Case Study – VRA

Severe Traumatic Brain Injury (STBI) can happen to anyone. Suddenly you are struck by a car, whether as driver, passenger or pedestrian. You wake up in hospital. You are disorientated, often unable to communicate, to move, to recognise family, to think clearly and definitely not functioning at anywhere near the same level as pre-accident.

Orthopaedic and soft-tissue injuries typically recover relatively quickly; the after-effects of severe brain injury usually persist a lot longer, even with intensive rehab. Without it they can last a lifetime – including a need for daily care and an inability to return to work.

Ideally, effective and intensive rehabilitation would be available to all severely brain-damaged patients; unfortunately, this is often not the case.

Over the last few years, there has been a much greater awareness of the desirability of rehabilitation for STBI but the case still has to be made for each individual client and their needs. **reach** believes that effective rehabilitation for brain injured clients should be all - embracing - including those statutory rehabilitation services which are available, the voluntary sector, the educational sector and vocational services - to be "topped up" by the independent sector when required, as is often the case.

When such an inclusive approach is adopted the client can benefit massively from a rehabilitation programme, which maximises independent living and vocational skills as well as dramatically enhancing quality of life.

Robert is an example of how this can happen in practice:

Background

Robert is a 35 year old male who was involved in a road traffic accident. He suffered a major head injury, had a Glasgow Coma Scale of 3/15, had Post-Traumatic Amnesia (PTA) for 14 days and spent a total of 6 weeks as an inpatient in medical and rehabilitation wards. He was discharged to the care of his wife and 3 young children. Prior to the accident Robert was a builder, who worked long hours and was a "very involved" dad. He enjoyed playing football at weekends and spending time with his wife and children.

Initial rehabilitation:

Robert was able to access rehabilitation through statutory services while an inpatient but this was not available once discharged, when he was left unsupported and struggling with his home life, his family and his marital relationship. He was unproductive at home, avoided social situations and could not return to work. His wife stated that "it was like living with another child" and the relationship broke down. Robert returned to live with, and be cared for by, his parents.

The route to progress:

Robert was lucky as he had a litigation claim in progress and very astute claimant and defendant solicitors who were both keen to effect change for him. They agreed that the financial claim was secondary to regaining his family role, relearning independent living skills and returning to some form of work - all were major targets. Robert himself was very motivated and was keen to progress.

Intervention:

A case manager with brain injury experience was appointed, as was **reach** (we provide home-based rehabilitation services for brain injured clients), so as to optimise his functional, social and vocational skills. Prior to rehabilitation, Robert was not functionally active, had limited contact with his children and had no prospects of returning to work.

The case manager was able to deal with family and financial issues and liasing with the rehabilitation team and the lawyers.

reach carried out an initial assessment to identify his rehabilitation needs in the areas of cognition, behaviour, emotion and function so as to establish a baseline pre-intervention. We also liaised with the local statutory services to identify what services could support the one-to-one rehabilitation approach we were implementing.

The occupational therapy and neuro-psychological assessments, showed that Robert had many areas of deficit, which required to be addressed before he could think of returning to work. These included **poor memory, reduced concentration levels, low tolerance to noise, high fatigue levels, marked change in personality, irritability and anger, difficulties with initiation and motivation.** In addition to**: increased levels of dependency, poor sleep pattern, lack of productive routine, loss of sense of self, no return to leisure pursuits (lack of endurance and fitness), no use of compensatory strategies and no views of return to productive employment.**

Our initial focus of the rehabilitation programme was on achieving goals in the areas of home skills, parenting activities and endurance. The rehabilitation strategies were based on a cognitive-behavioural approach. Robert engaged fully in the process, identifying both goals and goal progression. His rehabilitation programme linked with local statutory services for education and sporting facilities to increase endurance skills and connect with his pre-accident interests. The programme also addressed the family needs and educated his ex-wife, his parents and his children on what had happened to Robert, why he needed help and how they could contribute.

Outcome of rehabilitation:

6 months into the **reach** rehabilitation programme Robert is spending more time with his family and taking more responsibility for his children, he is routinely and independently accessing the gym and building up his tolerance level and he has, with support, accessed the local college and is volunteering on the building course for students. He has also linked in to job centre plus and the "Pathways to Work" programme. **reach** had enabled Robert to link in with a local neuro-rehabilitation support organisation which he could access as needed once the formal rehabilitation programme was completed. He is also actively involved in part-time employment (which started at two mornings per week); he carried this out to a high standard with a high degree of commitment.

The future:

Through his rehabilitation, Robert has clearly gained a much better quality of life and he was keen to maximise his vocational potential also. He is never going to be able to return to full-time employment, but with a graduated and systematic return to work, he now has

a good balance of activities within his life (family and social) as well as the ability to earn, which is very important to him. The manner in which the rehabilitation programme was delivered enabled Robert to easily maintain, over time, the gains he has made and he has the support networks to link into as required.

The moral of the story:

Robert was able to maximise his skills following his severe brain injury through accessing and utilising services from the **statutory sector** (inpatient rehabilitation), **voluntary sector** (voluntary vocational placements), **educational sector** (college course), **local authority services** (gym) and **vocational services** (Job Centre Plus/Pathways to Work) and also through **independent rehabilitation** (**reach**) and **case management**. By tapping into such local services he has been able to establish a framework and support network, which will be available to him in the longer term.

Our ability to openly discuss Robert's needs with all these services has enabled rehabilitation to achieve what it should – a cost-effective service which optimises a disabled clients quality of life, level of independence and ability to return to some form of work.

No part of the rehabilitation journey for a client can work in isolation; it is vitally important for all such services to share their plans and goals and to work together for the best outcome for the client.

The litigation process is often adversarial and can prevent such open discussion, but, as in this case, with insightful lawyers and far-sighted insurers, it can be carried through to the benefit of the client. Surely this is, and should be, the goal of everyone involved in this area of work.

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