



FROM THE PATIENT'S POINT OF VIEW

PUTTING STRATEGIES INTO ACTION FOLLOWING TRAUMATIC BRAIN INJURY: THE STRATEGIES FOR DAILY LIVING GROUP

LEIR, Lake Erie Institute of Rehabilitation, a rehabilitation hospital for patients with brain injuries, located in Erie, PA had a group that meet weekdays from 8:30 to 9:30. This group is called SDL. SDL means Strategies for Daily Living.

As a result of our head injuries every one of us has suffered some type of limitation of cognitive abilities. The limitations range from very slight to severe, but it is something we all share. Limitations can be in memory skills, or speech impediments, lack of organizational skills, difficulty in forming questions, lack of social skills, writing difficulties and a change in problem solving skills.

The SDL group has a big effect on the patients who participate in the group. One of the biggest effects that the SDL group has on members is that it promotes independence through the use of strategies.

Some strategies we practice include: finger pacing (tapping simultaneously for each syllable) on a board, table, or in one's head; logbooks where daily schedules, calendars and general information is kept; planning outlines, worksheets, stop/ think/do, note taking, visual reminders, verbal mediation, role playing and monthly calendars with important dates and deadlines recorded. Our group uses the mark-off system, marking off completed items on a list and the days on the calendar.

Before strategies can be developed, every group member is subject to an initial evaluation. During this evaluation, problem areas are discovered, understood and ultimately accepted. We must show a willingness to change the problem through the practice of specific strategies. Strategies are then developed through trial and error. We experiment with what works and what doesn't work, after which we begin to use the ones that work and disregard the ones that don't. During this period, we are able to see how these strategies help to make things easier.

APPLYING STRATEGIES IN A REAL SITUATION

In SDL, therapists and group members remind us both verbally and nonverbally to use our strategies. This helps us because we don't always do it on our own. We use strategies during various tasks. Repetition of our strategies helps us to use them more often and we learn through our errors. Use of strategies helps us become more independent by becoming more responsible for our actions. The more the strategies are used, the more they become a habit. Being able to do them all the time without reminders is one of the group's major goals. The SDL group helps us to organize our thoughts before we say or do anything. The group provides feedback to what we are saying or doing. Videotaping is used to actually show us how we come across when communicating. It is necessary to use the stop/ think/do strategy so the message is conveyed to the listener, otherwise, the listener will be confused. Stop/think/do is practiced in group by informal or structured conversation. When a group member says an off topic remark, someone points it out to the speaker. In group we role play speaking situations, so when we interview people we know what we are going to say to them. Everyone works together to become independent, we work together to solve our problems.

For example, one group member was concerned about getting up on time in the morning when she moved to a transitional living center. She approached the group with her concern and was given examples by other group members on how they helped themselves get up on time.

Therapists and group members also provide constructive criticism and positive feedback about performance during and outside of group. We are provided with examples to tell us when we are doing well and when there are things we need to improve. It makes us feel good about ourselves when we receive positive feedback from our peers. We are more apt to improve our performance when we hear it from our peers. We evaluate our performance on newsletter jobs, use of strategies, and as group leader. We use a checklist to evaluate our group leader's performance. We let him/her know if we feel he/ she is a good listener, on time for therapy, keeps the group organized and on topic, makes sure that all jobs are done, adds a personal touch to keep group members interested and the group flowing, and shows responsibility and confidence.

TOPICS FOR GROUP WORK: REHABILITATION GOALS

Some of the topics that the SDL group typically works on are reviewing strategies and receiving assigned jobs so we can learn to be more responsible, to make us feel worthwhile and give us a sense of accomplishment. Other reasons for being given jobs are to help our memory, help us follow through with tasks and prepare us for the real world. One of these jobs includes helping to make coffee on designated days. This is accomplished by breaking the job down into smaller tasks with each person assigned to one of these tasks. Therefore everyone is included. This same concept of breaking a job into many tasks is so no one person is given the sole responsibility.

To help us with our memory there are many strategies that can be used. We have logbooks that contain information that needs to be remembered. We take notes and make lists so we don't forget something that needs to be known. At times we need verbal reminders from other people or visual cues such as setting things out that we need to remember to use or wear. Repetition and concentration helps us to absorb the information. Also, if we stop and think it helps us to remember what we need to do. If used regularly these strategies can help us overcome memory short comings.

