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EARLY BIRD DISCOUNT
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The Neurofunctional Approach:

Achieving Positive Outcomes in Everyday Life After Brain Injury



14th May 2015

Central Hall Westminster, London

The conference will provide:

- Delegates with a deeper understanding of each component of the NFA, some of which are common to other rehabilitation approaches and some of which are unique, and hear evidence to support the practice of each component, including:

Establishing a good working alliance
Enhancing Motivation and Engagement in Rehabilitation
Case Formulation and Design of Rehabilitation Programmes

- A forum for discussion of the relative merits/limits of the NFA and other standard rehabilitation approaches in Brain Injury.
- An opportunity for networking and attending exhibitions of relevant services at the UK's largest one day Brain Injury conference.

Draft Programme

8.45 – 9.30

Registration and Tea/Coffee

9.30 – 10.15

Overview of the Neurofunctional Approach

This talk will outline the Neurofunctional Approach (NFA) and the relevancy of this in brain injury rehabilitation, especially when working with severely brain injured clients who have limited insight and executive dysfunction. The framework of the NFA integrates the research and different therapeutic techniques into an approach to promote positive outcomes.

Jo Clark-Wilson

Managing Partner & Brain Injury Case Manager
 Head First LLP

10.15 – 11.15

Establishing a Good Working Alliance

A good working alliance between practitioners and clients can contribute significantly to positive outcomes in many treatment and support settings. This talk looks at what the working alliance is, how it is measured and how it can be strengthened. It considers its central role in brain injury rehabilitation, both with the person with a brain injury and also his or her family. The talk also outlines core practitioner skills that can help to establish and maintain the working alliance over time.

David Manchester

M.A., D.Psych., AFBPsS Director
 MLR consulting psychology

11.15 – 11.40

Tea/Coffee, Networking and Exhibition Stands

11.40 – 12.55

Goal Formulation, Designing Programmes, Training and Feedback Mechanisms

How do we help clients with TBI develop a life for themselves that they perceive as adequate and rewarding? This is a particular problem for clients who reject the therapeutic endeavour. However clients who reject the idea that there is something wrong with them may recognise that there are things that are not working in their lives. Therapists can use normalising interventions to cement the relationship and avoid placing the client in a position that they find threatening to their self-image. Clients need to be supported through the learning experience so that failures

are minimised (errorless learning), and the client is provided with enough practice (over learning) such that the behaviour becomes the clients "default" response. Therapists habitually underestimate the amount of practice required for a solid foundation of learning to occur. Finally therapists must find ways to assist clients by providing feedback that clients do not find so catastrophic that they need to reject. None of this is easy! In this talk Dr. Giles will review the evidence base regarding how to set goals, design interventions, and how to deliver training and provide feedback with practical recommendations for application to the difficult to engage client.

Gordon Muir Giles

Professor

Samuel Merritt University

12.55 – 14.05

Lunch

14.05 – 15.05

Enhancing Motivation and Engagement in Rehabilitation

In psychology and psychiatry services up to half of clients drop out of therapy prematurely. Motivational interviewing is a person centred evidence-based therapeutic approach that has been shown to improve client recruitment into treatment and to increase retention in treatment. Further, it can contribute to improved therapeutic outcomes across a wide array of clinical populations. Recent research trials have also supported its use in neuro-rehabilitation. This talk looks at what motivational interviewing is, how practitioners learn to do it and how it may be applied most helpfully in brain injury rehabilitation.

David Manchester

M.A., D.Psych., AFBPsS Director

MLR consulting psychology

15.05 – 15.30

Tea/Coffee, Networking and Exhibition Stands

15.30 – 16.30

Closing Session

Led by Mark Holloway DipSW MA with the support of all

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OAKLEAF
 GROUP



Speakers

Jo Clark-Wilson

Managing Partner & Brain Injury Case Manager, Head First LLP

Jo Clark-Wilson is an Occupational Therapist and has a BA (Open University) in Psychology and Research.



