



# THE Oliver Zangwill CENTRE

## How to Translate Principles into Practice in Neuropsychological Rehabilitation

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# Aims

- Provide guidelines for translating principles into practice in neuropsychological rehabilitation
- Provide a model of formulating and implementing a rehabilitation plan
- Present a case example to illustrate case formulation and treatment of cognitive problems based on this approach (the case example is of an outpatient but the principles apply to all)



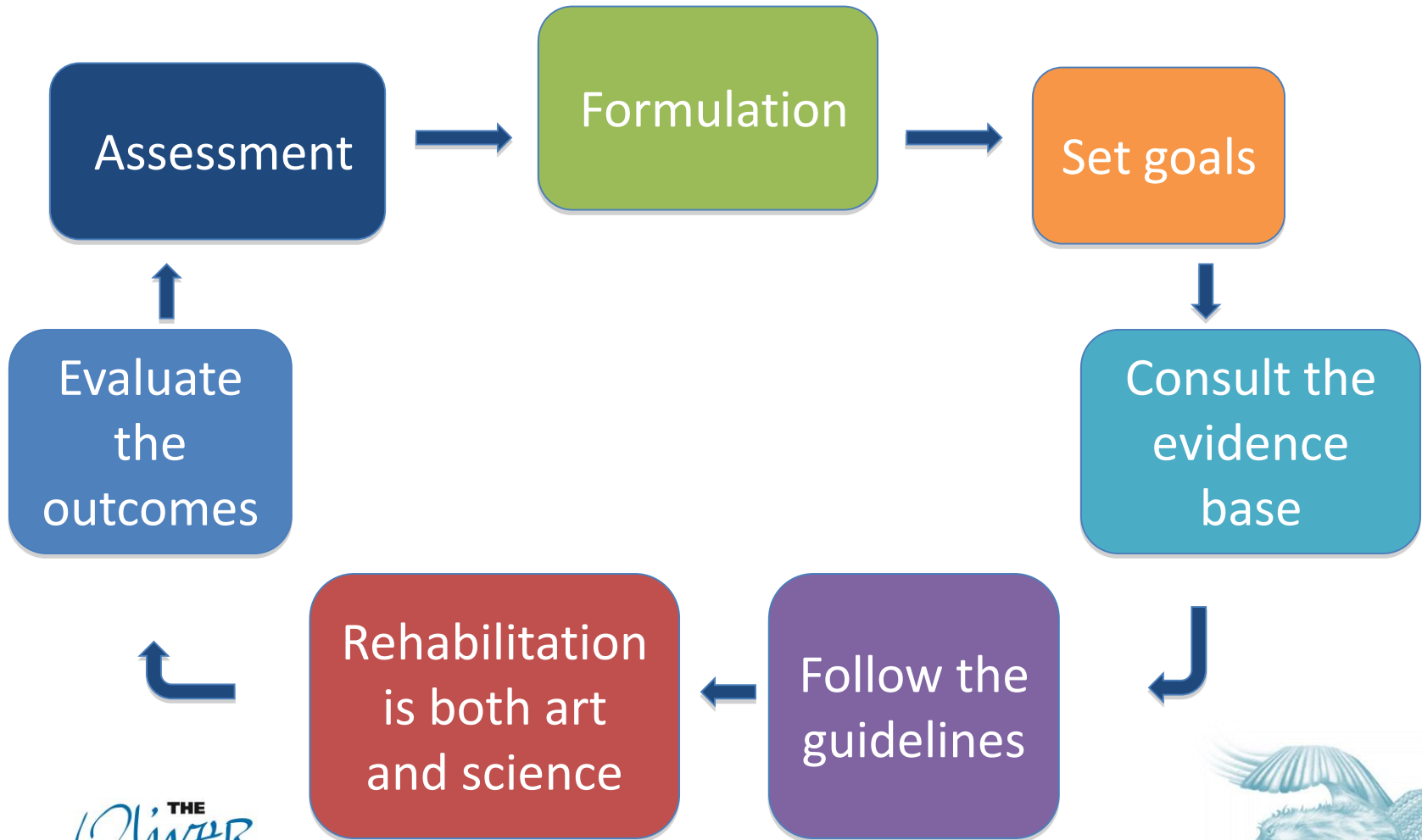
# Meet Eddie

Eddie was referred to the Oliver Zangwill Centre in 2014 by his family doctor.

The purpose of the referral was to address both the cognitive consequences of brain injury and the emotional distress that has resulted from it.



# Setting up a rehabilitation programme



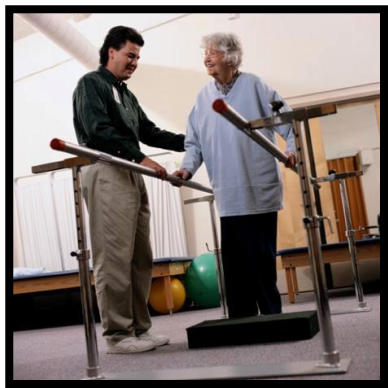
# Setting up a rehabilitation programme

Assessment



# Assessment

Each team member carries out discipline-specific assessment.



Physiotherapy



Occupational therapy



Speech and language therapy



Psychologists assess mood and cognition using standardized tests





# Assessment

Family  
Interview

Mood  
Assessment

Clinical  
Interview

Cognitive  
Testing

Lunch with  
Clients

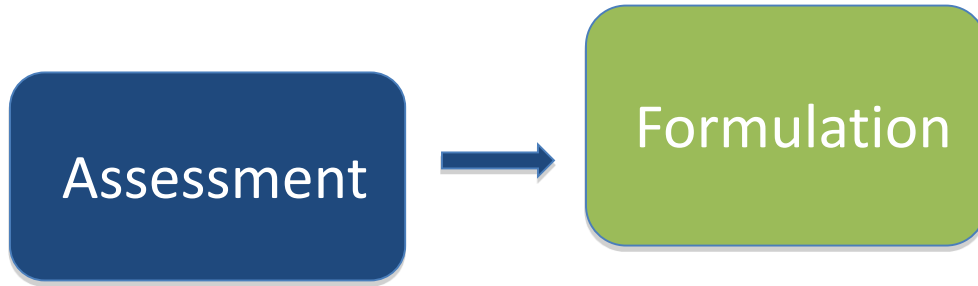
Participation in  
Programme Groups

Community  
Observation

Functional  
Task

Feedback to  
Client and  
Family

# Setting up a rehabilitation programme





# Formulation

The team integrates their findings of changes in cognition, emotion, behaviour, physical well-being, communication, and function with their understanding of the person's social context and sense of identity prior to injury.