Another important area the SDL group works on is speech. Certain strategies are established individually by the way we talk. The procedures that we follow are: keep outside noises to a minimum, have a good posture, don't put your hands up to your mouth, clear your throat, swallow, take a deep breath, open your mouth rather wide and

say one word at a time, pushing down, and finger pacing. All of these strategies are used to make speech louder and clearer.

Other strategies we use are a planning outline which helps us use an organized approach when writing and a “WH” format to help us come up with basic questions to ask ourselves. Some of these questions include: who, where, when, why, how and what. Also a prepared outline (defining step by step planning) is used to complete tasks. This outline includes the task, the materials needed and the steps required. A list of all of our jobs is given to each of us to help recall our assignments. Notes, reminders and repetition help the material become ingrained. By listing steps in chronological order it comes out in an organized list. We also estimate the amount of time, so we’ll have plenty of time to complete the job.

To recheck our work we ask ourselves: “Will it work out? Can I complete it? Do I need anything else?” If necessary we ask our peers for help. Also we check the calendar for deadlines. If we run into problems we try an alternative way.

Last, we ask if the job came out the way we wanted? If not, we try variations. This is our self-evaluation.

CLEIR VIEW: A NEWSLETTER AND A REHABILITATION TECHNIQUE

The SDL group writes a monthly newsletter and letters to former group members. We work on punctuation, spelling, making complete thoughts into sentences and writing paragraphs with an introduction, body, and closing statement. We proofread what we have done to check for mistakes. We work on writing skills so the article makes sense and others can read it.

The newsletter is called the CLEIR VIEW and is for patients, staff, family and former group members. The newsletter provides information on the monthly activities at LEIR. Writing the newsletter gives us the feeling of accomplishment knowing that we gathered the information, wrote the articles, copied the newsletter and distributed it on our own. We work on gathering information throughout the month. Everyone has an assignment and a deadline for articles. The editor for the month reviews the articles and the group decides how many pages the newsletter will be (usually 2-3) and where each article will be placed. Group members work in pairs for stapling the newsletter. Every employee and patient receives a newsletter.

APPLICATION TO PERSONAL PROBLEMS

As an SDL group member we work on social skills which we practice with each other during role playing of interviews, phone calls, etc. We practice to make sure we get our point across, before we go out and talk to the other person. During group we practice talking back and forth to each other. We work on taking turns by listening to other group members before speaking. When it is our turn to talk we practice getting our point across. While talking we look around to see if everyone is paying attention. We remind each other if we get off topic. If we don’t understand something we ask him/her to repeat it. If we don’t agree with someone we let them know.

The group identifies problems each member has and the problems the group as a whole has. Problem solving worksheets can be used to help solve a variety of problems. These sheets are done by the group as a group project. General group problems and unexpected problems can be resolved through the problem solving worksheet.

Steps on the worksheet are:

- What is the problem?
- What is my goal?
- What are some things I can do?
- Which seems like the best solution?
- Steps to solve the problem?
- How did it work?

Personal problems which the group has used problem solving worksheets for included lateness to group, sleeping through group, talking too much, unexpected problems or experiences on home visits, continuous disruptive laughing, and problems individuals encounter out of the SDL group situation at LEIR.

Group problems could include difficulties making appointments for interviews, problems collecting information (phone numbers, addresses, admission and discharge lists, new employees, etc.), and getting everyone to agree on an idea or statement. All these problems have been solved through the use of the Problem Solving Worksheet.

SDL Group sessions are videotaped so that we can all witness what we need to improve on, see if any improvements have been made, and also to see how we are doing using our strategies. In summary, SDL group keeps us on our toes - or tires.

SDL GROUP STRUCTURE

SDL group has been in existence since July, 1986. This group was established so patients could practice using strategies in a group setting. Hopefully, the group will continue as long as it serves to meet the needs of patients.

Patients are referred to group by their Speech-Language Pathologist and/or Rehabilitation Counsellor (other disciplines may refer as well). To be considered for the group a patient must:

- be at a Cognitive Level of VIVII
- be able to communicate
- have some type of deficit associated with independent living for which a strategy might be useful
- have the ability to use compensatory strategies

Ideally there are six to nine patients in the group at one time with two staff members (one from Speech Pathology and one from Neuropsychology).

ACKNOWLEDGEMENT

LEIR staff group leaders who coordinated the development of this article: *Marcia Carll, MA, CCC-SLP/L *Lauretta Capp, BS/L *Sue Glenn, MA, CRC *Rita Ross, MA

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