

MAKING HEADWAY

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

Spring 2010 Issue



Making Headway is published by

HEADWAY

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Welcome (back) to Making Headway

We are really sorry we haven't been able to publish Making Headway for so long, but here we are, back at last and we really hope you enjoy this edition. We have the usual mix of features, articles, research and snippets which we hope you will enjoy and pass on to your friends and colleagues.

Thanks to everyone who replied to our recent questionnaire (it may be enclosed) and kindly agreed to receive this newsletter via email. This really helps us to keep our costs down. If you would like to receive your copy by email and have not had chance to let us know, just send an email to me at:

stablesr@headway.ie Editor, Making Headway

A Message from the Chief Executive



Reader,

In these trying times we all need sources of inspiration. I find mine very easily by talking to the fantastic people we serve and their carers, and the staff of Headway.

The bad thing about a recession/depression is that there is less funding about to help develop much needed

services, however, the good thing is that it focuses our minds on the things that are of value and things that matter – family, friends, community, helping others and perhaps paying more attention to those less well off.

Last year had many highlights for us. The fantastic success of a number of fundraising events; the unified effort of staff to improve and even increase services on reduced funding; the mainstreaming of a specialist Vocational Training Programme and the recognition of Headway and partners in the awarding of research grants to name a few.

Our goals and challenges for 2010 are:

- To at least maintain services at current levels, and remain positive and focused
- To raise awareness of brain injury and Headway
- To work to reduce waiting lists
- To develop collaborative working in the interests of clients
- To increase our volunteer and donor base

This year we know that further funding cuts are inevitable but our mission “to bring positive change in the lives of those affected by acquired brain injury” drives and motivates us. I wish you a successful 2010.

Kieran Loughran

Chief Executive

Fundraising News

Thank you, Thank You, Thank You!

The **Limerick Ball** took place on 21st Nov in The Radisson Blu Hotel & Spa. It was a wonderful night enjoyed by over 200 attendees, many thanks to all that came along and supported the night. They managed to raise over €20,000 which is some feat in the current climate, well done to all involved!

Chosen Charity

As part of their Corporate Social Responsibility, Malcomson Law have chosen Headway as their charity of the year 2010. Watch this space for upcoming events, they have 35 staff between Dublin and Carlow that have pledged to raise



(L to R) Rebecca Barry, Brenda Cahill, Louise Carey and Fergus South at the Headway Limerick Ball

funds for Headway during the upcoming year.

Easter egg raffles

We will have Butlers Easter Eggs to raffle again this year if you would like to take one to raffle on our behalf please contact Fiona McKeon on 810 2066.

Front Cover: 2009 in Pictures. Clockwise from top left:
a) Glen Power, drummer with The Script, visits Headway;
b) Chief Executives from Headway, BRÍ and Acquired Brain Injury Ireland launch a new information leaflet in June;
c) The Headway Limerick Ball in November raised over 20,000 Euro;
d) Chinese Flowers by Shu Zhang, Headway Service User;
e) A charity cycle ride in Cork in June raised over 4,000 Euro;
f) Zoe Hardy and Emer Delaney from the CIT Headway Society let rip at the Cork Karaoke Night fundraiser;
g) (centre, front to back) Marian Mulvany, Eileen Brady and Kathleen Nicoll in “A Night at Ballymaluck” produced by the Ringsend Day Rehabilitation Service Users.

Telling Tales



"A Different Life" by Catherine O'Hare

Catherine O'Hare, Headway Information and Support Officer (pictured left) interviews Anne, a long standing member of one of our support groups for family members and carers of people with an ABI. In this interview, Anne shares what life was like before her husband had a stroke and the changes to their lives that have occurred since.

Anne, what was life like before George had the stroke?

We were a normal family with our ups and downs. George worked in a civil engineering company and was earning a good wage. We have two sons both in their 20's. We had a normal social life and were able to go on holidays and do things that other families are able to do. Life was good. Things were going so well that we had decided to take out a mortgage on the house. George was manager and trainer of a local boys soccer team and we were enjoying life very much.

Tell me what happened when George became ill.

In April 2007 he had been to work as normal. He came home from work and then went to soccer training. At around 9 pm he said he was feeling tired and went to bed. After a little while I heard him coughing and ran up the stairs. George wasn't able to talk to me and he was crying. I knew that something had happened so I called the ambulance. He was brought to our General Hospital and there they told me that he had a very serious stroke and he was very ill. At this point, I was frightened as we didn't know if he was going to make it.

