or out loud, the information to be remembered. If you don't remember or don't understand something, always ask questions.



Electronic devices – set an alarm clock or wrist watch to remind you to do a regular activity, e.g. to take medication or to feed a pet. Use a kitchen timer to remind yourself to do something within the next hour.



Telephone notepad – write all phone messages in the same pad. Keep the pad next to the phone so messages can be written down immediately. Get into the habit of checking for messages when you come home. Cross off the messages when you have called them.



Sticky Notes/Post It Notes – write yourself notes and put them in places where you will see them. Throw them away when you have completed the task.



Special places – designate a special place where you keep things like your handbag, wallet, keys, mobile, glasses and bills to pay. This may be a tray next to the phone, a cupboard or shelf in your room.



Telstra Wake-up and Reminder call service – dial 12 454 for this service to get a reminder call. This can be used if you are worried about forgetting important things.



Dosette Box – a box with compartments for different times of the day to help you to remember *when* and *how much* medication to take.



Try to stay calm – sometimes worrying or becoming upset about being forgetful can make it more difficult to remember things.

Prepared by Ben Holden, Liverpool Brain Injury Rehab Unit, Occupational Therapy, March 2001



HO 3.8

Resource list
