

Paul - A Case Study

Paul is a 35 year old man who was involved in a road traffic accident. He suffered a major head injury, GCS of 3/15, Post-Traumatic Amnesia for 14 days and spent 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 Paul 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:

Paul was able to access rehabilitation through statutory services while an inpatient but this was not available once discharged. 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. Paul returned to live with, and be cared for by, his parents.

The route to progress:

Paul 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. Paul himself was very motivated and was keen to progress.

Intervention:

A case manager with brain injury experience was appointed, as was **reach**, so as to optimise his functional, social and vocational skills. Prior to rehabilitation, Paul was not functionally active, had limited contact with his children and had no prospects of returning to work.

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 neuropsychological assessments, showed that Paul 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. Paul 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. Initially Paul was too self conscious to attend the gym to work on the goal of improving fitness so the rehab programme utilised a Wii fit. With support of his rehab coach and within his own home he used this in a

therapeutic and graded manner. In association with this focus the programme also used a mobile phone for texting as a prompt to aid memory (and hence encourage independence) when his daily routine was building up. This aspect was very useful and his mother said he was less dependent upon her for prompts. The programme also addressed his family's needs and educated his ex-wife, his parents and his children on what had happened to Paul, why he needed help and how they could contribute.

Outcome of rehabilitation:

6 months into the **reach** rehabilitation programme Paul is spending more time with his family and taking more responsibility for his children. Regularly and independently using his external memory prompts (mobile phone) to aid safety when with his children. He is routinely and independently accessing the gym following the increase in confidence and endurance from using the Wii. He has, with support through internet searches and opportunities, 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 and regularly utilises internet facilities to explore further options. **reach** had enabled Paul to link in with a local neuro-rehabilitation support organisation which he could access as needed once the formal rehabilitation programme is 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, Paul 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 Paul 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:

Paul was able to maximise his skills following his severe brain injury through accessing and utilising various differing rehab mediums and services from the **statutory sector** (inpatient rehabilitation), **voluntary sector** (voluntary vocational placements), **educational sector** (college course), **local authority services** (gym) and **vocational**. Also **employment services** (job centre plus/ pathways to work) and also through **independent rehabilitation** (**reach**) and **case management**. By developing his functional, cognitive, social and technology skills which enabled him to tap 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 Paul'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.