Eventually, some tests were done and we found out that one of the main veins in his neck was blocked. He was sent to a hospital in Dublin and he had stents put in. Unfortunately he had another stroke three days after that. It was a very frightening time. He stayed in the General Hospital until August 2007 and then he was sent to the National Rehabilitation Hospital (NRH) in Dun Laoghaire where he stayed for 13 weeks.

In the NRH, George was very determined to get as well as he could and he worked very hard. It was a difficult time for us as a family because we spent a lot of time on the road visiting the hospital and going to meetings. He made slow but steady progress and by the time he was ready to come home, his speech had started to come back and his left side, which was totally paralysed, was coming back slowly. He had learned to walk by himself with the aid of a stick. His short term memory was gone totally and that had not improved at all. George came home in October and it was so lovely to have him home again.

...some tests were done and we found out that one of the main veins in his neck was blocked...

In December 2007 he began to get worse. He began to have seizures and was readmitted to hospital. Since then he has been in and out of hospital – he is having small strokes constantly.

Tell me what life is like now.

Life has been turned upside down for us all. Really, life consists of going either to hospital or to therapies.

We had no financial concerns before George became ill. We are now living on social welfare and that is a struggle. We had to spend money getting the house adapted to suits his needs but we got a reasonable grant from the County Council to help with that. We are paying interest only on our mortgage until June 2010 and after that we don't know what will happen. My greatest fear is that we could end up with no home and we have put so much work and money in to making it a home.

George needs 24 hour care and he likes me to be around. Before George got sick I could come

and go when and where I wanted and now everything has to be planned well in advance. There is no spontaneity when you are caring for someone with a long term illness.

In the initial stages of the illness people rallied around but over time people's lives move on. I have lost two very good friends since George got sick and I will say that that makes me very sad. On the other hand I have also made some very good friends since George got sick and these people have been a great source of friendship and support during the good times as well as the bad times.

There have been times when the family has been under terrible strain but in general we work well together. The boys have different gifts and talents in relation to their Dad and I suppose one of the things I had to learn was to work on the boys' strengths rather than on their weakness. It's a matter of asking them to help in whatever way they are most comfortable doing. A girlfriend of one of the boys has also been a great source of strength and support.

I have lost a very good friend in George. Decisions that were made previously by both of us are now made by me. I also try to protect George from worrying about things. It can be a very lonely place to be when you feel that all decision making falls to you.

Life continues though. One of my sons is in college and the other is working. We all try to continue as normal and to have a happy home and we try not to focus only on George's illness but on other things. We are lucky that George is very placid and that he is generally happy enough in himself.

What do you think would have made life easier for you?

I think that we would have found things a little less difficult had we got more information at the beginning stage of his illness. I know the Doctors

find it difficult to predict what will happen but we got no information at all even as to what the consequences of the Stroke could be.

I think also that I was under the impression that the NRH was the answer to all our problems. I thought that George would come back to us the way he was before the stroke but this did not happen.

I think that my own expectations of myself have made things difficult for me but I am getting better at taking care of myself. I thought for a long time that I was Superwoman. I felt that because I am George's wife I had to look after him. I had to do personal care for George and it was hard for him as well as for me. You never think that you are going to have to do things like that - there is a real role reversal.

I have found the support group run by Headway to be a great help. I have made great friends in the group and it is a great feeling to be able to talk about what is happening without fear of judgement and to people who understand what it is like.

George now goes to the Irish Wheelchair Association in Carlow once a week which he loves. He also has a personal assistant for 6 hours a week which is a great support and he also goes for respite which he enjoys. I have found the state agencies have been as helpful and supportive as they can be and anything we have needed we have got in relation to grants for modifications to the house.

My life has certainly changed but still I have managed to do 2 courses and I am doing a carers course which I find very helpful. In the beginning I would have said so often: Why me? Why our family? I felt as if our life was over but over time, I see that life is not over but that it has changed and I suppose we have all adjusted as a family to the changes.

The most important message I have is that there is life after brain Injury. It is a different life but a life worth living.

...I have also made some very good friends since George got sick and these people have been a great source of friendship and support during the good times as well as the bad times.

