

Making

December 2008

HEADWAY

Bringing **positive change** in the lives of those affected by Acquired Brain Injury

2009 – A year of opportunity?

It is now official that Ireland is in recession.

All the organisations that receive funding from the HSE, which includes Headway, are looking at how they are going to plug the ever-widening gap between what we are given and what we need to maintain current services, let alone meet the significant unmet need. Other avenues of funding, from the public, corporate and philanthropic sources will all be in greater demand. Headway is just one of over 7,500 registered charities in Ireland; just one of 24,000 voluntary bodies. So what does 2009 hold for Headway?



Helen Gilsenen

In amongst all the doom and gloom, there is talk of a 'perfect storm', an opportunity to look at new innovative solutions and ways of working that would have not occurred in more stable times. To paraphrase a well-known saying, 'desperation is the mother of innovation'. Historically voluntary organisations have been flexible and creative. In more uncertain times we need to provide a service that easily adapts to a quickly changing environment. We are exploring many avenues to continue making Headway a cutting edge service that serves our current and future clients to the best of our abilities, and this must involve collaborating with other organisations. As these plans are firmed up we will be publishing our plans on our website, so keep checking back!

And we do have some good news! Our Spooktacular at Clontarf Castle, with special guest and Headway Ambassador, hypnoillusionist Keith Barry, raised a fantastic €30K net. This wouldn't have been possible without the extreme hard work of the team in Headway and our Fundraising Committee – Nathaly Leers, Yolanda O'Meara, and Helen Gilsenen. Not only did they give freely of their time, but also secured a number of prizes and auction items to help us raise money on the night. We also wish to thank the many businesses from Dublin and beyond that donated items and services. The night's entertainment also included a performance from Rocky Horror Ireland, who definitely set the tone for one hair-raiser of an evening!

Through December we will be attending a number of fundraising events and we are looking for volunteers. If you would like to help out please ring Grainne Denning on 01 810 2066 or e-mail her on denningg@headway.ie.

We also have our gorgeous Christmas cards for sale. Each pack contains eight cards of four designs, produced by Willie Pappin, Mary McGarry, Marian Deane and Paddy Salmon, and costs €6.50. To buy your cards, drop into our reception at Manor Street or call 01 810 2066.



Our fundraising committee at the Spooktacular - Nathaly Leers and Yolanda O'Meara

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A Day in the Life of...

the Community Access Programme, Cork

Liz Owens, Regional Co-ordinator based in Cork, tells 'Making Headway' about a programme that aims to help people with acquired brain injury to become part of their community.



Liz Owens

Community based rehabilitation (including community integration) is recognised as an important and sometimes essential component in the recovery and social reintegration of people with acquired brain injury (Powell, 1999). Community based rehabilitation encourages those affected by an acquired brain injury to participate in normal everyday activities in the community. Community integration is an important aspect of most rehabilitation programmes because people identify with the roles they have filled prior to their injury.

Wood and Worthington (1999) state that "Community rehabilitation works on removing the social handicap caused by neurobehavioural disability". Wood, McCrea, Wood and Merriman (1999) found evidence that community based social and behavioural rehabilitation which lasted for at least a six month duration results in greater independence, higher social activity levels and less need for supportive care. Wood and Worthington (1999) report that community based rehabilitation focuses on restarting social and functional skills that increase a brain injured person's ability to participate socially.

Specific community integration services such as Headway's Community Access Programme in Cork helps people with an acquired brain injury to participate in social, leisure and recreational activities within their own communities. The individual focus of the work carried out by this programme is supported by findings by McColl (2007) who suggests that the most successful programmes are those which are tailored to the individuals needs as they take into consideration the complex, multi-dimensional factors associated with the individuals actual injury and build a customised solution.

