

STEPS: An innovative rehabilitation approach to individual and group services for the community reintegration of mild to moderate brain injury survivors

Nesrine Awad-Shimoon, Ph.D., Alana Helem, BST, Natali Belanger, M.Ed, Andrejs Mazpolis, M.Ed., and Sarah Jessup, BST

The Ottawa Rehabilitation Centre



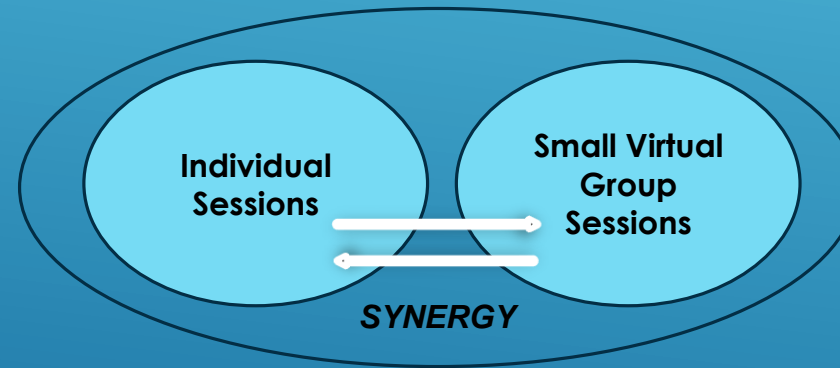
Introduction

- STEPS (Strategies-Tools-Education & Practical Skills) was designed initially to address the interruption in services in our transitional outreach ABI program due to the COVID-19 pandemic.
- The interventions were based on current best practice guidelines for brain injury rehabilitation and community re-integration (ONF; published recommendations)
- The following is a summary of the project evaluating the effectiveness of an integrated virtual program, combining individual and group sessions.

Method:

- 12-week virtual outpatient program
- Main Goal: To help ABI survivors implement meaningful changes in their lives and increase their participation and independence.
- Services were offered by brain injury counselors (supervised by a neuropsychologist)
- Weekly individual sessions (virtual or in-person) and 75-minute small virtual group sessions (3 to 5 clients/group) that were facilitated by the same counsellor.

Group Sessions	Individual Sessions
<ul style="list-style-type: none"> • ABI and Skills education: <ul style="list-style-type: none"> • Memory, Attention and Organization • Planning and pacing for fatigue • Sleep • Exercise and relaxation • Increasing Self-Awareness • Adjustment and Coping • Participation in Meaningful Activities • In-session activities • Opportunity to share with and learn from others 	<ul style="list-style-type: none"> • Initial assessment to establish individualized goals and frequency of the one-on-one sessions. • Support implementation of compensatory and coping strategies as these pertain to the client's initial goals. • Support follow-up on group activities and homework



Pre- and Post- Program Assessment Measures:

- Affective Functioning:
 - PHQ-9
 - GAD-7
- Compensatory Strategy Use:
 - Individual and family reports
- Participation:
 - The Participation Assessment With Recombined Tools- Objective
- Life Satisfaction:
 - Quality of Life After Brain Injury- Overall Scale

Findings

- Pre-and post-program measures for 3 groups suggest improvements in depressive symptoms, anxiety, sleep, & life satisfaction.
- Observed increase in participation (i.e., hours spent homemaking, exercising, socializing, “going somewhere”).
- Anonymous post-program feedback showed that all or almost all of the participants found the program helpful, learned something new, plan to maintain changes, and appreciated being with other survivors.

Conclusions and Future Directions:

- The program appeared to be well-tolerated by individuals with various levels of cognitive/communication abilities.
- Allowed for ample experimental opportunities where clients can apply the strategies and be further validated socially when experiences are shared in the group context.
- At a time when survivors may have received or researched a plethora of recommendations, it offers them a systematic approach, *prioritizing treatment components* as per the current best practice guidelines for ABI rehabilitation.
- Resource-efficient
- Effective in increasing accessibility for individuals with limited mobility, energy tolerances and in remote locations.
- Additional data will be needed to rule out the impact of other contributory factors (e.g., ease of COVID-19 restrictions and/or seasonal factors).

Correspondence: nawadshimoon@toh.ca