

Cognitive Rehabilitation Groups

An Occupational Therapy and Neuropsychology Project

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Objectives



The evidence base



Why cognitive rehabilitation groups in community and inpatient settings?



About the groups



Occupational Therapy and Psychology joint working



Group content and feedback



Reflections and learning/the future

Evidence base

- Cognitive rehabilitation can be defined as “any intervention strategy or technique which intends to enable clients or patients, and their families, to live with, manage, by-pass, reduce or come to terms with cognitive deficits precipitated by injury to the brain” (Wilson, 1989).

Evidence base

- Interventions try to achieve functional changes by using restorative or compensatory approaches, based on four key components:
 - Understanding/education
 - Process training
 - Strategy Development
 - Functional application
- Cognitive rehabilitation groups have been shown to be effective and economical ways of providing rehabilitation, reducing the perception and/or impact of cognitive difficulties on functioning and improving mood (Rogan 2008; Bray et al., 2016; Griffin et al., 2022; Lincoln, Bradshaw, Constantinescu et al., 2020).

Why were the groups developed?

- For participants:
 - Augment 1:1 Interdisciplinary team rehabilitation
 - Peer support
 - Community - accessibility (large geographical area)
 - Include their carers/supporters
- Working within limited resources -maximise clinical time

Carer Voices

“I want to understand how to cope with the situation without getting irritated and anxious”

“I would like to have more confidence to leave my loved one alone in the house”

“I would like to have more patience and to communicate better”

“I would like to worry less when he goes out without me”

“I’d like a better understanding of strategies that we can use to help my husband”

Rehabilitation needs

- **Group participants identified:**
 - Trouble forming thoughts
 - Trouble concentrating
 - Slowed thinking
 - Difficulty remembering where they put things
 - Difficulty remembering new information
 - Forgetting people's names
 - Having to work harder to keep track of tasks
 - Getting distracted easily
- Impact on quality of life

Our groups aim to provide...

- Understanding of condition/injury
- Functional implications
- Evidence-based strategies
- Strategies to manage day-to-day activities
- Increased confidence and optimism in ability to adapt
- A positive impact on quality of life

Why Occupational Therapy + Neuro- psychology

- Specialist knowledge and skills in supporting people who have experienced changes to cognition
- Complementary skill sets
- Joint working supports adjustment
- Approaches for day-to-day living
- Identifying participants and support group dynamics
- Learning from each other

Overview of groups

Community

- 6 weeks, 2-hour sessions
- Workbooks sent out in advance
- Near Me
- Invitation for carers/supporters
- Outcomes: COPM, carer questionnaire, FACT and QOL measures pre and post

Inpatient

- 6 weeks, 45 minute sessions
- Workbooks to back up sessions
- In person
- Outcomes: COPM, Awareness questionnaire, feedback form
- Used QI framework: PDSA

Group content

Community

- 1: Introduction to brain and group rules
- 2: Carer considerations
- 3: Attention/information processing
- 4: Memory
- 5: Executive function
- 6: Consolidation, review of goals and next steps

Inpatient

- 1: Introduction to brain and group rules
- 2: Attention/information processing
- 3: Sensory changes, visual perception and language
- 4: Memory
- 5: Executive function
- 6: Conclusion and self-care advice - Fatigue, mood, alcohol

Inpatient group feedback

- Weekly feedback gathered via questionnaire after group and collected by staff
- All participants enjoyed the group and key feedback as follows:
 - Particularly enjoyed relationships, “no pressure” and learning environment.
 - Relevant content
 - Participants reported they would prefer more discussion.

Community group feedback

- Feedback questionnaires were posted out – pre and post:
- Carer questionnaire and quality of life measure
- COPM – outcome measure shows positive increase in people's participation and satisfaction scores in relation to cognitive goals

Reflections on groups and joint working

- Staffing/resource
- Participant attendance
- Peer support for participants/carers
- Share and normalise experiences
- Joint working/skill mix – learning from one another
- Increased insight
- Helps reinforce and learn compensatory techniques
- Group dynamics
- Online vs face to face

Learning and what next?

- Continue peer support – valued
- Poor return of evaluations – consider electronic
- Demonstrating outcomes and patient feedback crucial to future success
- Consider referral approach from inpatient and other services
- Next steps - run group with more QI focus

Any
Questions?