The specific aims of the Community Access Programme are as follows:

- To increase clients awareness/confidence in their own abilities to participate in social, leisure and recreational activities in their communities
- To encourage/enable clients to participate in social, leisure and recreational community activities
- To improve clients participation in a range of social, leisure and recreational community activities

There is limited research regarding brain injury and community integration in Ireland, but evidence from other countries and the wider area of disability demonstrate the importance of community integration.

A review of the clinical benefits of rehabilitation for people with traumatic brain injury indicates that the results of most of the studies reviewed demonstrate significant improvement (over and above that explained by spontaneous recovery) following rehabilitation Cope (1995). Cope concludes that although the overall efficacy of brain injury rehabilitation is strongly supported, rehabilitation efforts are many and varied

and make up a "black box" of interventions which make it difficult to identify the nature of the effect, its magnitude and its cost. Taking this point one step further, a "one size fits all" approach to rehabilitation will not work effectively for individuals with acquired brain injury.

Karlovits and McColl (1999) identified a number of stressors which affected the integration of people with acquired brain injury into the community. These include:

- lack of orientation and difficulties with transportation
- relationship problems, loneliness, prejudice of others regarding disability
- loss of independence and changed living environment changes in routine in work or education

For people with an acquired brain injury, integration must involve more than just the physical sense of being integrated. According to Cummins and Lau (2003), it is social and not physical integration that has a reliable positive influence on well being. Riley, Brennan and Powell (2004) suggest that a core aim of rehabilitation following an acquired brain injury should be to facilitate participation in valued roles and activities. This theme is also addressed by Stonnington (1997) who reports the need for community based programmes which focus directly in enabling the individual with acquired brain injury to re-engage with life as fully as possible. So important is the notion of social integration, that Prigatano (1996) indicated that leisure and creativity are important roles for us all because they represent normality and allows us to "belong" to the larger community.

Restricted opportunities for leisure activities can result from loss of skills, lack of interest and initiative, problems with mobility and inadequate facilities (Coughlan, Tyerman and Jenkins, 1985 referenced in Nolte, 2000). Contextual factors such as social supports are an important aspect of disablement and can influence quality of life (Nolte, 2000) who found that social supports are a better predictor of handicap and quality of life than are injury related factors for a sample of people living with the effects of acquired brain injury.

Community integration is reported to consist of up to nine indicators: orientation, acceptance, conformity, close and diffused relationships, living circumstances, independence, productivity and leisure (McColl at al. 1998). All of these factors are taken into consideration by the Community Access Officer (CAO) whose knowledge of supports, strategies and factors that enhance the quality of life for individuals with acquired brain injury is of tremendous importance when planning interventions. The CAO's main aim is to understand the individuals' situation, assist him/her to put strategies in place to enhance their quality of life, and to help prevent further decline in social integration. The CAO provides initial supports and encourages the development of social independence with a view to fading supports over time. The speed with which supports can be faded fluctuates greatly

between clients and circumstances. Throughout the rehabilitation process, the CAO in conjunction with the client continues to assess the clients' individual priorities and values, placing an emphasis on personal choice and empowerment while seeking to overcome any obstacles to attaining goals.

A number of research studies suggest that decreased social integration can be found at follow-up periods and that social dislocation and isolation continue over time (Lezak, 1987; Seale et al, 2002). In the light of such research, there is much emphasis placed by the CAO on independence and sustainability which requires the build up of family confidence in the person's ability, education of the staff of mainstream facilities around acquired brain injury and the use of natural supports and changes to the environment if necessary to meet the individuals' needs. All of these factors lend support to the individual to retain his/her independence once support has been faded.

Headway's Community Access Programme incorporates all of the above by building up a profile of the individuals' circumstances, educating the individual and family member on what is possible in the light of resources, clearly outlining at every step that independence is the goal of the intervention. Furthermore, plenty of opportunity for skills transfer is built into the individual's programme. While fading supports on the part of the Community Access Officer is implemented over the duration of the programme, the building up of natural supports, within the mainstream setting, is facilitated in order to provide a back up once the service intervention is completed. To facilitate this, much time and effort goes into educating the link person in the mainstream service to increase their understanding of acquired brain injury, and the strategies used by the individual client to overcome their difficulties, to ensure that continued independence is facilitated on an on-going basis.