A Day in the Life of a Rehabilitative Training Officer

By Paula Larkin



Life as a Rehabilitative Training (RT) officer with Headway is both challenging and dynamic. Every day brings a new experience and a slightly new perspective on the work that I do – some of which is anticipated, more of which is unpredictable. I started work with Headway in February 2008, initially

as a Supported Employment Officer and later moving to my current role as RT officer in the Ballincollig Training Centre. The RT programme caters for people who are looking to rediscover themselves and find a new path in life following the upheaval of a brain injury. I find that my role is defined not by boundaries, rules and set tasks, although these do feature heavily, but more particularly by the clients I am working with and for.

The RT programme takes a holistic approach to rehabilitation, something which I am careful to remind myself of every day. Each client I work with is unique and thus requires a degree of flexibility and imagination from me so that I can meet their needs and facilitate their growth. This emphasis on individuality plays an important role in the way in which I approach my work. I have found over the past two years that in order for a person to flourish in a group setting they must be allowed to assert their independence and feel their own way to recovery, while simultaneously learning to work in community with others.

A typical day for me involves a combination of tailored individual work and the some group and community work. We say that our RT programme “comprises cognitive, social, educational and creative rehabilitation in a supportive environment” and I try to ensure that the groups I facilitate meet the emotional, spiritual, psychological and social

needs of everyone involved.

For instance, a computer class will not just focus on learning the correct way to use Microsoft Office or how to put together a Powerpoint presentation but will also work subtly on the memory, motor, visio-spatial, receptive, expressive and social skills of each person.

When facilitating a group, I take the different learning levels, speed of processing and skill set of each person into account. Using the example of computers again, it would be in no way unusual to walk in to one of our computer groups to find one person getting to know the sequence of letters on the keyboard whilst another is putting together a complicated Excel spreadsheet at the other end of the table.

When facilitating a group, I take the different learning levels, speed of processing and skill set of each person into account.

The human brain is as complex in structure and as unique in its quirks as the personality contained within it. When the brain is injured, the rate at which and the way in which it recovers is just as complex and unique. The spectrum of needs and stages of recovery contained in any one group can be very wide ranging, which means that in my work, adaptability and patience take precedence over generic presentation and learning methods.

The assortment of groups running on the RT programme at any one time depends on the requirements of the clients within it. Our timetable includes everything from Home Management, Computers and Arts and Crafts to Advocacy, Brain Injury Awareness and Art Therapy. On an average day I will facilitate up to two groups varying in length from one to three hours. Two such groups are Advocacy, which I run alone, and Boat Building which I co-facilitate with a colleague.



(L to R) Padraig O'Duinnin (Meitheal Mara) with Headway Cork Service Users Catherine Hurley, Sophie Finucane, Hilda Hastings and Pat Healy

The Advocacy group is one that features continually on the RT timetable here in Cork and allows the clients to explore different aspects of their rights, entitlements and opportunities as engaged citizens and persons with a disability. At the moment, as a group we are working towards the FETAC Level 3 in Self-Advocacy which will give each client a basic grounding in assertiveness, confidence building, presentation skills, self belief and how to protect and defend their rights.

Every three months this group expands to include all clients in the centre, including our sister service the Day Services programme, so that the clients have the chance to air and discuss any issues they feel need to be improved or acted upon, either at a local or national level. The primary aim of the Advocacy group is to promote discussion and encourage interaction and opinions. Often following a brain injury a person's self confidence can take a massive knock. Through gentle encouragement, a lot of fun and some banter, the Advocacy group in particular can help to rebuild broken defences and spur personal growth and development.

Boat Building is one of the more unusual and in my opinion, one of the most beneficial groups I facilitate in RT at the moment. After lunch, a group of up to twelve clients travel in to the City Centre from Ballincollig to attend a traditional Currach building workshop called Meitheal Mara. Run by Padraig O Duinin, Meitheal Mara is one of the only woodsheds left in the country specialising in the traditional Irish methods of boat building. Focus-

ing on community-based social and behavioural integration, this group exercises a completely different aspect of rehabilitation than the groups confined to the training centre.

For me, this is a wonderful opportunity to engage with my clients in an external setting. In some ways placing a group outside of their established Headway comfort zone can give the greatest insight into previously undetected rehabilitative potential, progress and possible problems. Meitheal Mara have provided us with the opportunity to build a full size Dunfanaghy Currach and a Coracle. Building the boats engenders a sense of team work and camaraderie amongst the clients as well as the staff members involved. I feel like I too am part of the team and getting stuck in, which affords me a completely different insight into the way in which I work with clients on a daily basis.