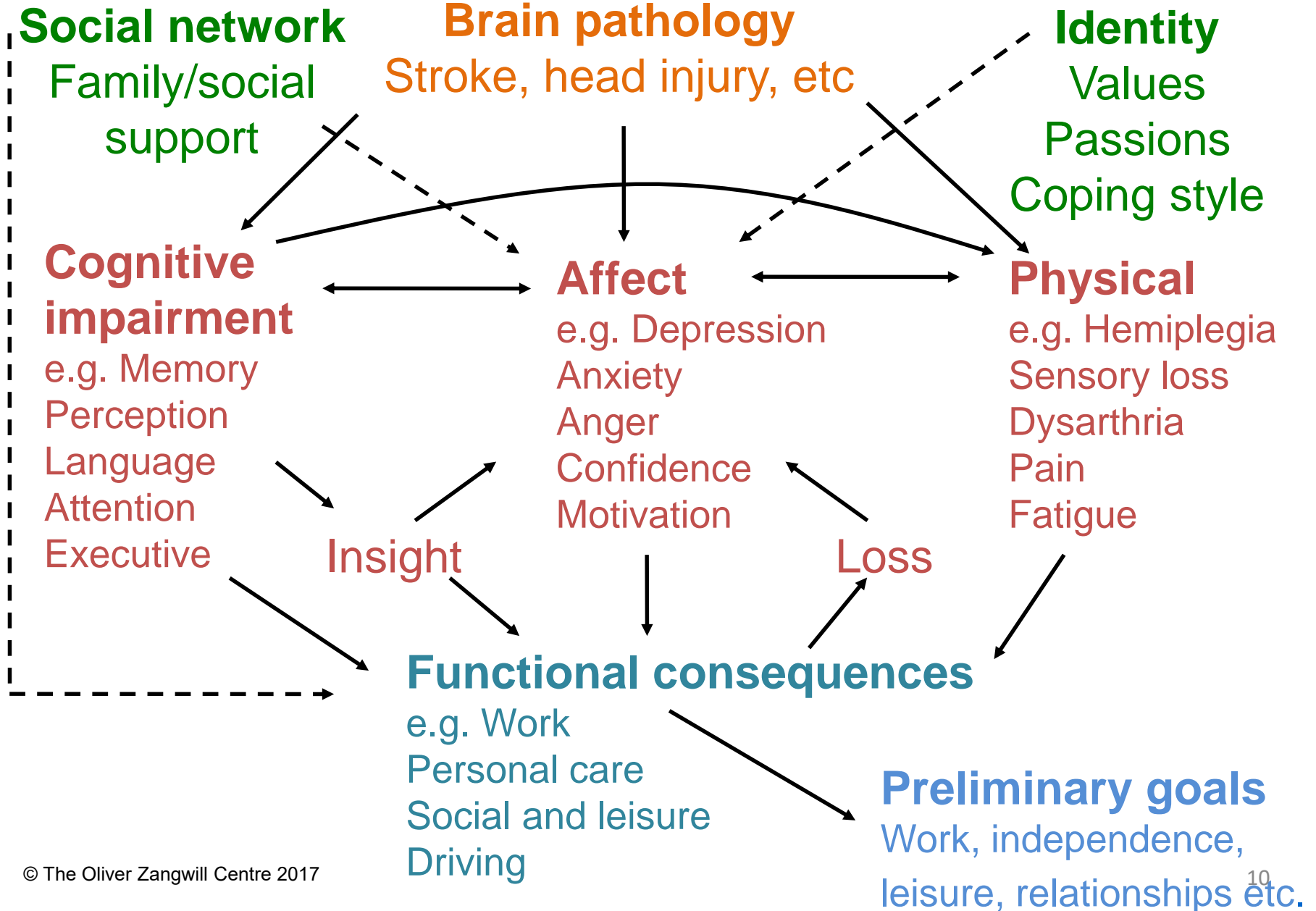
*Teams working together create the best formulations and rehabilitation plans*



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# Formulation



# Formulation

## Family and Social Situation

- Married to Jo for 45 years
- Four adult children
- Five grandchildren so far
- Wide social circle

**Eddie**  
68 years

## Identity

- Family man
- Community-minded
- Responsible, determined, motivated
- Many interests: archaeology, opera, football, classic cars

**Limbic Encephalitis, 2013**

## Physical

- Mostly fine
- Mild fatigue

## Functional

- Lives in family home
- Independent in personal care
- Needs prompts for domestic tasks
- Not driving
- Wife handles paperwork
- Retired 2003
- Reduced volunteering and social participation

## Cognitive

- Intellectually able (top 5%)
- Good attention, processing speed, language and communication skills
- *Amnesia*
  - Not oriented to time/place
  - Anterograde: Retain info ~1hour
  - Retrograde ~20 years: semantic + episodic
- Recognition > recall
- Visual cues occasionally help

### *Executive functioning*

- Reduced initiation & emotional control
- Mild reduction in self-monitoring; impulsivity
- Good planning with support

