



Clinical Services Report

April 1, 2016 to March 31, 2017

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Introduction

This report highlights the key areas and functions of clinical services at Brain Injury Services.

During this reporting period, the “Philosophy of Care” service delivery model has expanded to two other residences including Cathy Wever Place and Transitional Living Service which means that now all residential services have implemented the Philosophy of Care. The goal is to also include Outreach Services in a modified version of this service delivery late in 2017. The continued success of the model has demonstrated improvements in programming and consistencies, direct and immediate supervisor feedback to staff, increase in the amount of direct care and satisfaction of clients and staff.

The model includes the training of educative routines offering clients the opportunity to improve basic skills while improving staff knowledge and performance about prompt sequencing. Regular clinical meetings provide the opportunity for client performance review and consultation. There are approximately 32 clients involved in educative routines with a total of 57 routines being completed between the six residential homes. Informal feedback from clients shows enjoyment and satisfaction of their skill development.

The agency offered another year of intense Applied Behavioural Analysis training (ABA) for interested case facilitators. The training was provided by Dr. Linder, clinical psychologist, once a week for eight months. It is intended that all case facilitators complete this training by the end of 2017 and be able to implement replacement skills for identified clients with the support of the behaviour therapists. This will be the final phase of Philosophy of Care to address more difficult skill deficits.

There was continued growth in Outreach Services to people suffering from post-concussion symptoms. During the fiscal year eight clients received service. The case facilitator provided concussion education, assistance to implement strategies to better manage their symptoms and navigate the health care system, and advocacy to return to school, work, sports and social activities. The service continues to grow.

Brain Injury Services accepted two nursing student from the nursing department at Brock University. Both students were under the supervisor of our resource nurses. The placement was very successful and the students were offered several opportunities ranging from direct client care, completing medication audits, and developing

presentations and training to staff and clients on specific topics such as wound care, sexual health and client self-care. The students also assisted in running the flu clinics.

The agency accepted another three social worker students from Laurier University and McMaster University to complete their placement under the supervision of our social worker. Student responsibilities included co-facilitating therapeutic groups, participating in approved counseling sessions and completing client notes and summary reports. They developed a framework for a potential therapeutic group related to the potential stressors of job searching and accepting feedback throughout the process.

There were two behavioural studies students through St. Lawrence College this past year that completed their student placement under the supervision of the behaviour therapists. The students had the opportunity to work directly with the clients and implement programming using ABA techniques. Further they completed audits on clients' behavioural data to measure accuracy.

Brain Injury Services also hosts McMaster psychology honors and thesis students. Approximately 22 students were involved with research projects throughout the seven months. The project focus is included within this report.

The Family Advisory Council continues to be successful and responsive. The agency receives feedback from the Council on several topics related to organizational policies and processes. The Council is also provided with educational and information on different topics.

Clinical services identified goals related to improving client programming, staff knowledge, and community education. The goals and indicators are included throughout this report.

The agency continues to subscribe to the following journals and newsletters: Journal of Applied Behavior Analysis, NeuroRehabilitation, Brain Injury, Brain Works Rehab, Brain Injury Forum, Neuro Connect Acquired Brain Injury and Brain Injury (a publication of the North American Brain Injury Society) and the American Congress of Rehabilitation Medicine (ACRM) to obtain current information about best practices and research results in brain injury. It is also a member of the Association for Behaviour Analysis International (ABA International), Ontario Association for Behaviour Analysis (ONTABA), Hamilton Council on Aging (HCOA) and the American Congress of Rehabilitation Medicine (ACRM).

Client Transfer/Discharge Survey

Surveys are completed by the client and/or decision maker following a transfer to another service or discharge from the agency. This year we revised the form to ask more directed questions as well as including the family in the distribution of the survey. The survey assesses the client's view of the program's success as well as fluidity of the transfer process. The questions are based on a rating scale of 1 to 4 (1 being that they do not agree or are very dissatisfied and 4 being that they agree or are very satisfied.)

	2014/2015	2015/2016	2016/2017
Surveys Mailed	76	63	48
Surveys Received	22	18	11
Percentage	29%	29%	23%

Satisfaction ratings remained fairly high with this year's evaluation resulting in a score of 4.8 out of 5 for satisfaction with overall service received. Clients reported a particularly strong agreement regarding their satisfaction with the transfer/discharge process and how it prepared them for the next steps; the overall benefits they received while in service; and, in their level of input into their program. They agreed less strongly that being a part of this service had increased their level of community involvement. The agency will be looking closer at possible reasons for the lower satisfaction on community involvement.

Education and Prevention

The Education and Prevention Committee plans and develops education and prevention programs that are delivered to caregivers, service providers, and the community in general. The activities of the Education and Prevention Committee included presentations, site visits, information sessions, and hands-on consultations.

The following chart outlines the presentations offered in the last three years.