Before, in between and after the scheduled groups is when I take the chance to meet with my assigned key clients on an individual footing. This one on one work can often be the most fulfilling part of my day as it is my opportunity to guide and help each client toward the unique and tailored goals that we have set together. No rehabilitative process is complete without the inclusion of goals, objectives and forward thinking.

In encouraging my clients to move beyond their past and look toward the future, be that next week or next year, I hope to help them achieve what prior to attending the RT programme they may have presumed to be unachievable in the wake of a brain injury.

In short, a day in the life of an RT officer is varied, challenging, ever-changing, stimulating, fun and above all else immensely rewarding.

Monthly Carer Support Group

Headway Dublin hosts a regular monthly support group for carers and family members of people with acquired brain injury. If you are interested to attend, please contact Ciaran at nolanc@headway.ie or telephone **01 810 2098** in advance. Keep an eye on our website at www.headway.ie/events for dates and times.



Research Round Up

Doreen Hoerold, Assistant Psychologist

Social and Emotion Perception Deficits after Brain Injury

The research papers described in this article look at difficulties with processing emotional and social information following a brain injury. Although these difficulties are commonly reported, and can have devastating effects on a person's life, it is only very recently that researchers have begun to formally measure these, and develop effective rehabilitation methods.

McDonald, S. & Flanagan, S. (2004). Social perception deficits after traumatic brain injury: Interaction between emotion recognition, mentalizing ability, and social communication. *Neuropsychology*, 18 (3), 572-579.

In this study, the authors compared the performance of 34 participants with severe traumatic brain injury (TBI) to that of a control group without injury, on a number of tasks of emotion and social perception. The first task required participants to recognise emotions from a video clip of two actors who portrayed basic emotional states, such as happiness, anger, sadness, etc.

The results showed that participants with injuries were significantly less well able to judge what emotions were being shown in these videos than those without injury. This was particularly true for those participants with injury to the frontal lobe. On separate tests of social inference, participants were shown video clips of conversations which included either sincere exchanges, lies, or sarcastic comments, which they were required to identify. Results here showed that participants with injury had no difficulties with perceiving sincere comments or lies as such, but could not identify what was meant by sarcastic comments, when compared to the control group. Overall, the authors conclude that there was high variability of results and a need for further research.

McDonald, S. & Saunders, J. C. (2005). Differential impairment in recognition of emotion across different media in people with severe

traumatic brain injury. *Journal of the International Neuropsychological Society*, 11, 392 – 399.

This study compared performance of participants with a traumatic brain injury (TBI) to that of a non-injured control group on tasks of emotion recognition using four different methods: participants were required to identify basic emotions from video clips with sound, video clips without sound, still images alone, and sound alone.

The results showed that the TBI participants had a specific difficulty processing emotional information when conveyed through sound, either with or without accompanying images, but not through images alone. This result suggests that emotional information is processed in different brain networks depending on whether the information is received visually or through sound.

Bornhofen, C. & McDonald, S. (2008). Comparing strategies for treating emotion perception deficits in traumatic brain injury. *Journal of Head Trauma Rehabilitation*, 23 (2), 103-115.

This study attempted to determine which of two intervention strategies would be useful in the rehabilitation of emotion recognition deficits. Two groups of participants with traumatic brain injury (TBI) completed a 10-week programme. One group followed an errorless learning protocol and a second group followed a self-instruction training protocol, to help identify emotional information and making social inferences.

Performance of both of these groups was compared to performance of a control group of participants who had not yet received any programme. Both groups improved in their ability to identify emotions and make social inferences. Participants who used self-instructional training protocols showed more improvement than those in the errorless learning group, although additional studies with larger participant groups are required to confirm this result.

In addition, the authors commented on the fact that many real-life improvements reported

by relatives were not reflected in the results of the questionnaires used in the study. This is noteworthy, as it is a common difficulty in rehabilitation research. Nonetheless this study represents a promising avenue for developing evidence-based rehabilitation protocols for deficits in social and emotion processing.

Tonks, J., Slater, A. Frampton, I., Wall, S.E., Yates, P. & Williams, W.H. (2009). *The development of emotion and empathy skills after childhood brain injury. Developmental Medicine and Child Neurology, 51 (1), 8-16.*

This paper summarizes what is currently known about the potential negative long-term social and emotional consequences of brain injury in childhood. In addition, the paper documents the developmental phases of emotion recognition, and how brain injury during childhood may interfere with these typical phases.