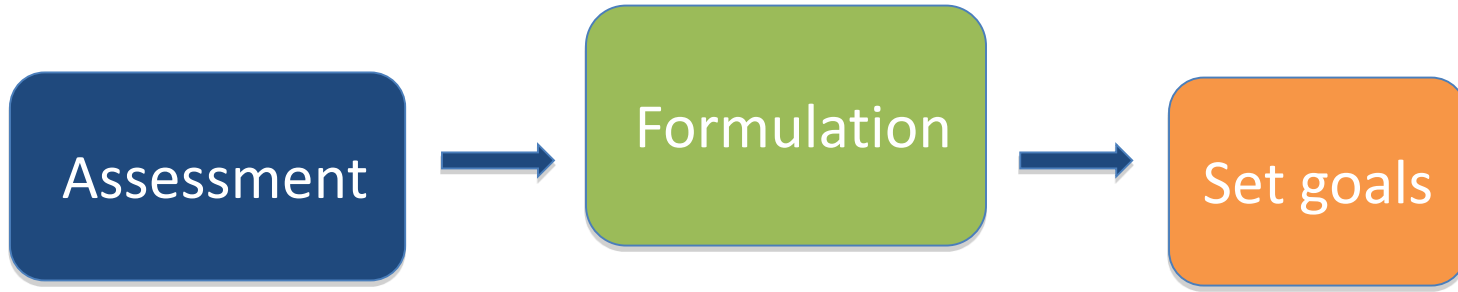
## Emotional

- Distress in response to losses and changes (sadness, frustration)
- Identity change
- Worried about being a burden on family
- Not anxious or depressed

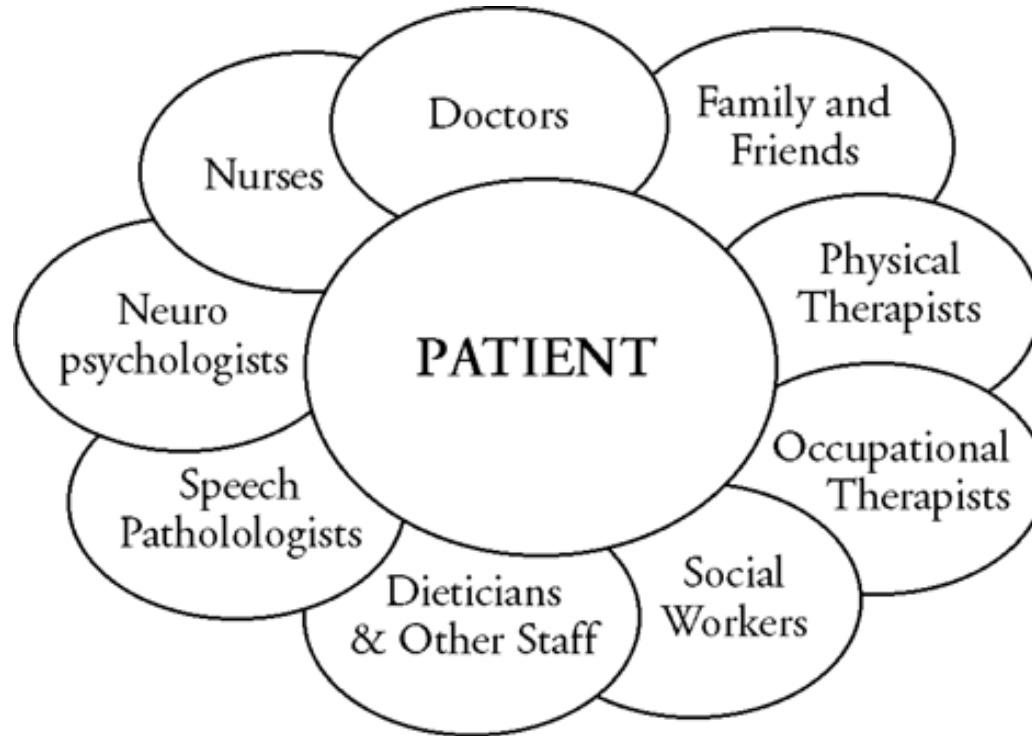
## Goals

- Reduce burden on wife
- Strategies for memory
- Family support
- Identity: feel comfortable with who I am now

# Setting up a rehabilitation programme



# Goals are individualised



Goals are individual, so it is important that everyone (patient, family, team, funders) is clear about the aim of rehabilitation.



# Goal setting

*Best done jointly with team and patient*

SMART goals:  
Specific  
Measurable  
Achievable (but  
challenging)  
Relevant/Realistic  
and with a Time frame

Specific

Measurable

Achievable

Relevant

Time-bound

Smart goals can be measured and used to demonstrate the effectiveness of the intervention.



## Одна СИДОРОВСКАЯ (SMART) цель у человека с инсультом

- Специфична
- Измеряема
- Достижима
- Реалистичным
- Определена во Времени)