For more information on Headway's Community Access Programme, please visit Headway's Website (www.headway.ie) or phone the Community Access Manager on 021 4871303.

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Suicide

by Christopher Healey

Suicide is a word, sends shivers down peoples' spine;
It's something you can't control, it comes right from the mind;
They say when the mind in blind, and you cannot see so straight;
The clouds that gather in your head, will be explored and will not wait.

Everyone thinks was it them, that made you so unwell;
When it's too late to help you, who do they tell?
But it's no one's fault, not even yours, it's life and how it goes;
The ups and downs, the ins and outs, suicide just never shows.

You could look happy and well, and friends will think it's true;
When suicide comes and upsets the mind, it could be me or you;
So take your time and do not worry, as help is always there;
To talk to family and friends, and let them be aware.

You can find help all around, if only you knew;
So go and seek it out, the mind will help you to;
Don't stay alone and depressed, get help from other people;
I know you're sad and it's hard, just like climbing a steeple.

So to all of you I say, seek help, life's full of good;
I know you're sad and a little down, you can be misunderstood;
Life's too good to leave, a little before your time,
But with help from all around, I know you will turn out just fine.

The Samaritans is one source of help that is available 24 hours a day, 365 days a year. In 2007 they received 315,368 dialogue contacts, out of half a million calls to the service in Ireland – an increase of 8% on 2006. 18% of those callers were suicidal. In addition to the helpline (1850 60 90 90), people needing support can also e-mail (jo@samaritans.org) or call into their local branch if they would like to talk to someone face-to-face (see www.samaritans.org/talk_to_someone/find_my_local_branch/ireland). In 2009 the Samaritans will be offering emotional support via text messaging. A pilot of the project has been very successful, gaining a huge response, especially from those under 25.

A Different Light

Ristead Lloyd, who lives in Sligo, told 'Making Headway' about his journeys – before and after a motorbike accident that changed his life.

I always had a lust for life and was always looking for new experiences. I loved learning about new cultures and seeing how other people lived. I worked as a long distance truck driver - more opportunity to travel! I also loved music. I went to nearly every concert in the country. Because I worked so hard, I enjoyed my free time all the better. This was my life. But that all changed on 11th June 2005.

I was 28 years old and riding a motorbike through Koh Samui, Thailand. I was on my own and riding on a gravel track with no traffic and no people. Young and carefree, I had no helmet. I have absolutely no memory of the bike accident. I will probably never know exactly what happened.

A man who saw my bike lying in the middle of the road found me. Then he saw my feet sticking out of a nearby ditch. When he came over to me he noticed that the back of my head was opened; there was blood coming out of my nose; blood coming out of my ear. I was a mess.

I was identified through my parents' phone number which was found in my pocket. My whole family travelled out to Thailand to see me. There, they found me in an isolation Unit with tubes and wires coming out of my side and my head. My head looked like a cabbage. I had lacerations and cuts all over my body, a broken collarbone on my right shoulder and plasters and bandages everywhere. They didn't recognise me and I think they were partly hoping that it wasn't me. I was so changed that they had to identify me by my tattoos.

When I eventually came out of the coma I didn't know anyone. I didn't know who my parents were. I couldn't sleep. I couldn't walk. I couldn't eat. I couldn't move. I couldn't speak properly. I was agitated all the time, constantly moving and shaking. After a month in hospital in Thailand I was brought home to Beaumont Hospital in Dublin.

Our local community set up a bank account for the 'Get Ristead home' fund and I cannot thank enough all the people who organised and contributed to the fund.

I don't really know what happened in the weeks I was in Beaumont Hospital. I have no memory of this time. From Beaumont I was transferred to Sligo General Hospital.