According to these authors, children develop complex emotion recognition skills by the age of 10. Throughout adolescence, these skills become more and more refined, as the complexity of relationships increases. It is during this time that the frontal lobes mature fully, provided there has been no previous injury to interfere with healthy development of these brain areas.

The authors comment on the finding that many children with an early brain injury may make an excellent physical recovery, be discharged relatively fast from paediatric services and return to school, however social and emotional difficulties may only become apparent during later stages, such as adolescence, when increasingly complex social situations make heavy demands on frontal lobe networks. This has implications for educational settings, which may not always be adequately equipped to manage the specific difficulties children may have following an early brain injury.

Thank You, Thank You, Thank You!

Peggy Mc Garry ran a table quiz in Trinity sports and leisure centre Donaghmede, Dublin, on Friday 6th Nov. Peggy's family, friends and neighbours all had a great night, and raised €1,700 for Headway in memory of her dear daughter Trish Mc Garry. Huge thanks to Peggy for her continued support.

Ms Lynch's class of **Scoil Dara**, Kilcock, Co Kildare did a cycle ride on 12th November 2009 in aid of Headway. They braved the weather and cycled through the wind and rain to raise money for us. Special thanks to Sarah Kenehan and Karen Doyle

for getting in touch with Headway to arrange the day.

The **Ringsend Day Services** team had a "Carols and Cakes" Christmas coffee morning in the Ringsend Day Centre on Thursday the 10th which was attended by locals and client family and friends and raised €500!

What you say...

"Coming here with other people who have brain injuries I feel like I fit in... people here understand"
Rodney Vickers



Headway Ringsend Service Users and Staff



Bitten by the bug: Running for Headway

by Louise Carey

In October 2009, Louise Carey from our Limerick office ran the Dublin City Marathon in aid of Headway. She talks to Richard Stables about how she got herself across the finish line of one of Europe's premier running events and raised vital funds into the bargain.

What gave you the idea?

I suppose I've always wanted to do a marathon and I'd said I wanted to do one before I'm forty. Working at Headway, you're so grateful for what you have and also I knew it would make a good fundraiser. A friend did one and said I'd be well able, so I downloaded the information from the website and I started the training myself.

When did you have to start training?

I'm not an experienced runner so really it took about six months, including two months before I could even start training. At the start I had to walk for five minutes then run for five minutes. I wouldn't be the most fit person and because I'd never done anything like this in my life, I had to spend that extra time at the beginning. I never actually thought I could do it - I really didn't. I worked away on my own at first. When I got up to about four miles, my friend put me in touch with a gym and they helped me with a programme. So then I had to train 4 days per week with 4 runs, 2 long runs, one hill run and a day of weight training.

How did you keep motivated?

I had loads of injuries and I have four kids, so ... it was tough! I had everybody roped in to help. I didn't want to take too much time away from the kids but at the same time I had to get ready for the marathon. My first injury was to my shins. I got physiotherapy and treatment from a physical therapist but I was distraught. I came in crying thinking that I wouldn't be able to do the run, - and this was with two months to go! But I got back on track. I'm very stubborn, determined and competitive which I think helped me get through it. The Headway clients here were also fantastic. I

used to come in and give them updates on how I was doing -so they motivated me as well.

I got very sick at one point. I hadn't been sick for 10 years and then I got a chest infection. That drove me mad! I wanted to get back running. It's like a bug, and once you start you can't stop. It was just the most wonderful experience of my life. I've never done anything like it before.

So when it came to race day, how were you feeling?

So nervous. I usually never stop talking, but I couldn't speak. My whole family was there - my sister was running also. The night before in the hotel, I couldn't talk. My mother said, "Louise, you're very quiet!" but I couldn't speak I was so nervous. I kept thinking - What if I can't do it? I knew I didn't want to end up walking. I had trained to run the marathon, so I either ran it or didn't do it at all. But I got there.

And the race?

It was just amazing! The whole race was amazing. The weather was beautiful, the sun was shining. The support in Dublin was amazing. The crowd had drums, music. You'd come into a built up area and there'd be loads of people egging you on and loads of noise.

I saw loads of people dropping out - loads of men actually (don't know why that is!) and that was a bit frightening. I saw one girl taking awful fall, people frothing at the mouth. I also saw people on stretchers so there were definitely moments. I hit 17 miles and I thought Oh my God, I'll die! But I got going again though, and by the end I think I could have run another few miles.