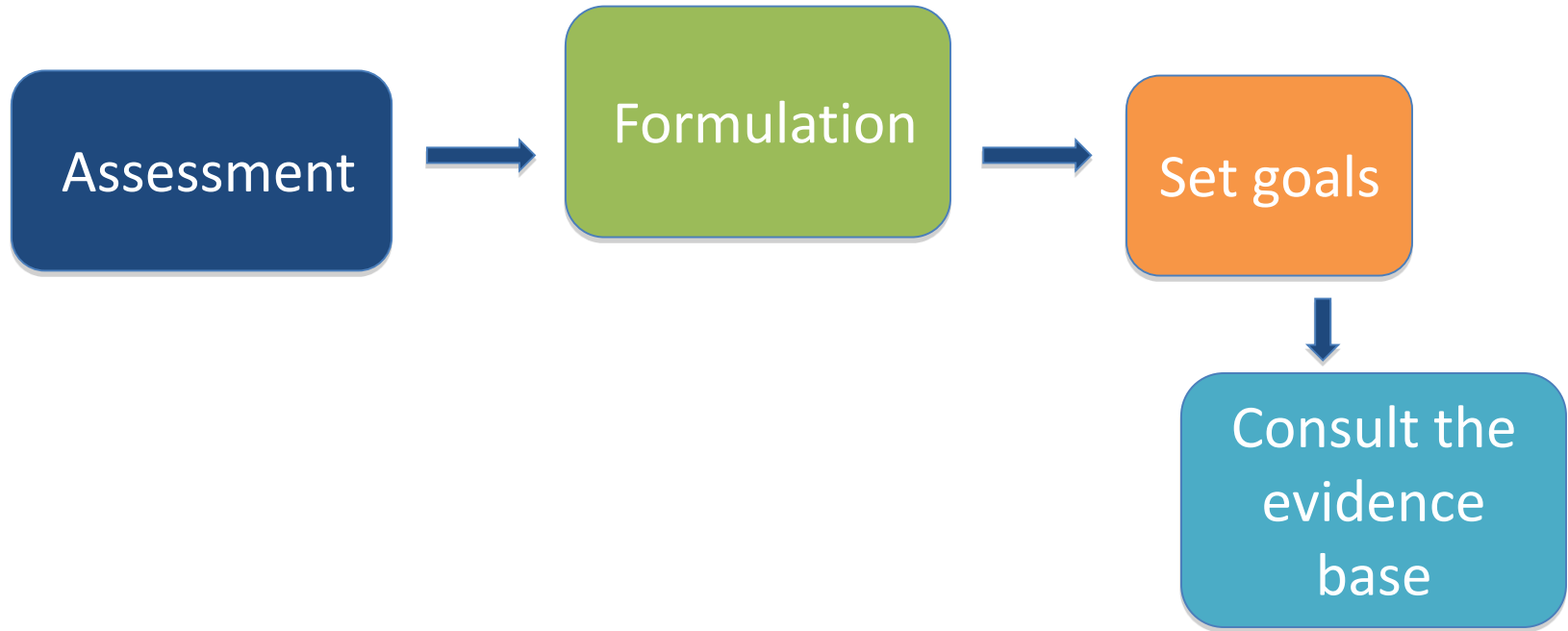
# Goals for Eddie

## Goals

- Reduce burden on my wife
- Strategies for memory
- Family support
- Identity: feel comfortable with who I am now



# Setting up a rehabilitation programme



# INCOG Guidelines for Cognitive Rehabilitation:

J Head Trauma Rehabil, 2014, Vol 29, No 4

- An international team of researchers and clinicians convened to develop clinical practice guidelines for cognitive rehabilitation of post-traumatic brain injury
- Reviewed previous recommendations and the literature
- Developed decision algorithms
- Prioritised recommendations and developed audit criteria to evaluate adherence to best practice for evidence-based care



# Evidence for rehabilitation of memory

Velikonja et al, 2014: INCOG

Rehabilitation for memory problems consists of two basic approaches:

**Compensation** – uses the person's residual cognitive strengths to minimize the functional impact of the memory impairment on everyday activities

**Restoration** – aims to improve the specific impaired cognitive function through repeated exercises or massed training trials



# Evidence for rehabilitation of memory

## Compensation

**Internal strategies:** help people increase conscious effort during the encoding phase by increasing the ability to monitor task performance

**External strategies** use physical tools to compensate



# Evidence for rehabilitation of memory

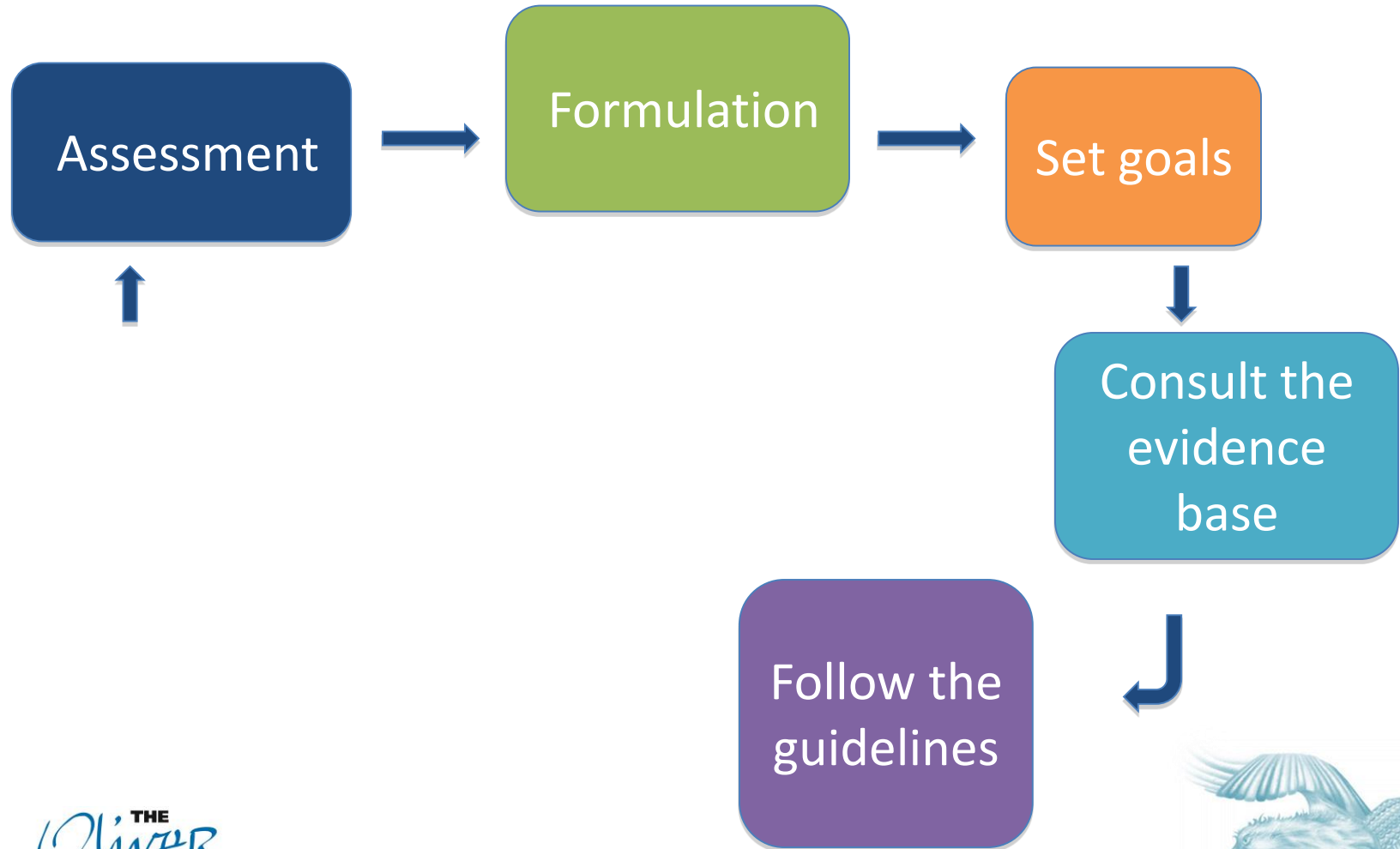
**Conclusions:** There is good evidence for the integration of internal and external **compensatory** memory strategies that are implemented using instructional procedures that consider functional relevance and important patient characteristics for rehabilitation for memory impairments



*The evidence for **restorative** strategies such as computer-based brain training programmes is weak.*



# Setting up a rehabilitation programme





# Follow the guidelines

SIGN Guidelines: for those with severe memory impairment, external compensations with a clear focus on functional activities is recommended.