In Sligo my memory was so bad that when my parents would identify themselves I would forget who they were a few seconds later. I felt confused and upset and shouted at them to get out of the room. I had to be re-trained to swallow food. I was dressed and spoon-fed. I had hardly any strength. I lost my sense of taste. I behaved in a way that was not me – not the person I had ever been, or am now.

I remember 'Big John', who looked after me in Sligo. He was a very patient and caring man and wheeled me around the hospital in wheelchair because I was so weak. He was always trying to make me laugh. I started to watch football with John. This brought about an occasion where I was attentive and watched a match right through to the end. This was the first major sign of recovery. My family were delighted with each little bit of recognition that I was still there – their son, their brother.

Towards the end of my stay in Sligo I learned to walk and

regained my balance. I started recognising my family because they were with me every day and they were coming in and out. My brother and sisters would take turns to visit me so that there was always one member of the family there with me as I needed constant care and supervision.

The Rehabilitation Consultant came down from Dun Laoghaire and as a result I was swiftly moved to St. Pat's Ward in the Rehabilitation Hospital in Dun Laoghaire. I had a lot of occupational therapy and physiotherapy, which involved very basic games such as Snap, Connect 4, all to try to invoke a thought process. I walked almost constantly, walking for up to three hours at a time.

I began to make serious progress here. I was reading maps, route finding, playing games – my mind was starting to come back a little bit.

Because of my perforated eardrum, I was very sensitive to sound. My stomach was upset all the time. My eating habits were irregular. Sometimes I felt full very quickly and couldn't finish my food. At other times I could finish a full meal and look for more.

When I eventually went home I still needed a lot of care and my family looked after me. I couldn't be left on my own for too long. I wasn't allowed to make tea in case I would burn myself. My coordination was poor: I would spill milk between the jug and the cup; I sometimes missed my mouth; I couldn't shower and had to sit in a bath instead, in case I slipped in the shower. My family were protective and looked after me because I was confused. At this stage I knew there was a lot wrong with me because I couldn't remember anything. I didn't question all that was being done for me. Part of my coming home was to see how I could cope in my home environment and in my own community.

My friends also had to cope with my brain injury. Each coped in their own way. Some did not recognise the person standing in front of them. Physically, I was very thin and gaunt. My hair was gone. My personality was very different. I was still very confused. I didn't really know who I was and what was going on.

My recovery probably has a lot to do with the support from my family. They didn't judge. They did everything to help. They pointed out simple things to me – for example how many spoons of sugar I liked in my tea. They also helped me with basic things like explaining how to chew properly, how to brush my teeth and how to get dressed on my own. Now I do all these things effortlessly, thanks to the wonderful support from my family and my own ability to overcome obstacles. The community also supported me and brought me many relics, which I still have to this day.

My memory was starting to improve, but very slowly. I set myself memory tasks, such as reading a newspaper article and then trying to remember what I had read.

Having spent three months at home I then returned to the Rehabilitation Hospital for a further six months. I could feel



Ristead in 2005

that I was now beginning to make significant progress. I was finishing the tasks that I was given and gaining good scores. This helped to build up my confidence.

The tasks were so basic that I laugh at it now, but I needed it then. Some of the other people who had acquired brain injury were not so happy about doing these tasks as they felt it was beneath them. However, my parents supported all that I was doing in the rehabilitative training unit and pointed out that the staff there were trained in working with acquired brain injury, working for my benefit. This made me feel better and I welcomed the help and direction.

It was not until 2007 that I began to become more independent. I started to cook for myself. I started to do my own shopping. I moved into my own apartment. I was beginning to get back my life. Because I was becoming more independent I felt I could return to work. Despite my parents' advice I returned to my old job but quickly realised that I could not yet function properly in that environment.

As I couldn't go back to work I had to look at other options. I decided that I wanted to further my education and improve my skills. Imelda Walsh, from the Peter Bradley foundation (which I had joined in 2006) was able to direct me.