Jo specialised in neurology at the The National Hospital for Neurology and Neurosurgery, after working as an Occupational Therapist in Australia and UK, and then worked for 10 years in brain injury rehabilitation in three different specialist units. After coordinating one of these rehabilitation units, she recognised the absence of community services and set this up to aid the reintegration of those individuals with severe brain injuries into everyday life.

In May 1994, Jo established an organisation called "Head First" to provide rehabilitation, equipment, Case Management and long-term care needs assessments for medico-legal purposes; design and implement home rehabilitation programmes for brain injured patients; develop Case Management services; and establish training programmes for support workers and professionals in brain injury rehabilitation and long-term management.

Jo was a member of the Advisory Board for the Department of Health project on Head Injury and a founder member of a steering group interested in Case Management, which became BABICM in 1996 and she was Chair of BABICM for the period 2003 -2006. She was a member of the Professional Standards Group for the development of the Case Management Competencies and Standards.

Jo has written various articles on brain injury rehabilitation, computer retraining and conductive education. A chapter on "Functional Retraining After Head Injury" in "Brain Injury Rehabilitation: A Practical Approach" (1988), and a book entitled "Brain Injury Rehabilitation: A Neuro-functional Approach" (1993) was written with Gordon Muir Giles. "Brain Injury Rehabilitation: A Practical Approach" (second Edition) was edited with Gordon Muir Giles, and a chapter on Care, Equipment and Case Management has been published in a book called 'Medical Aspects of Personal Injury Litigation' edited by Barnes, Braithwaite and Ward. She has prepared a chapter for a book, 'Good Practice in Brain Injury Case Management', Parker J and Pritchard V (eds) called 'What is Brain Injury Case Management'. In 2014 Jo, in liaison with Gordon Muir Giles and Dr Doreen Baxter had an article published in Brain Injury called 'Revisiting the neurofunctional approach: Conceptualizing the core components for the rehabilitation of everyday living skills' (Clark-Wilson et al 2104).

Jo's current professional responsibilities include being Managing Director of Head First (Assessment & Case Management) Ltd; assessing brain injured clients; preparing Expert Witness Reports for the Courts; providing Case Management Services to brain injured individuals; presenting and developing training for professionals working in the field of brain injury.

Jo is a state registered Occupational Therapist, an Advanced member of the British Association of Brain Injury Case Managers and a practicing member of The Academy of Experts.

David Manchester, M.A., D.Psych., AFBPsS

Director, MLR consulting psychology



David is a Consultant Neuropsychologist with over 20 years experience working in both hospital and community settings. He has extensive experience as a clinical team leader in neuropsychological rehabilitation co-ordinating therapy and support for individuals with acquired brain injury. For several years he also ran a private medico-legal practice in the UK conducting neuropsychological assessments for the Courts specialising in personal injury cases. From 2009-2013 he was Practice Leader in Psychology with a large statewide government disability service in Australia employing over 100 psychologists. David has provided training to 1000s of practitioners in motivational interviewing and also cognitive and behaviour therapies. He has published on positive psychological approaches in brain injury rehabilitation, motivational interviewing and also the neuropsychological assessment of executive functions. He is currently in private practice in Sydney where he provides psychological assessment, training and consulting services. David is a member of the international group the Motivational Interviewing Network of Trainers.

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Speakers

Gordon Muir Giles, Ph.D., DipCOT, OTR/L, FAOTA

Researcher & Professor, Samuel Merritt University, Department of OT

Pioneering research to advance the treatment of traumatic brain injury and other acquired neurological impairments



Research and Practice Overview

- An internationally renowned expert in the field of neurorehabilitation, Dr. Gordon Giles focuses on the needs of people following traumatic brain injury (TBI), and other neurologic deficits.
- He is currently participating in studies on the assessment and the use of interventions to enhance prospective memory and executive functions in people with mild TBI and mild Stroke, and on the management of behavioral dysregulation in the context of neurological impairment.
- Dr. Giles directs the neurobehavioral services program at Crestwood Behavioral Health in Fremont, CA.
- At Samuel Merritt University in Oakland, Dr. Giles studies brain injury-related behavior disorders and new treatments aimed at more effective rehabilitation. He has authored numerous publications on approaches to treating people with acquired neurologic impairment.