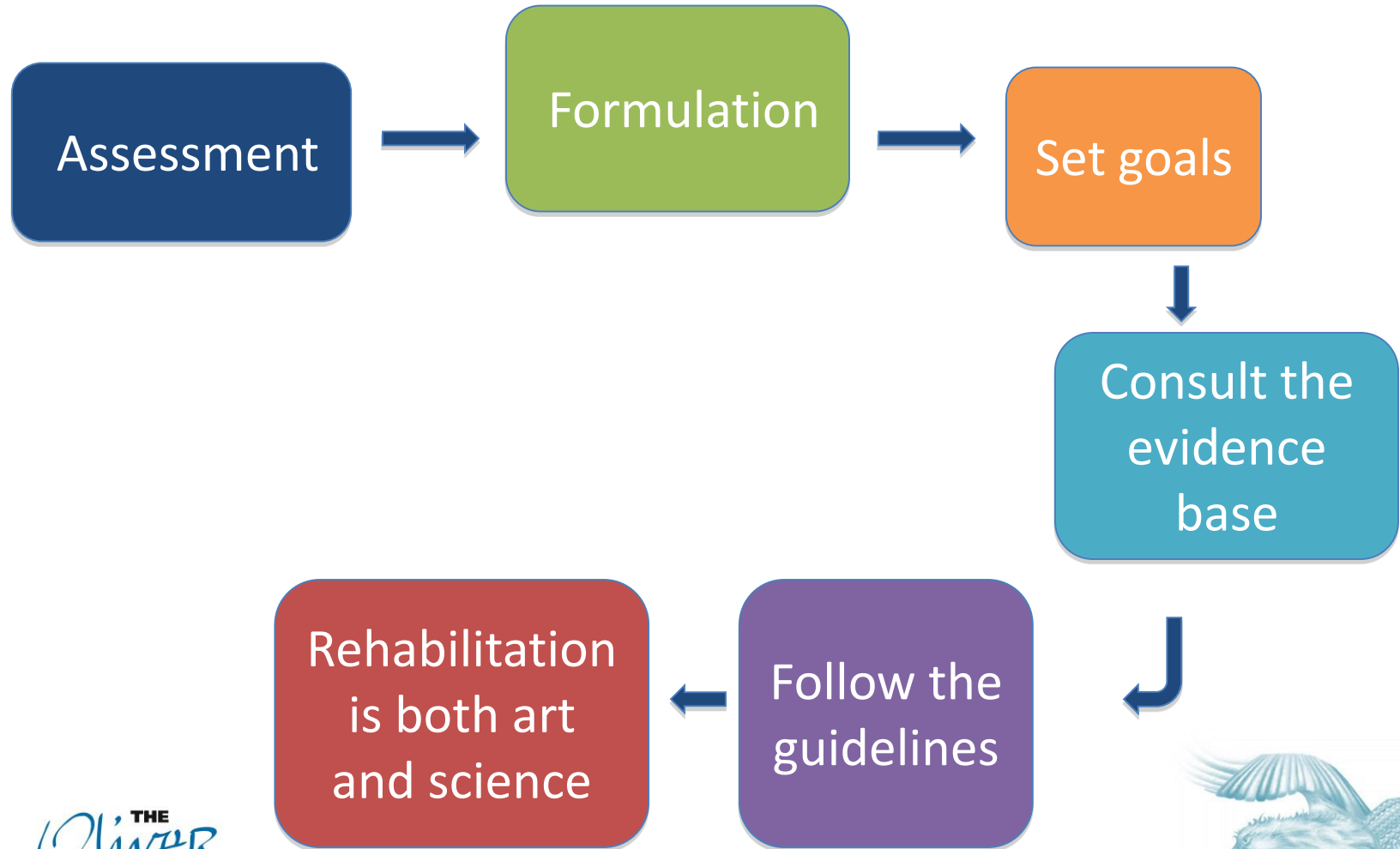


<http://www.sign.ac.uk/pdf/sign130.pdf>

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# Setting up a rehabilitation programme



## Interventions

*Intensive  
Programme:  
Assessment,  
Groups,  
Milieu*

*Attention  
Process  
Training +  
NeuroPage  
alerts for  
diary use*

*Errorless  
learning  
with Google  
Maps for  
routes*

*Family  
support and  
education*

*Home-  
based  
support  
with trained  
volunteers*

## Timeline

*EO on OZC programme*  
*Plan strategy with EO & family*  
*Advertise via university*  
*Recruit with EO & family*  
*Group training at OZC*  
*Group Skype supervision*

*Expand supervision intervals*

*Facilitate recruitment*

*Reduce supervision intervals*

*Expand supervision intervals*

0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18

# Attention Process Training (APT)

(Sohlberg & Mateer, 1989)

The aim of APT is to help clients to learn new information or skills

APT is evidence-based and uses principles from cognitive psychology to help the client to acquire new information in a systematic, graded manner.

The target information is broken down into small steps and repeatedly practised until the client is able to perform them independently in functional situations.



# Attention Process Training

APT helps clients focus attention to the task and utilise intact implicit and procedural memory systems.

APT incorporates principles of effective learning, such as spaced retrieval (recalling over increasing delays) and errorless learning (minimising mistakes that may compete with the 'correct' information).



# Errorless Learning

Errorless learning is a technique of active repetition with a client, designed in a way so that mistakes cannot be made. This process depends heavily on intact procedural memory.

The aim of errorless learning is to support clients with memory challenges in learning new skills and information.

We try to avoid errors because people with amnesia tend to remember their own mistakes better than they remember corrections to their mistakes.



# Eddie's Filofax

Through ATP, Eddie now uses his Filofax as his external memory system.



