



Rehabilitation of Children and Adolescents with Acquired Brain Injury at the Child and Youth Rehabilitation Centre in Skåne

Margareta Kihlgren and collaborators
(PhD, Neuropsychologist)

NBCNC Alingsås 18/09/09



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Child and Youth Rehabilitation Centre in Skåne

- A special resource within the Child and Adolescent Habilitation Services in Skåne
The Child and Adolescent Habilitation Services in Skåne are mainly designed for children with congenital disorders affecting their motor abilities or their general development
- Also a resource for children with acquired brain injury who do not access the Habilitation Services



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Referrals in early phases to the Child and Youth Rehabilitation Centre in Skåne

Children with acquired brain injury can access the Centre directly after a hospital stay if they need inpatient rehabilitation and the family can care for their basic needs

If they do not need inpatient rehabilitation they can access one of the ten local habilitation units for motor and language function training and for assistive technology services. They can access the Centre later if needed

The centre also accept referrals for follow-up of rehabilitation after CNS infections, stroke, minor CNS traumas, etc.

All these referrals come from the physician at the hospital



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Referrals in later phases to the Child and Youth Rehabilitation Centre in Skåne

Physicians can refer patients after a medical follow-up

A neuropsychologist at the hospital can refer patients for multiprofessional rehabilitation after screening

The local habilitation team can refer patients for rehabilitation at the Centre

Families can contact the Centre directly (internet search)

Staff at school can refer a student after discussions with the family



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Rehabilitation at the Centre

In the early phases of rehabilitation, the focus is often on motor and language skills and possibly also on nutrition and basic body functions

Later there is also a need for cognitive rehabilitation and emotional support

Basic academic skills are rediscovered or learned again



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Habilitation at the Centre

Children with congenital brain injury can also access the Centre for habilitation within the fields of communication, nutrition and urotherapy.

Staff for both rehabilitation and habilitation:

- Paediatric neurologist
- Physiotherapist
- Occupational therapist
- Speech therapist
- Neuropsychologist/clinical psychologist
- Special education teacher
- Social worker
- Recreational support person
- Nurses for nutrition and urotherapy
- Dietician
- Child minder



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Back home with rehabilitation at the local unit supported by the Centre

Soon the child longs for his/her school, and his/her own bed. The family goes back home and an adapted curriculum is gradually implemented at school, supported by the psychologist and the special education teacher at the Centre

The rehabilitation then continues at the local habilitation unit with support from the Centre



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Community-based rehabilitation

Most children with an acquired brain injury leave the hospital or the rehabilitation centre and go home and start school again quite soon after their injury

Their long-term difficulties are mainly cognitive and social difficulties, but knowledge about these late consequences is scarce in the school system and in society

There is a need for community-based rehabilitation addressing the needs of children and adolescents attending regular school after their brain injury



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Family-centred rehabilitation

The family's ability to cope with the situation after a brain injury is vital for the long-term outcome; this has been shown again and again in follow-up studies

There is a need for the community-based rehabilitation to be family-centred



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Ideas behind the comprehensive rehabilitation implemented by the Centre:

- To help the child with an acquired brain injury to develop competencies as well as self-awareness
- To support the child and the family in their efforts to adjust when the child suffers a brain injury
- To assist members of in the local community in their efforts to support the child and the family



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Community-based rehabilitation: step by step

- Neuropsychological assessment as a basis for interventions, multiprofessional
- Therapeutic assessment, gradual and increased knowledge of strengths and difficulties
- Counselling the child, the family and members of the local community



Assets in community-based rehabilitation

The special education and support teachers at the local schools and school psychologists are the most important rehabilitation aids in the local community

School staff can be excellent intermediaries for cognitive rehabilitation if properly informed and educated

Focus on cognitive and social issues, but also on motor and language issues when needed





Rehabilitation in the community or at the Centre:

- Education of local personnel in relation to acquired brain injury
- Family counselling
- Meetings with the network – relatives, friends, etc.
- Cognitive rehabilitation – individually designed or AMAT-c
- Rehabilitation of language functions
- Rehabilitation of motor skills and/or language skills
- Development of social competencies – individually designed or group activities
- Individual neuropsychotherapy



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Community-based rehabilitation in later phases

Ongoing problem solving together with family, school and other significant persons in the local community

- Clinics in the local community
- Smaller meetings – supervision
- Telephone and postal contact

Varying levels of activity depending on what happens in the family, at school and during leisure time

Also depending on how the child develops and what expectations he/she meets, how he/she handles the situation emotionally, etc.

- ⇒ INDIVIDUALLY TAILORED REHABILITATION
- ⇒ LONG-TERM ENGAGEMENT



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Group activities

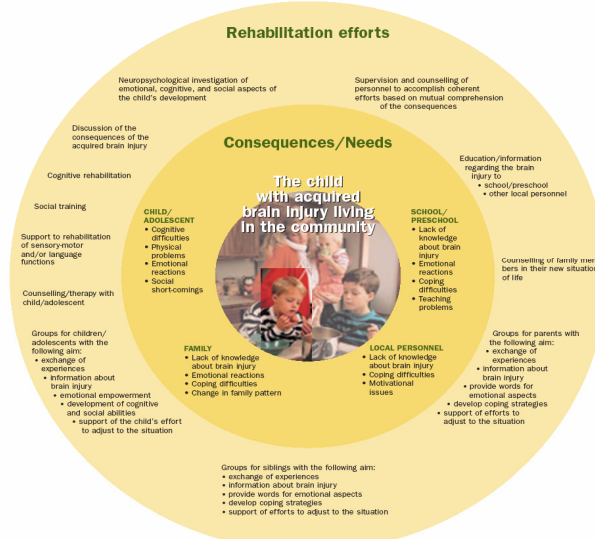
- Groups for children and adolescents for
 - exchange of experiences
 - education on brain injury
 - addressing emotional aspects of their situation
 - development of cognitive skills, social skills and self awareness
- Groups for parents and siblings for:
 - exchange of experiences
 - education on brain injury
 - addressing emotional aspects of their situation
 - development of coping skills
 - support in their efforts to come to terms with the situation



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Children's Center for Rehabilitation of Brain Injury

– a holistic approach to outpatient neuropsychological rehabilitation



Mission of the Center

To help the child with an acquired brain injury to develop competencies as well as self-awareness.
To support the child and family in their efforts to live well and wisely when the child has a brain injury.
To assist personnel in the local community in their efforts to support the child and the family.



Evaluation of activities implemented by the Children's Centre for Rehabilitation of Brain Injury

- Families and schools appreciate the ongoing support they get. It helps them cope with everyday problems that they encounter all the time.
- In the parent group, they appreciate the opportunity to exchange experiences and share coping strategies.
- In the children's group they appreciate the opportunity to meet others living on similar terms and to exchange experiences. They also like the training – if it is practical and preferably out in “the real world”.

Expressions like “it is good to get a better understanding of why things are the way they are” and “it's good to know I'm not the only one” are common.



What have we learned?

- Accessibility and long-term engagement from the rehabilitation team are important factors in rehabilitation highlighted by the families and others
- There is a need to develop community-based outreach programs to fit the needs of the child, the family, the school and the local community



Challenge

- To reach an understanding in society on how the needs of children and adolescents with an acquired brain injury have changed in recent years so there will be funding for all kinds of rehabilitation, both inpatient and community-based



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