Training and experience

Dr. Giles received his Ph.D. from the California School of Professional Psychology. He was trained in rehabilitation after TBI at the Kemsley Unit of St. Andrew's Hospital, UK. Dr. Giles was a senior occupational therapist at the first behavior disorder program for brain-injured people worldwide. An internationally recognized expert in the field, Dr. Giles developed the first publicly funded long-term neurobehavioral program in the USA West of the Mississippi, and his work has served as a model for subsequent program worldwide.

Primary Research Interests

- Traumatic brain injury
- Brain injury-related behavior disorders
- Rehabilitation after brain injuries
- Non-aversive interventions for traumatic brain injury
- Naturalistic assessment of executive function

Mark Holloway DipSW MA

Brain Injury Case Manager, Head First LLP

Mark began working with people with Acquired Brain Injury in 1991, in both residential and community settings.



Mark qualified with an MA and Diploma in Social Work in 1995. He then co-ordinated an advocacy service for 3 years for Southwark Disablement Association a voluntary sector organisation set up for and by disabled people.

Since this time Mark has worked as the Acquired Brain Injury Co-ordinator for East Sussex and with others, initiated the setting up and running of the Eastbourne Headway Support Group.

Mark joined Head First (Assessment and Case Management) Ltd in April 2001 to work as a Brain Injury Clinical Case Manager providing Assessment and Case Management Services to brain injured clients, their families and support workers. Mark supervises the work of other Case Managers and he is also involved in designing and providing training courses, specifically for support workers and professionals working with brain injured individuals.

Mark is an Advanced member of the British Association of Brain Injury Case Managers (BABICM) and is a BABICM council member. He has experience in providing Expert Witness Reports for the Courts, in the areas of Care and Case Management, and given evidence in civil, criminal and criminal injury compensation cases. Mark has provided evidence to the House of Commons select committee on health regarding the needs of people with an acquired brain injury and the recent House of Lords review of the Mental Capacity Act.

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Setting Standards in Brain Injury Rehabilitation

The OakLeaf Group provides a range of specialist brain injury services for adults who may have associated complex cognitive impairments, challenging behaviours and/or physical disabilities (including PEG feed, tracheostomy care and palliative care).

Based in Northamptonshire, our newly reconfigured services provide:

12 Week Assessment and Specialised Rehabilitation

Community Services with Graded Support

Maintenance and Long Term Service

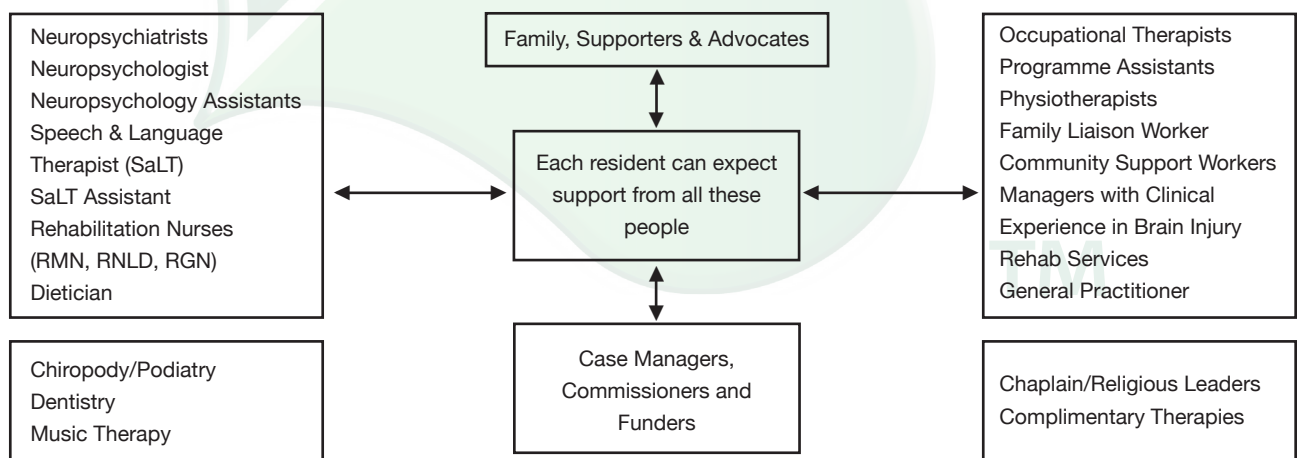
Bespoke Package in any Level of Service

Within each service level, we have developed price bands to ensure commissioners receive best value for money and reducing care costs as residents make progress.

What does Co-ordinated Interdisciplinary Intervention look like?

Brain Injury is a multi-faceted disability which requires a specialist, interdisciplinary approach, including assessment of both health care and social care needs in the context of the person's life before their brain injury, involving their family and supporters and considering the person's future life options.

The OakLeaf Team take their time to really get to know people, to understand them and to engage in a meaningful and honest way. The MDT meet weekly to discuss any emerging issues and to discuss and problem-solve ways to improve the interventions where needed.



The team communicate regularly with all parties formally and informally, sometimes just making a call to say a resident has had a good experience today. For us it's not just about working towards the next review, every day counts.

To find out more or to make a referral:

e-mail enquiries@oakleafcare.com - Call: 01604 864466 - Visit: www.oakleafcare.com

HOW TO BOOK

The cost is:

Early Bird Rate £199 + VAT (31st January 2015)

Standard rate £249 + VAT

As part of ABI Solutions ongoing commitment to dissemination of knowledge and improved practice across the sector we are pleased to offer a limited number of subsidised places to students, NHS or Social Care Staff as well as representatives from the charitable sector. Please contact Jason Shelley on 020 8763 2963 to discuss.

OPTION 1

Please invoice my organisation for:

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Simply complete and fax back the booking form to:
020 8181 4811 or scan and email the booking form to: **admin@abisolutions.org.uk**

Organisations will be invoiced upon receipt of this booking form with an email that will confirm the booking. Please supply full invoice details if different from above.

OPTION 2

Payment enclosed of £ _____

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Cheques are payable to ABI Solutions

Please return to: ABI Solutions, PO Box 3090, Purley, Surrey, CR8 9BQ

Organisations will receive a receipted invoice attached to an email that will confirm the booking.

OPTION 3

If you would like to pay by debit or credit card please telephone **020 8763 2963**. Please ensure you have the name, billing address and card details ready.

All bookings will be confirmed by email. Please contact us if you have not received your confirmation 5 days after submitting your booking.

Conference fee includes entrance to the conference, lunch, refreshments, full conference documentation, certification of accreditation and access to the post conference website.

For enquiries regarding advertising or sponsorship opportunities, please contact Jason Shelley:

Tel: **020 8763 2963**

Email: **jason@abisolutions.org.uk**

T & C's: Returning the booking form or emailing your registration constitutes a firm booking. Cancellations must be received in writing. Written cancellations received six weeks prior to the conference will be accepted and a refund, less a processing charge of £30 will be made. If written cancellations are not received six weeks prior to the conference full payment will still be due irrespective of when the booking was made and whether the delegate attends the conference. Substitution of delegates can be made at anytime without cost by advising us in writing. We reserve the right to make changes to the speaker and programme without prior notice.

BOOKING CONTACT

Name

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Organisation

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Delegate details (These can be supplied at a later date if required)

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Job title

Tel/Mob

Email

Diet/Access req

Delegate 2

Job title

Tel/Mob

Email

Diet/Access req

Delegate 3

Job title

Tel/Mob

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Delegate 4

Job title

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