*Eddie refers to his Filofax as his 'Bible'*





# The 8 sections to Eddie's planner

- 1) **Orientation:** Tells Eddie where he is (very important to update if Eddie stays in unfamiliar places)
- 2) **Fingertip information:** Quick access to important information
- 3) **Forward planner:** To record and keep track of future plans and appointments
- 4) **Diary:** To record a journal of past events
- 5) **Log of actions:** A To Do list that stores future intentions and actions in one place
- 6) **My life:** To store autobiographical memories
- 7) **Who's-who:** To store information about the people in Eddie's life
- 8) **Temporary storage:** For receipts, leaflets etc. gathered and to be reviewed at the end of the day by Jo and Eddie.



# NeuroPage

NeuroPage is an automated messaging service provided by OZC

Messages support prospective memory and act as reminders for appointments, meetings, medication taking etc.

Messages can be customised and can be sent any time you wish.

*Eddie currently receives messages regarding taking his medication.*



*You could set this up in Russia.....*



# Route finding

Memory has a key role in finding our way around familiar and unfamiliar settings.

For Eddie, learning a new route is affected by difficulty storing the memory of the different steps of that route.

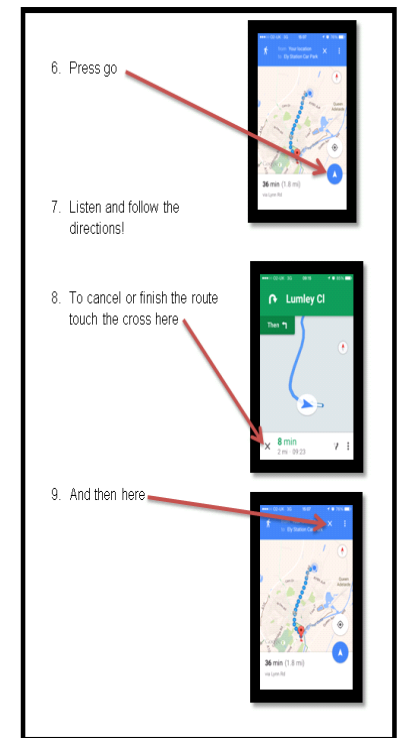
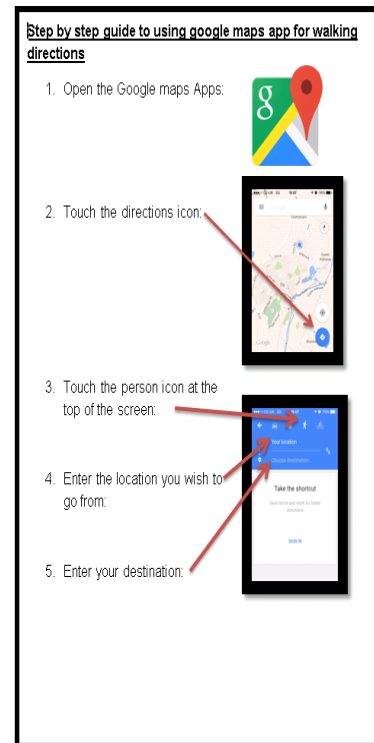


# Goal: Learn new routes to improve independent travel

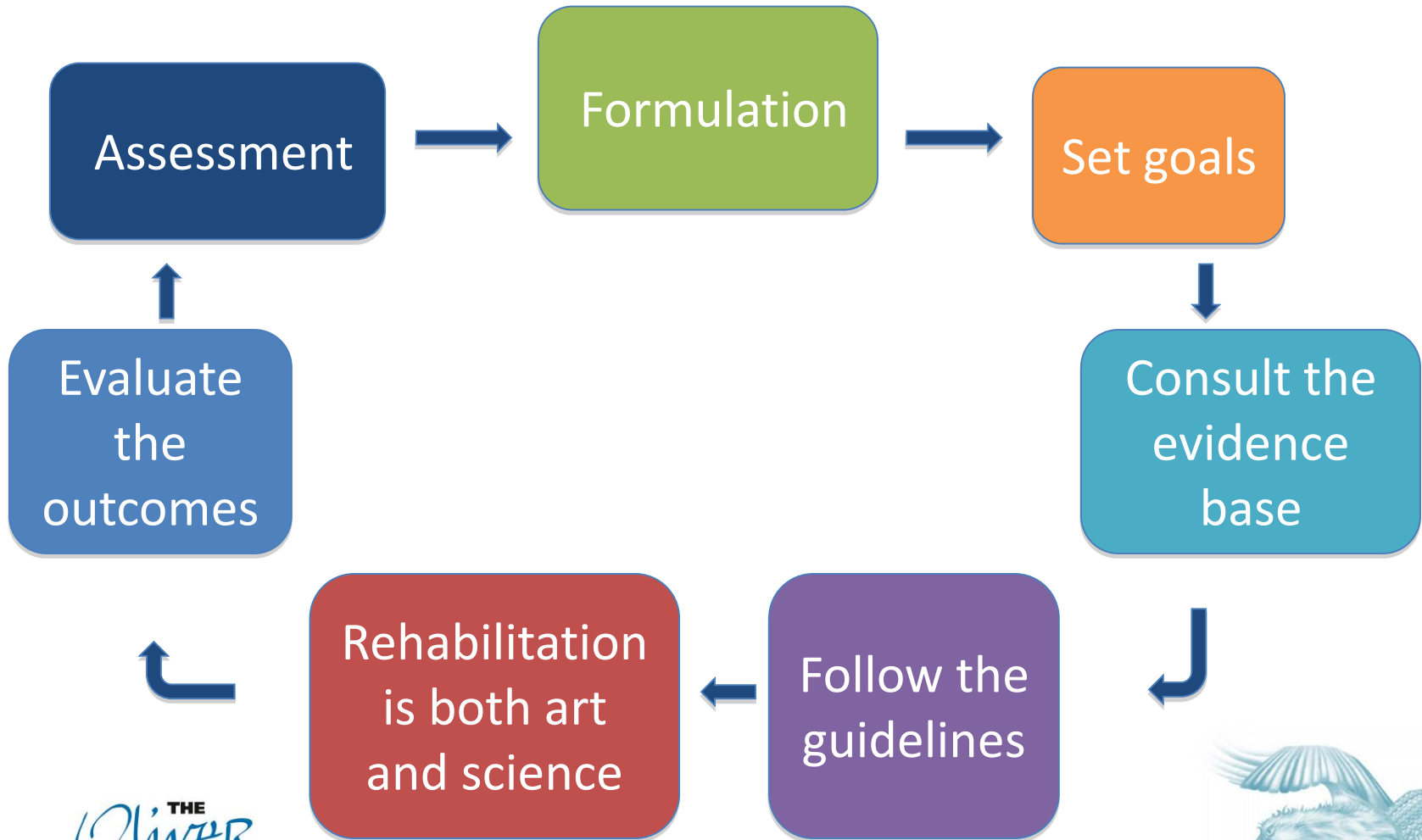
**Inefficient:** Teaching a new route each time Eddie wants to go somewhere new.