I kept thinking about one of our clients here. She uses a wheelchair, but she'd like to do the marathon in her wheelchair. That helped. Everything helped. I had loads of support, loads of text messages. Getting through to the finish line - I'll never be able to relive that again, it was just... amazing.

I guessed you raised some money?

I think the final amount was around 2000 Euro. I'm going to do the Limerick one now, I've been bitten by the bug. Running is really enjoyable, very good for clearing the head – watch out, I'll have you running next!

We'd like to say congratulations to Louise and a huge thanks on behalf of Headway for her amazing achievement.

Runs/marathons appeal

If you are thinking about taking part in any of the upcoming runs, mini marathon/marathons in 2010 please do one in aid of Headway. We are launching an appeal for volunteers to participate in any of the runs to raise funds for our services. We will supply your sponsorship form and T shirts and you register with the chosen run, for more information please log onto www.headway.ie or email mckeonf@headway.ie

Research into Practice: Exploring the experience of participating in a Drama Based Cognitive Rehabilitation Programme.



Aisling Burke, one of our Rehabilitative Training Officers in Limerick, was part of a research team that looked at clients' experience of participating in a Cognitive Drama Programme. For this edition's 'Research into Practice' section, she and Niamh Bowen, VEC Tutor, write about the research project and what Cognitive Drama means for clients.

Last year, thirteen trainees in the Headway Limerick centre took part in a Cognitive Drama research module. The research looked at trainees' experiences of drama in the training centre and the study was conducted to better understand what the clients gained from using drama specifically for cognitive rehabilitation.

The Cognitive Drama module was designed by Niamh Bowen, VEC Tutor for people with Acquired Brain Injuries (ABI). The work was in development over a four year period and during this period the exercises and games were tried and tested and refined and modulated as a result. Each of the exercises used addresses difficulties commonly experienced by people with Acquired Brain Injury.

Taking inspiration from the philosophical approach of Brazilian educator Freire (1970), drama classes focus on cooperation, mutual respect, trust, unconditional caring and humility between trainer and students; this approach diminishes the fear of public performance over time and allows for a supportive creative environment. Cattanach (1996) says "Drama can be an excellent way of developing self esteem with groups of children and adults with disabilities both as a medium to develop creative expression and as a way of learning tasks and skills". Skills must be taught systematically with opportunities for practice with feedback in both the instructional setting and the natural environment (Durlak, Rose and Bursuck,

1994). Alley and Deshler (1979) provided 4 strategies for developing oral language skills in the adolescent with learning disabilities: (a) wait time, (b) rehearsal time, (c) feedback, and (d) surface counselling. These strategies were incorporated into the design of the Cognitive Drama module for use with people affected by Acquired Brain Injury.

Additionally a number of other considerations were taken into account during the design phase, which included:

- Incorporating rest periods within class time
- Checking in with the trainees to ensure that instructions for games are understood, and asking trainees to repeat instructions
- Allowing for informal chat time 10 minutes before end of the session. This is a valuable time for the tutor to check in with trainees as to where they are at emotionally or personally and gives trainees a chance to speak about what they find difficult outside of the formal constraints of the class
- Challenging the trainees - if an exercise is not working for them that they are not afraid to move on at the next opportunity;

The study comprised twelve sessions, each lasting up to 3 hours including breaks. Each session began with a vocal and physical warm-up to energise the voice and the body. This was led by the tutor in the first few sessions but the trainees were subsequently encouraged to devise their own warm-ups and to lead the group in that warm up.

Three themes emerged from initial analysis of the research:

COGNITIVE:

Participants reported experiencing cognitive benefits from participation in the Cognitive Drama Module. Clients reported that it *'got my brain working again'* (Session 1) and that it *'kicked started my grey matter in the head'* (Session 12) and that it was *'good stimulation for the brain'* (Session 7). Clients reported that the Cognitive Drama had positive effects on concentration and commented that *'we were practicing our concentration skills in such a way that we didn't realize'* (Session 5) and *'I find that the drama sessions improve my concentration and focus'* (Session 8).

SOCIAL:

Participants reported social benefits from participation in the module with clients reporting *'It*

helped me gain my confidence back' (Session 1). One client reported that *'It helped me get to know the other clients'* (Session 1) and that *'it was a way of getting the group closer and more friendly'* (Session 4).

