

Back to School - A vocational rehabilitation journey

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Background/Introduction

The Community Treatment Centre for Brain Injury (CTCBI) is a community-based interdisciplinary acquired brain injury (ABI) service which provides rehabilitation for people who experience cognitive and psychological changes after ABI.

Co-ordinated integrated and fit for purpose: A Delivery Framework for Adult Rehabilitation in Scotland (2007) identified people returning from work absence and/or aiming to stay in employment as a target group for the development of appropriate rehabilitation services.

AB was admitted to hospital in 2010 with fatigue, headaches, confusion and vomiting. A diagnosis of viral encephalitis was made. AB remained in hospital for anti-viral treatment for 8 days before being discharged home.

At time of referral to CTCBI, AB had been on sick leave from her post as a senior teacher in a large secondary school in the west of Scotland. She was reporting ongoing difficulties with fatigue, headache and cognitive changes, particularly with attention and concentration, memory, verbal comprehension, speed of information processing and problem solving. She identified return to work as a goal which she would like to explore.

Assessment and Intervention

Occupational Therapy assessment

The Assessment of Motor and Processing Skills (AMPS) was administered as a means of evaluating AB's ability to perform activities of daily living. AB was offered a choice of familiar and relevant tasks and her effort, independence, efficiency and safety was assessed.

The results of the AMPS evaluation indicated that AB performed her chosen tasks within age expectations and that she was safe, independent and efficient in these tasks without increased effort.

Neuropsychological assessment

The Wechsler Adult Intelligence Scale III (1997) and Wechsler Test of Adult Reading (2001) were administered.

Formal assessment estimated AB's premorbid abilities within the 'high average' range.

Post-encephalitis, AB had slightly reduced, but not impaired, processing speed.

She was assessed to have intact:

- working memory
- verbal knowledge
- comprehension and reasoning
- non-verbal reasoning
- visuospatial skills
- verbal memory

AB had mild difficulties with immediate visual recall. Her delayed visual recall was impaired whilst visual recognition was unimpaired indicating a problem with retrieval rather than encoding or storage of information.

AB's executive functioning was assessed to be intact except for set shifting and cognitive flexibility.

Speech and Language assessment

AB's language was assessed using the Armstrong Naming Test (1996) and the Mount Wilga High Level Language Test (2006) revealing mild difficulties with:

- Recall of information at paragraph level
- Questions with complex grammatical structures
- Accessing the meaning of frequently used words
- Verbal fluency
- Comprehension of inferred meaning
- Word finding

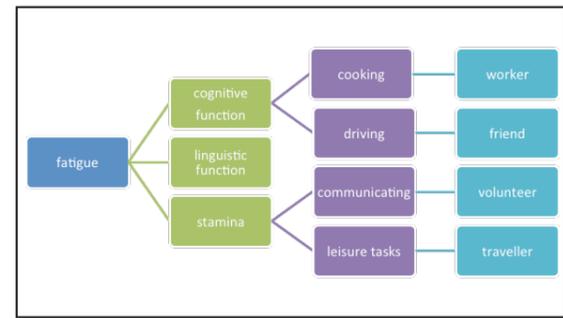
Fatigue

Informal assessment with AB showed that her self-reported fatigue levels were having a significant negative impact on her day to day function. Further discussion revealed that her fatigue was worse after cognitive or mental activity than after physical activity.

Rönnbäck and Johansson (2012) stated that post encephalitis fatigue can be, "characterized by a pronounced fatigability that may appear even after moderate mental activity".

In 2001, the World Health Organisation's International Classification of Functioning, Disability and Health shifted the focus of all health conditions from cause to impact. It no longer views disability as only a 'biological' dysfunction and emphasises what individuals can do rather than what they cannot do.

AB reported that her day to day experience of mental fatigue impacted broadly on a range of activities and roles.



A range of strategies was developed to try to manage the impact AB's fatigue on her day to day function:

Liaison with employer

- Workplace visits
- Early meeting with manager
- Education session with senior colleagues
- Liaison and negotiation of responsibilities and working hours

Development of strategies

- Fatigue management
- Raising self-awareness of fatigue levels
- Working from home on one day a week to undertake focussed planning for the week
- Monitoring commitments outside of work

Cognitive strategies agreed with manager

- Information in advance of meetings
- Checking for understanding
- Summarising main points of discussions
- Keeping meetings short

Psychological strategies

- Acceptance and commitment
- Mindfulness
- Referral to homeopathic hospital to explore self-management approaches

Communication strategies

- Raising awareness of own and others' non-verbal communication
- Development of strategies for processing written information

Outcomes

AB attended CTCBI for 28 sessions over a period of 15 months, working with occupational therapy, clinical psychology and speech and language therapy. She achieved her goal of returning to her pre-injury post. She developed efficient strategies for managing her work load. She reported that planning and organising her time continued to be more effortful but that she felt that the increased effort was worthwhile.

AB developed and implemented effective coping strategies for living with her cognitive changes after brain injury. She reported that she benefitted particularly from intervention undertaken within an 'Acceptance and Commitment Therapy' model.

AB continued to suffer from post-encephalitis fatigue.

Discussion and conclusion

AB presented with only small cognitive changes on assessment but reported difficulties returning to her daily roles and responsibilities. Cognitive or mental fatigue can be long-lasting after meningitis or encephalitis (Rönnbäck and Johansson, 2012).

Return to work after ABI is challenging and is viewed as a significant marker of return to pre-morbid function. (Cullen et al, 2007).

The Scottish Intercollegiate Guidelines Network (SIGN) National clinical guideline for brain injury rehabilitation in adults was published in 2013. A key recommendation was that people experiencing cognitive change should be trained in the use of compensatory strategies with a clear focus on improving everyday function rather than underlying impairment.

AB worked hard to implement a wide range of compensatory strategies in order to manage her fatigue and the associated reported impact on her cognitive function.

We measure success in rehabilitation in terms of return to premorbid function. AB achieved her return to work with a range of adaptations and strategies to manage the implications of her ongoing mental fatigue. However, she achieved this at the expense of having energy for other activities.

Is return to work always a good outcome? Rehabilitation services must take a balanced view of their clients' goals, the surrounding financial and social factors and the detail of the impact of any post-injury change in function in order to support people with ABI to come to their own conclusions.

References

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Any high school student with a disability who may need vocational guidance and assistance in preparing for, obtaining, or maintaining competitive employment should be considered for referral to the Office of Vocational Rehabilitation (OVR). Students who have an Individualized Educational Program (IEP), a 504 Plan, or who are involved with a school's Student Assistance Program may be appropriate referrals to OVR. Ideally, students should be referred two years prior to graduation, although referrals can be made earlier when appropriate. Students with a significant visual impairment can be re