**Efficient:** Teaching Eddie how to use the Google map app for walking to new places.

**Plan:** Use errorless learning to teach Eddie to use the app.



# Setting up a rehabilitation programme



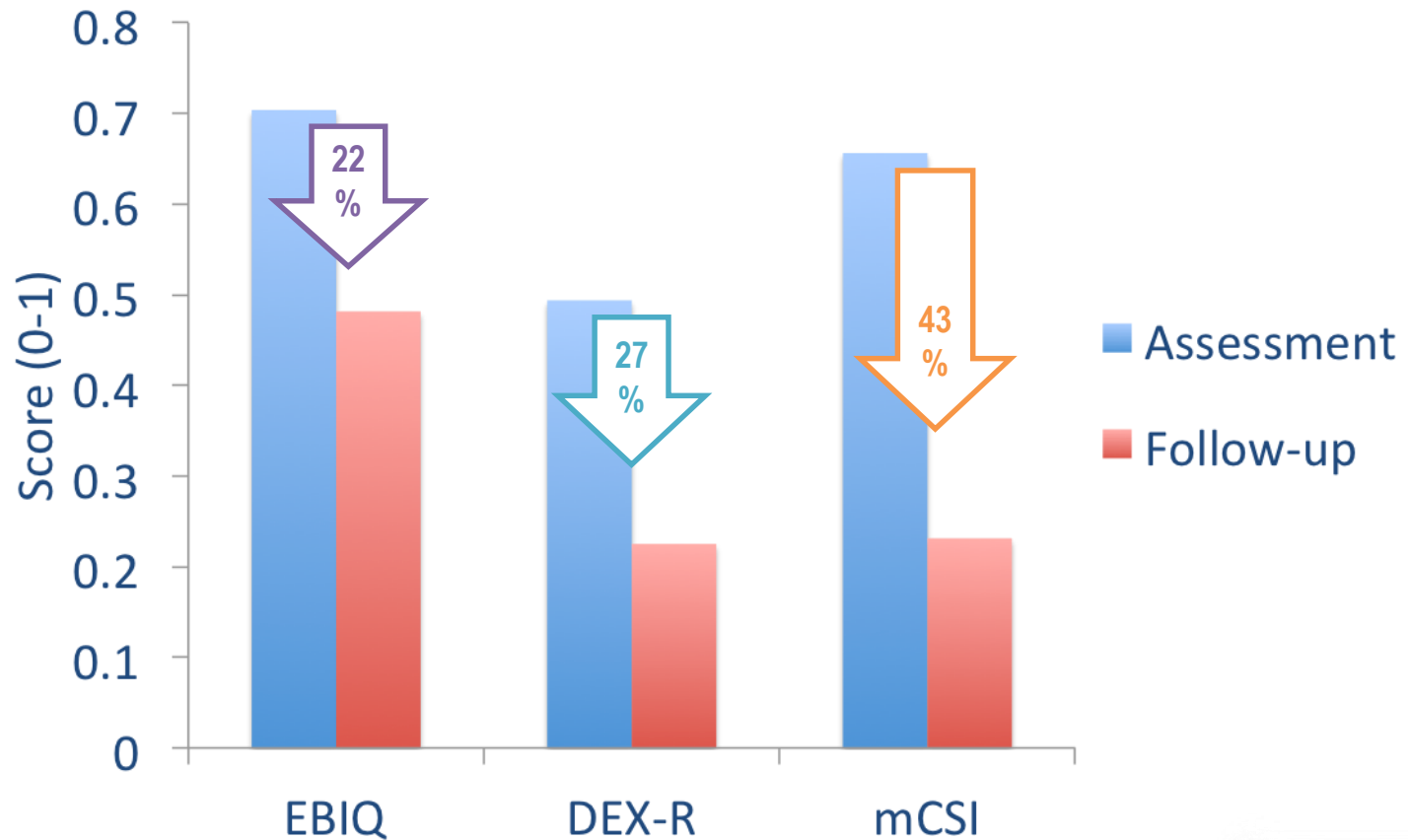
# Goals for Eddie

## Goals

- Reduce burden on my wife
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- Identity: feel comfortable with who I am now



# What were the outcomes?



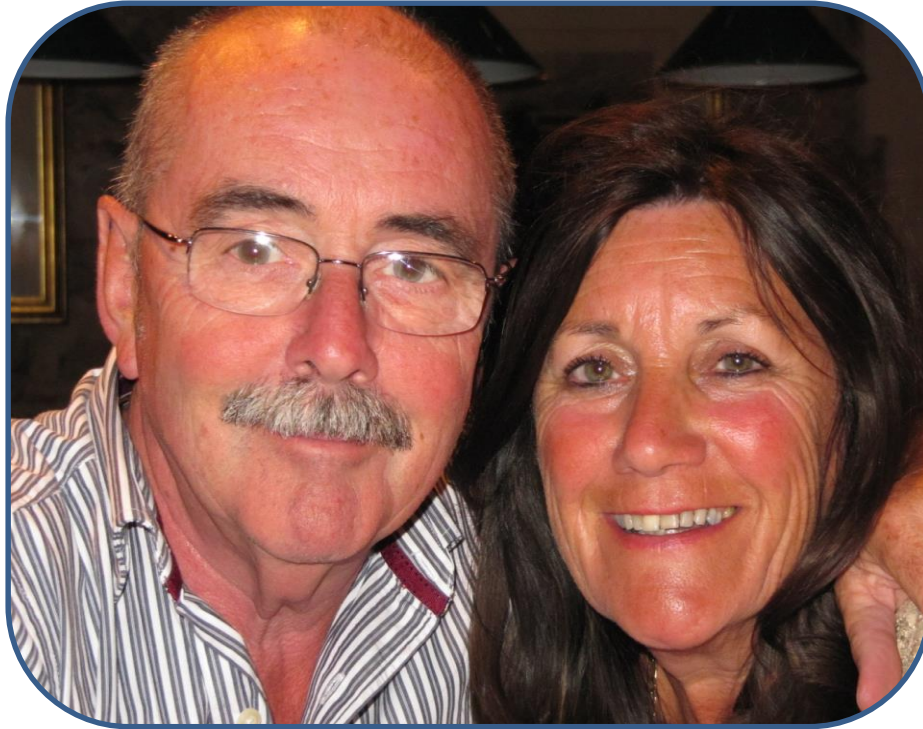
# What were the outcomes?