PHYSICAL

Participants reported that there were both positive and negative physical aspects in the Cognitive Drama Module. Participants reported *'I feel it is good for balance and co-ordination'* (Session 10) and that *'Moving our arms and legs in unusual directions breaks down any inhibitions or nervousness within the group'* (Session 1). In contrast, one client reported that the physical aspect of one of the sessions was challenging and that *'I couldn't do some of the exercises because of my physical problems'* (Session 1).

This exploratory study suggests that, overall, participants found the Cognitive Drama Module to be a positive experience from which they could gain cognitively, socially and physically. In addition to the themes mentioned, the participants praised the Cognitive Drama Module with at least one participant from each of the twelve sessions reporting that they enjoyed it. Another participant described their experience of the Cognitive Drama Module as a *'very productive, creative, fun, rewarding, positive interaction'* (Session 4). A number of participants reported being impressed with the Cognitive Drama Module with one participant stating that *'I would like if we could have more of these sessions'* (Session 2).

People involved in this research:

Aisling Burke – Training Officer, Headway, Limerick; **Denis Mangan** – Centre Manager, Headway, Limerick; **Niamh Bowen** – VEC Drama Instructor, Limerick; **Mairead Ni Eidhin** – Senior Clinical Psychologist, Headway, Cork

Special Thanks to Clients in Headway Limerick who participated in this research



HEADWAY

Contact Information

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

email: helpline@headway.ie

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

Dublin 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
Rehabilitative Training & Day Rehabilitative Services, Employment Support, Neuropsychological Assessment, Psychotherapy, Counselling and Information and Support.

Cork Office

Unit B3, Link Road Business Park, Ballincollig, Cork
Tel: (021) 487 1303 **Fax:** (021) 487 1305
Rehabilitative Training & Employment Support, Rehabilitative Day Services and Community Integration.

Cork Psychology & Family Support Services

The Lodge, University Technology Centre, Curraheen Road, Cork
Tel: (021) 434 7625 **Fax:** (021) 434 7477
Brain Injury Rehabilitation, Neuropsychological Assessment, Psychotherapy, Counselling, Family Support, and Social Work Services.

Limerick Office

Jutland Hall, Steamboat Quay, Dock Rd., Limerick
Tel: (061) 469 305 or (061) 469 306
Rehabilitative Training, Vocational Training Programme, Supported Employment, Neuropsychological Assessment, Psychotherapy, Counselling and Family Support

Kerry Office (Psychological Services)

Fairies Cross, Clounalour, Tralee, Co. Kerry
Tel: (066) 711 9320 **Fax:** (066) 711 9321
Rehabilitative Training, Vocational Training Programme, Supported Employment, Neuropsychological Assessment, Psychotherapy, Counselling and Family Support

South East Office

6B Prior's Orchard, John's Quay, Kilkenny
Tel: (056) 778 6240
Information and Support, Family Support

Diary Dates

Comedy Night 12th March

Fed up with talk of the recession, budgets, doom and gloom? Well turn that frown upside down and book your tickets for The Headway Comedy Night

Date: 12th March

Venue: The Laughter Lounge

Line Up: Josh Howie, Fred Cooke, Colm Mc Donnell and Steve Cummins. For Tickets (€25), contact: Fiona McKeon 018102066 or mckeonf@headway.ie



Brain Awareness Week – March 2010



Date for Your Diary: Monday 8th to Sunday 14th March 2010. This is National Brain Awareness Week – it is a chance for us all to raise awareness about brain injury and Headway.

If you would like to get involved, contact your local Headway centre or Ruth Lunnon in the Manor St office on 01 810 2095 or lunnonr@headway.ie. We will be organising events at our centres around the country and will have details up on our website shortly: **www.headway.ie** Also see **www.nai.ie** for information on lots of other events planned.

Your Brain and You: Public Workshop with Prof Ian Robertson, Professor of Psychology, TCD

This workshop is aimed at the general public, and will be fun and informative. Professor Ian Robertson will talk about the latest research and techniques to get the most out of our brains.

Date: Thursday 18th March 2010
Time: 7.30p.m. – 9.30 p.m.

Venue: National Concert Hall, Dublin
Fee: €40.00 (Concessions €25).

Visit: www.seminars.ie to book or see further details, or phone: 01 287 5524
 Professor Robertson will be kindly donating his proceeds from this workshop to Headway.