I attended a Counsellor to discuss why I felt I wasn't able to do the work I had done previously and my need to do something with my life. Quest, Headway, New Road, Peter Bradley Foundation and BRI all helped with advice. The route I chose was through National Learning Network. I decided to do a course in Computer Applications and Office Skills. The fact that everything we do here – we file, we log, we date, we store, we keep on file some way or another, whether it's a floppy, whether it's just a record, a journal, helps me to see my progress and remember what I have done. But if I didn't have that bit of structure, keeping everything and dating everything, I would possibly forget it because I'm learning so much as the weeks go on.

This is my story.

I know that brain Injury affects everybody differently but I believe that the only way to overcome it is to believe in yourself. You need to take small steps at a time and not push yourself. You need to learn to pace yourself and take each day as it comes.

So, am I the same Ristead Lloyd that I was before my accident?

I certainly look at things differently. I am much more appreciative of everything around me. I am glad to be alive. I have a new lust for life. I still love music, playing snooker, and so on. I am a little reluctant to travel, however!

My final advice is never stop believing in yourself.



Ristead today

Those who knew you well before your accident may be worried, because they're looking at you in a different light, but believe in yourself, and enjoy whatever life offers you.

Ristead is aiming to publish the full version of his story 'A Different Light' to help raise awareness of acquired brain injury and to help others who have experienced brain injury. If you would like to contact Ristead, please contact the Peter Bradley Foundation in Sligo.



Order your Headway Christmas Cards now!

8 cards, 4 designs €6.50

Cards feature clients artwork from our day rehabilitative centres. Ask at reception or call Grainne (01) 810 2082

denningg@headway.ie

Research Round-Up: Self-Awareness

Our new Assistant Psychologist in Dublin, Doreen Hoerold, looks at how researchers (including those at Trinity) are exploring the issues surrounding this.



Dr. Doreen Hoerold

As a result of an acquired brain injury, not only may individuals experience difficulties with perception, memory, attention, etc, but they may also not recognize that these difficulties exist. Such “self-awareness” or “insight” may return after the initial period of confusion has disappeared. In some cases, however, self-awareness remains limited, and stands in the way of the individual’s successful rehabilitation. Researchers have only recently begun to develop ways of measuring a person’s level of self-awareness, and much work remains to be done in this area. The following articles, however, have attempted to increase our knowledge of this symptom of brain injury, so that new methods of treatment may be developed in the future.

Noé, E., Ferri, J., Caballero, M.C., Villodre, R., Sanchez, A. & Chirivella, J. (2005).

“Self-Awareness After Acquired Brain Injury. Predictors and Rehabilitation.”

Journal of Neurology, 252: 168-175.

This study aimed to identify which factors may be most important in determining who will develop problems with self-awareness after an acquired brain injury. The study also describes a group rehabilitation programme specifically designed to improve self-awareness in a group of patients attending a hospital rehabilitation service.

Out of the 62 patients who took part, 30 showed high self-awareness, while 32 patients had low awareness of their difficulties. These two groups were then compared on clinically-relevant information, as well as neuropsychological performance on a large number of tests.

Results showed that those patients who had low self-awareness had also experienced longer periods of memory loss (post-traumatic amnesia) following their brain injury, than those in the high self-awareness group. The low self-awareness group also had lower scores on all tests of memory, learning and set-shifting, than the high self-awareness group. Naming and planning abilities did not differ between the groups.

Finally, statistical analyses showed that set-shifting and verbal memory performance could predict whether an individual would experience lowered self-awareness, with 90% accuracy.

The rehabilitation programme was shown to be beneficial for both groups of patients, although patients in the low self-awareness group showed greater improvement, especially on tests of visual memory. Since this programme was part of a larger multidisciplinary rehabilitation programme, more research is needed to show which specific types of training are most useful for individuals with low self-awareness.

Fischer, S., Trexler, L.E. & Gauggel, S. (2004)

“Awareness of Activity Limitations and Prediction of Performance in Patients with Brain Injuries and Orthopedic Disorders.”