	2014/2015	2015/2016	2016/2017
Presentations to service providers	17	30	22
Presentations to Schools	58	41	36

Four of the presentations to service providers also included individualized consultations about the management of individuals with challenging ABI and substance use issues. The number of schools (elementary, high school or colleges/universities) noted reflects only those schools at which Brain Injury Services presented independently or through the Bikes, Blades and Boards program. It is important to note that clients were also involved with presenting at several high school classes.

Bikes, Blades and Boards (BBBs) is a regional initiative that provides prevention and education sessions to Grade 2 students in elementary schools. It is under the larger umbrella of the Hamilton Helmet Initiative Committee. There is representation from Brain Injury Services on this committee and several staff volunteer for the classroom presentations. This year the agency provided presentations to 22 different schools within the Hamilton, Haldimand and Niagara regions. It is expected that changes to the program will occur during the upcoming 2017 school year. This may include partnership with Cyclemania and exploring interest in formally implementing the program in the Niagara region.

There is also representation on Brain Smart Hamilton Committee. The mandate of this committee is to increase knowledge, awareness, and promote best evidence for the prevention, identification and management of concussions. The committee developed and launched a dedicated portal about concussions on McMaster Children's Hospital website. The committee also developed and distributed the "Parent Concussion Pathway algorithm". The committee submitted a grant proposal to the Hamilton Community Foundation to enhance awareness about concussions in amateur sports. The grant was successful and will be the focus for the coming year.

The Education and Prevention Committee's goals for 2016/2017 were to:

- Identify missed community opportunities for ABI education
- Offer eight ABI presentations to diverse communities

The committee met the above goals by identifying potential communities interested in further knowledge on ABI and providing nine sessions to those interested.

Goals for 2017/2018 are to:

- Involve two clients, with staff, in presenting ABI information to the community
- Include client input/development into a community presentation

Therapeutic Groups

Brain Injury Services offers therapeutic groups to address prominent issues that individuals with an acquired brain injury may experience. The groups provide both education and practical strategies with which to manage these issues. The groups are facilitated by the social worker and McMaster University social worker students and peer support is provided throughout the sessions. More detailed results can be found on agency website.

ANXIETY THERAPEUTIC GROUP May 16, 2016 – July 18, 2016

Purpose: The sessions were designed to assist members in recognizing anxiety and associated symptoms, to teach new ways of coping to help manage anxiety, and to assist members in how to apply the strategies to their everyday life.

Results: As measured by the knowledge test, client's knowledge of anxiety and related coping strategies increased by an average gain of 28% by the end of the group. As measured by the State Trait Anxiety Inventory (STAI), State anxiety decreased from the 72nd percentile to the 51st percentile, with Trait anxiety decreasing from the 87th percentile to the 74th percentile. As measured by the Beck Anxiety Inventory (BAI), and Beck Depression Inventory-II (BDI-II), participants reported an overall reduction in symptoms of anxiety and depression.

SELF-ESTEEM THERAPEUTIC GROUP October 14, 2016 – December 16, 2016

Purpose: The sessions were designed to improve communication and teach strategies to enhance self-esteem, decrease depression and assist clients in developing coping skills.

Results: Small gains in knowledge were found with a 7% increase on knowledge gained by the end of the group. As measured by the Tennessee Self-Concept Scale:2 (TSCS:2), group members reported milder disturbances in their overall self-concept by the end of the group. While the average pre-test score fell in the low range at the 14th percentile, the post-test scores were in the average range at the 27th percentile. Scores on the Beck Depression Inventory-II (BDI-II) and the Beck Anxiety Inventory (BAI) indicated overall decreases in symptoms of depression and anxiety.

RESEARCH

There were four projects during 2016-2017 which included:

Improving Staff Skills in Executing Educational Routines a Residential Program for Adults with Acquired Brain: The Effectiveness of DAS Programming (Replication Study)

Purpose: The purpose of this study was to continue to enhance staff skills in the implementation of Educative Routines (ER) on daily living skills for clients living in ABI residential group homes. A focus of this study was on training current ABI residential group home staff on prompt sequencing techniques grounded in Applied Behaviour Analysis (ABA). ER were implemented across six residential group homes. This current study is a continuation of two previous studies.

The Effectiveness of Safe Management Group Crisis Intervention Training on Staff working in a Community-Based Agency Servicing Adults with Acquired Brain Injuries - Enhanced Verbal De-Escalation Procedures (Replication Study)

Purpose: The aim of this study was to continue to evaluate staff training programs designed and implemented by Brain Injury Services. The purpose of this study was to assess the immediate knowledge and performance gains for crisis intervention – Safe Management Group (SMG) training on staff working in a community-based agency servicing adults with acquired brain injuries. Enhanced training procedures were implemented, and new to this year's study, was a focus on the effectiveness of implementation of practice techniques conducted during service team meetings. Data was collected using direct observation, videotaping, and scoring procedures to assess performance. (Replication of the study from last year).

