

Evidence Brief: Do **community-based group activities facilitated by non-clinicians** contribute to the communication and social rehabilitation of individuals with traumatic brain injury (TBI)?

Key evidence to guide decision making

- A **systematic review** of community-based social and leisure activities for people with TBI noted some evidence of **improved outcomes** (Tate et al., 2014). The conclusion of this systematic review is that these interventions, “need to be planned and specific, structured and goal-driven, intensive and conducted over a period of months”. It is therefore vital that a clinician (such as a speech pathologist) is involved in the **initiation and monitoring of these activities** (e.g., setting goals, training of non-clinical staff, periodic monitoring of the intervention, measurement of relevant aspects of health status).
- This approach of **participation in community-based group activities supervised by a trained person under the supervision of a clinician** aligns with the **Lifetime Care and Support Guidelines** (Part 7, Section 3.3, Point c) “(rehabilitation must) be delivered by an appropriate trained person under the supervision of a registered health practitioner (where registration applies)”. This approach to accessing community-based group activities also parallels the LTCS provisions for gym and exercise programs (LTCS Guidelines, Part 7, Section 5), which supports participation in a gym or exercise program developed in conjunction with a qualified exercise professional.
- Community-based rehabilitation activities offer opportunities to practice and use communication skills in real-life contexts. One study of a **community-based program TBI without clinician input** identified that the program did serve **therapeutic functions**, including being a space for identity reconstruction (Salas et al., 2021).
- Individuals with TBI often struggle with transferring and generalising skills from one context to another. An **international expert panel** (INCOG 2.0) has recommended that best practice **involves training communication skills** within natural settings to ensure these skills have social and environmental validity, increasing the likelihood that they will generalise to real-life situations (Togher et al., 2023).
- Evidence indicates that **participating in group activities facilitated by peers**, meets unmet needs and supports stroke recovery (May et al., 2023). Similar outcomes are likely for peer-led groups for people with TBI.

Community-Based Group Therapy: What are the benefits?

Community-based group therapy has been found to be effective for addressing social communication impairments post-TBI (Salas et al., 2021). Group interventions when facilitated by a non-clinician are used to improve social communication skills, emotional perception, social problem-solving, self-monitoring, communication coping strategies, and conversation skills (Aterman et al., 2023) They emphasise personalised goal setting to achieve social communication goals. Treatment focuses on improving meaningful participation in daily activities using individualised, functional, goal-oriented, and person-centered approaches grounded in real-life communication (Togher et al., 2023).

Community-based group interventions also provide psychosocial benefits, including increased motivation, improved social participation, and heightened self-awareness (Salas et al., 2023). Additionally, they reduce feelings of isolation and anxiety, and allow patients to observe others with similar communication difficulties. Patients often feel a sense of camaraderie and increased confidence to take risks, such as using new communication strategies due to community-based group therapy (Salas et al., 2023). This setting allows patients to receive feedback and support from peers, enhancing their understanding of their abilities and the benefits of new strategies. Improved self-awareness is vital for successful rehabilitation following TBI, as it impacts safety, social participation, employability, and community reintegration (Aterman et al., 2023). In community-based group therapy settings, patients practice communication in a supportive environment with peers facing similar challenges (May et al., 2021). This setting allows for peer modeling, where individuals observe others with similar deficits using strategies, leading to a better understanding and application of these strategies. Peer feedback also serves as a method for cueing and reinforcement. Community-based group therapy promotes social closeness and enhances the transfer of skills to various contexts (Leeson et al., 2023).

In summary, group activities facilitated by non-clinicians significantly contribute to the rehabilitation of individuals with TBI by promoting the generalisation of communication skills, enhancing social participation, and providing a supportive environment for practicing and refining communication strategies (Tate et al., 2014). These interventions are tailored to individual needs and conducted in real-life contexts to maximise their effectiveness and facilitate successful integration into daily life (Togher et al., 2023). A key recommendation is that these interventions “need to be planned and specific, structured and goal-driven, intensive and conducted over a period of months” (Tate et al., 2014). This requires the involvement of a clinician to initiate and monitor these activities.

References

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