Journal of the International Neuropsychological Society, 10: 190-199.

This study attempted to look at self-awareness in two different ways: First, the researchers measured how aware their participants were of their reduced competencies in everyday

activities, such as preparing meals, driving a car, etc. Secondly, they then asked participants to describe how well they would be able to perform a short task, e.g. a finger tapping and a verbal memory task. These two aspects of self-awareness were measured in a group of patients with orthopaedic disorders, and a group of patients with acquired brain injury.

The results showed that the brain injury group tended to over-estimate their everyday competencies, especially when being asked about their social and emotional functioning. Similarly, on the verbal memory task, brain injury patients over-estimated how well they would perform the task. The orthopaedic group showed no such over-estimation. Interestingly, all participants had accurate levels of awareness of their physical and motor abilities.

These findings suggests that initially, it may be easier for brain injury patients to recognize concrete physical problems, such as movement. Self-awareness might need to be “built up” during rehabilitation periods, starting with patients’ awareness of physical and bodily limitations, and extending slowly to more abstract knowledge about memory and emotional functions.

Pia, L., Neppi-Modona, M., Ricci, R. & Berti, A. (2005).

“The anatomy of anosognosia for hemiplegia: A meta-analysis.”

Cortex, 40: 367-377.

This article is concerned with a specific form of reduced self-awareness, in which individuals with left-sided motor weakness or paralysis are unable to recognize that they can no longer move their left arm or leg. This type of problem has been named “anosognosia”, and has been most frequently observed following right hemisphere injury, especially during the initial recovery periods from stroke.

Although many clinicians have described patients with such difficulties over the past 100 years, not much systematic research is available on the full characteristics of this phenomenon. What is known is that patients may either fully deny that they experience any difficulties, or else they might show very little concern about their lack of mobility in the particular limb. In both cases, successful rehabilitation is difficult to achieve, since patients may not see any need to attend rehabilitative services.

In this analysis of all scientific publications on the topic of anosognosia between 1938 and 2001, the authors attempt to explain what areas of the brain may be most important for causing anosognosia following injury. They show that in most studies of patients with left-sided motor weakness due to stroke, approximately 30% of patients will show unawareness of the problem. Most frequently, this awareness will return around one month following the stroke. Sometimes, however, self-awareness will remain reduced, and there is currently no study showing the exact factors which influence the time course of this phenomenon.

In terms of specific brain regions, the authors conclude that a combination of damage to right frontal and parietal lobe areas is most likely to be associated with anosognosia. This analysis

provides a good summary of what is known so far about why some stroke patients will be unaware of their symptoms.

O’Keeffe F. M., Dockree, P. M., Moloney, P., Carton, S. & Robertson I. H. (2007).

Characterising error-awareness of attentional lapses and inhibitory control failures in patients with traumatic brain injury.

Experimental Brain Research, 180 (1): 59-67.

This article investigated self-awareness from yet another perspective, where participants’ awareness was measured during a computerized attentional task. This type of awareness is sometimes referred to as “online emergent awareness”, to acknowledge the fact that participants’ errors themselves should cause error awareness to emerge during the task.

Eighteen participants who had sustained a traumatic brain injury took part, as well as 18 control participants with no previous brain injury or other neurological problems. Both groups performed two versions of a simple computer task: In the predictable version, participants were asked to monitor a predictable stream of numbers (1, 2, 3, 4...,9, 1, 2, etc) and press a button for every number except number 3. In the random version, participants did the same thing, except that the numbers were shown in random, unpredictable order. In both tasks, participants were asked to tell the experimenter when they noticed that they had made an error (e.g. pressed the button for number ‘3’ by accident).

Results showed that traumatic brain injury patients had difficulties recognizing their errors on the more boring, predictable task. When numbers were presented randomly, they had no such problem, and noticed most errors immediately when they occurred.