The Effectiveness of Applied-Behaviour-Analysis-based Skill Training Programs in a Community Agency Servicing Adults with Acquired Brain Injuries – Practicum. Non-thesis Project

Purpose: The purpose of this project was to continue to evaluate the effectiveness of client skill training programs based on an Applied Behaviour Analysis teaching model with adults with acquired brain injuries from Brain Injury Services (Hamilton). The focus of the project was to evaluate on a client by client basis, the extent to which the ABA-based training was effective for skill development. Data was in the form of Excel spreadsheets of session-by-session progress and videos recordings of clients

performing their skills at different points in their training (e.g. baseline, mid-training, end-of-training). Eleven clients from Brain Injury Services participated in the project.

The Effectiveness of Applied-Behaviour-Analysis-based Skill Training Programs in a Community Agency Servicing Adults with Acquired Brain Injuries – Group Training Program

Purpose: To examine the effects of a contingency management program on attendance, participation and skill acquisition in a group based training program for adults with ABI. The group trainers utilized Applied Behaviour Analysis (ABA) based approaches to teach functional skills to clients in a group setting. Training programs were run three times weekly for one hour sessions, for 12 weeks.

Detailed summary results on the above 2016-2017 projects will be provided on the website upon completion of the projects.

BEST PRACTICE

This committee provides best practice information to the agency. Its mandate is to investigate relevant, innovative and new theories, procedures, ideas and resources for the benefit of the agency, clients and staff. Through these initiatives, come opportunities for sharing, learning and collaboration with other service providers.

2016 project:

In September 2016, the Best Practices Committee presented “Happiness and Possible Impact on Programming”. The concept of happiness has emerged as part of the broader “Positive Psychology” movement and the presentation and research was geared towards the benefits of considering the concept of happiness for clients and employees. Happiness involves a person’s cognition, behaviours, emotions and physicality; all areas greatly impacted and complicated by an acquired brain injury. Therefore, the committee explored ways to assist clients and staff to find, embrace and incorporate happiness into their daily lives and into their interactive therapeutic and professional relationships in the workplace.

The committee conducted a current literature search about brain injury and happiness, assessments related to happiness, and ways to incorporate the concept of happiness into client programming activities and daily lives. The committee felt it was important to include the perspective of clients; therefore, the committee created a video of interviews

and a survey to find out clients' level of happiness, their definition of happiness and what makes them happy. The committee also conducted a study in which committee members measured their level of happiness pre and post a four week endeavour to complete a daily gratitude journal. The Committee results indicated that daily gratitude does indeed increase overall levels of personal happiness. All information was presented to staff and clients in separate presentations.

2017 project:

The committee is looking into “Emotions” and the challenges clients with ABI have in comprehending, expressing and managing their emotions. Further the committee will review the best practices to assist staff to recognize a client’s emotional state and barriers to programming due to the client’s emotional deficits.

Goals for 2016/2017 were:

- One presentation on the best practices for a select topic
- Achieving an average score of 4 on the presentation evaluation

The above goals were met and the committee agreed to continue with the same goals; however, aiming for a higher rating score.

Goals for 2017/2018 are:

- One presentation on the best practices for a select topic
- Achieving an average score of 4.1 on the presentation evaluation

BEHAVIOUR STANDARDS REVIEW COMMITTEE (BSRC)

This committee identifies the need for and makes recommendations regarding policies and procedures for behavioural programming. It also audits and approves all behaviour programs, and reviews emergency interventions.

The following summarizes the results of the audits of behaviour programs:

	2014/15	2015/16	2016/17
Behaviour Assessment Reports (BARs):	4	1	2
New/Revised Behaviour Support Plan (BSPs):	33	20	26
Annual BSPs:	11	3	13
Termination of BSPs:	5	9	5

The committee made changes and improvements which included:

- Revising policies to reflect client restrictions versus agency restrictions
- Revising audit standards
- Revising behaviour programming standards
- Introducing new BSP goals to include “Good Day” vs “Difficult Day”
- Reducing cigarette use as reinforcers

Goals for 2016/2017 were:

- BSPs identified at the BSRC are completed according to schedule (Goal 100%)
- Two staff will be evaluated within the first three months of BSP implementation. (Goal 100%)
- Identified BSP goals are met within timeframe (Goal 75%)

All goals were not met and therefore the committee agreed to continue to monitor these goals for the following year and discuss activities to improve outcomes.

Goals for 2017/2018 are:

- BSPs identified at the BSRC are completed according to schedule (Goal 100%)
- Two staff will be evaluated within the first three months of BSP implementation. (Goal 100%)
- “Good Day” goals are met within timeframe (Goal 75%)