Once the girls [i.e. volunteers] came in, I could switch off and know that Eddie was in good hands. It has allowed me to stay as a wife, not a carer. Jo

*I am grateful for the support of the OZC, along with that received from the Encephalitis Society, and most importantly from my family. My life has changed forever but I am embracing the new life and now look forward and not backwards - as backwards I cannot remember anyway!* Eddie



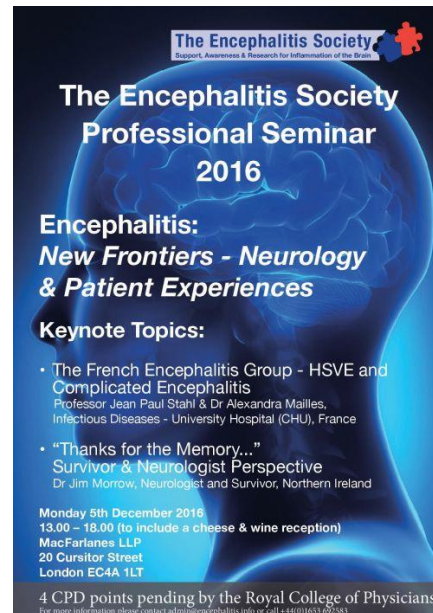




Eddie's psychological well-being improved as evidenced by a significant reduction in his emotional distress and decrease in carer strain burden for his wife.



# Outstanding Achievement Award for Excellence in Encephalitis Healthcare 2016

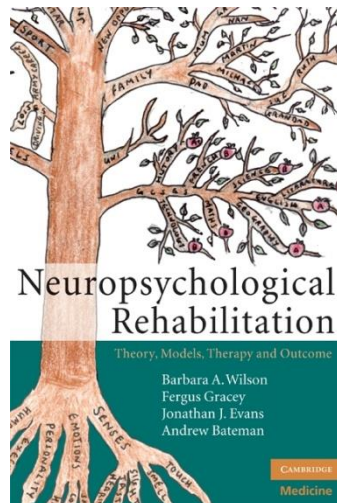


Training support workers to ensure continued rehabilitation success  
Jessica Fish, James Pamment and Sue Brentnall  
The Oliver Zangwill Centre



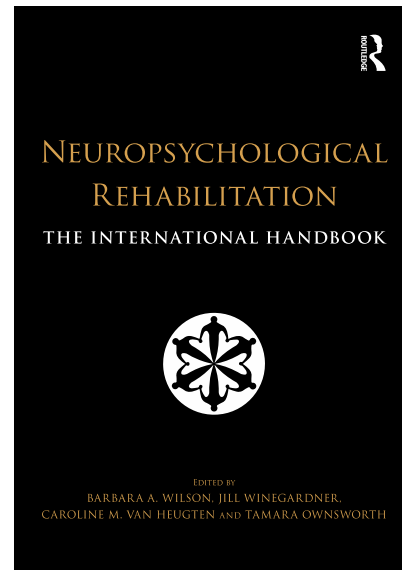
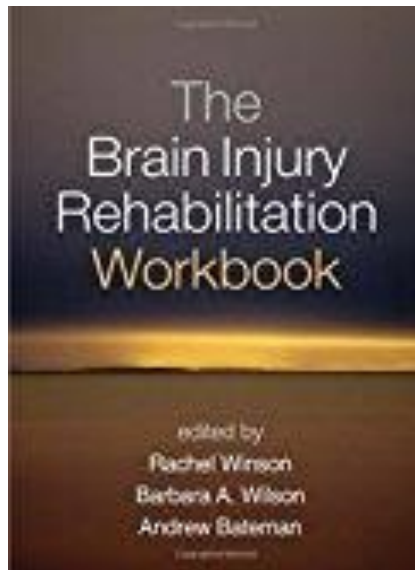
# Resources

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- Wilson BA, Winegardner J, & Ashworth F. 2014. Life After Brain Injury: Survivor Stories. Psychology Press.



# Resources

- Winson R., Wilson BA, & Bateman A. 2016. The Brain Injury Rehabilitation Workbook. Guilford Press.
- Wilson BA, Winegardner J, van Heugten CM, & Ownsworth T. 2017. Neuropsychological Rehabilitation: The International Handbook. Psychology Press.

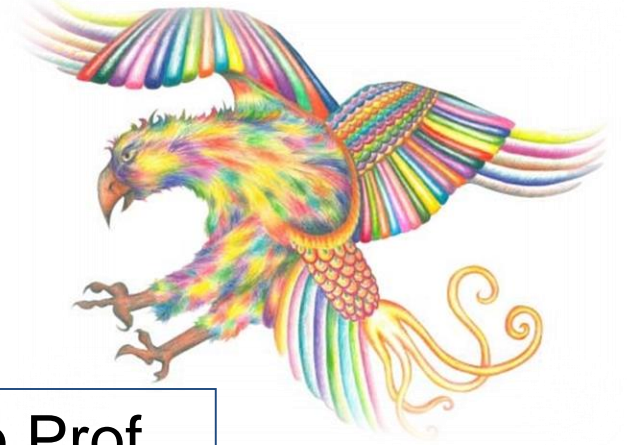


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# Thank you!



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