The authors conclude that a presentation of numbers or other stimuli which presents a challenge to participants, which should make the task more difficult, actually helps to keep brain activity at a level which ultimately helps to achieve awareness of errors. This could provide a basis for new approaches to rehabilitation.

Jim’s Story...

Jim was 17 when he was involved in a high-speed car crash. In the second of our ‘Telling Tales’ series, Jim tells his story...

On the crash...

It was 1990 and I thought I’d never be involved in a serious traffic accident. I was fool enough to get in the car with my best mate, who I knew was a speedy driver. But we were only two or three miles from home. I have no memory of the accident itself. We were driving past a farm, and my friend was driving too fast. The car went out of control and we must have crashed into a cement fence. The fence-post must have broken and gone through the windscreen, hitting me on the head. The rest is history.

I was 17 years of age.

The emergency ambulance took me to Naas hospital, 15 miles away. A priest was called because they didn’t think I was going

to survive. But when they realised I may have a chance, they took me to Beaumont Hospital for surgery. The ambulance had a Garda escort. Within 12 hours of the crash, I was in surgery. I was there for many hours.

On ‘coming back’...

I was in a coma for about five months, and this is when the epilepsy started. I have no memory of my first seizures as I was still in a coma. When I eventually came round from the coma, they took me to Dun Laoghaire, to the National Rehabilitation Hospital. When I first came round, I couldn’t speak, so my Mum brought in a small alphabet set so I could point out letters to communicate. I also lost my sight in my right eye, due to optical nerve damage. I had to have lots of physiotherapy which helped to get my speech back. I then started having speech therapy too.

I imagined that when I was discharged I would just walk out of the NRH, but that wasn’t the case. I was unable to walk for a further few months or maybe a year, I’m not sure. Then my goal was to get on my feet again. Not once did I think I would be in a wheelchair for the rest of my life. That was a battle in itself. But I kept positive and thinking positive thoughts. I don’t need a wheelchair and can walk unaided.

On epilepsy and going out...

The epilepsy I developed as a result of the crash is tough, scary. There are no warning signs when I am about to have seizure. Also I stay conscious throughout the seizure. It’s not pleasant at all. It interferes with my social life because if I have plans, and I have a seizure, I’m unable to go.

Also I am unable to go out in large public areas, like a bar. There are too many people and I always feel that people are looking at me because I look different. So the crash has really affected my social life.

On life...

I love looking after my dog, Holly. She is a rough collie. I had a collie before that for 13 years and she was beautiful too, Isabelle. Collies are great companions. I take Holly on long walks, which is great for both of us.

I also attend Headway. I really enjoy going there twice a week, and especially doing the crosswords and making mosaics. I like chatting to the staff and the other clients. All the clients have an acquired brain injury, so we understand what each of us has had to face. The staff are wonderful.

My really good mate, who is a first cousin, was looking for place that helped people with head injuries and Headway appeared number one. So I followed through and contact them to have a meeting. That went well and so forth. That was six years ago.

Headway has helped me a lot. It gives my Mum a break for the day. It also gives me interesting things to do and I also get information from the staff about what is available for people with acquired brain injuries.

On the future...

My ambition is to maybe write a book to make people more aware of brain injury, and to help them accept people affected by acquired brain injury more. People affected by acquired brain injury have been through enough already.

I’d also like to ask young people on the road – cycling, walking, getting a lift on any journey in car – to be careful and think about what they are doing. People shouldn’t take for granted that they’ll never get a head injury, because it can happen to anyone at anytime.

HEADWAY SERVICES

Head Office

Unit 1-3 Manor St. Business Park, Manor St., Dublin 7
Tel: 01-810 2066 Fax: (01) 810 2070
Web: www.headway.ie email: info@headway.ie

Information and Support Line 1890 200 278

Monday – Friday, 9 am to 1 pm and 2 – 5 pm (local call rate)

Headway provides a range of community-based services across Ireland. These include psychological services, community access, support groups, day services, rehabilitative training & supported employment to people with ABI in Dublin, South East, Cork, Kerry & Limerick.

Psychological Services / Therapy & Family Support

- Unit 1-3 Manor St. Business Park, Manor St., Dublin 7
Tel: 01-8102066 Fax: (01) 810 2070
- The Lodge, University Technology Centre, Curraheen Road, Cork Tel: 021-4347625
- Fairies Cross, Clounalour, Tralee, Co. Kerry
Tel: 066-7119320 Fax: 066-7119321

Rehabilitative Training

- Unit B3, Link Road Business Park, Ballincollig, Co Cork
Tel: 021-4871303
- Jutland Hall, Steamboat Quay, Dock Road, Limerick
Tel: 061-469305 / 469306
- Colaiste Ide, Cardiffsbridge Road, Finglas West, D.11
Tel: 01-8443257 / 8342333
- Bawnogue Enterprise & Community Centre, Nangor Rd, Clondalkin, D. 22 Tel: 01-457 5666

Day Services

- The Irishtown/Ringsend Community Centre, Thorncastle Road, Ringsend, Dublin 4
- St Gabriel's Parish Centre, St Gabriel's Rd, Clontarf, Dublin 3
- Presbyterian Youth Centre, Primrose Lane, Lucan, Co Dublin
- Unit B3, Link Road Business Park, Ballincollig, Co Cork
Tel: 021-4871303

Community Access

- Unit B3, Link Road Business Park, Ballincollig, Co Cork
Tel: 021-4871303

Supported Employment

- Unit B3, Link Road Business Park, Ballincollig, Co Cork
Tel: 021-4871303
- Bawnogue Enterprise & Community Centre, Nangor Rd, Clondalkin, D. 22 Tel: 01-457 5666

Information & Education Service for the South East

- 6B Prior's Orchard, John's Quay, Kilkenny
Tel: 056-7786240

Signposts

Other Acquired Brain Injury (ABI) Services

National Rehabilitation Hospital (NRH)

Rochestown Avenue, Dun Laoghaire, Co. Dublin.
Tel: 01-2854777 Web: www.nrh.ie

The NRH provides intensive rehabilitation for people with an ABI and a pre-vocational rehabilitation training unit.

BRÍ - The Acquired Brain Injury Advocacy Association

c/o National Rehabilitation Hospital, Rochestown Avenue, Dun Laoghaire, Co. Dublin.
Tel: 01-235 5501 Web: www.briireland.ie

BRÍ facilitates peer-support for people affected by acquired brain injury and provides an advocacy service.

Peter Bradley Foundation

41 Northumberland Ave., Dun Laoghaire, Co. Dublin.
Tel: 01-2804164 Web: www.peterbradleyfoundation.ie

PBF provides ABI case-management, community living and home-based rehabilitation services to people with an ABI.

Quest

9A Liosban Business Park, Tuam Road, Galway.
Tel: 091-778850

Quest provides rehabilitative training & outreach to people with an ABI from Galway, Mayo and Roscommon.

HSE - South East Regional Adult Acquired Brain Injury Services

Monastery House, Golden Road, Cashel, Co. Tipperary.
Tel: 062-64905/6/7

This community based multi-disciplinary team provide a rehabilitation service to people with an ABI in Carlow, Kilkenny, South Tipperary, Waterford and Wexford.

HSE Keyworker (Donegal)

Donegal Physical and Sensory Disability Services, Unit 2 Pearse Road, Letterkenny, Co. Donegal.
Tel: 074-9177005

This service provides a key worker for people with an ABI and their families in Donegal.

HSE in partnership with Peter Bradley Foundation

North West Services for People with ABI Sligo / Leitrim Physical & Sensory Disability Services, JFK House, JFK Parade, Sligo. Tel: 071-9135001

This community-based multi-disciplinary team provide a range of rehabilitation services for people with ABI in Leitrim and Sligo.