

Evidence Brief: Are their benefits for **people with TBI receiving intervention at their own home**, compared to travelling to a clinical setting?

Key benefits identified in the literature

The benefits of a person with TBI receiving intervention at their own home include:

- **Positive therapeutic outcomes** – including enhanced client performance and autonomy, involvement of family and carers, lower stress, and reduced cognitive fatigue
- Benefits of **real-life therapeutic contexts** – including more realistic observation of performance, more relevant recommendations and enhanced generalisation
- Enhanced **therapeutic relationships** – including more authentic partnerships, and a more client-centred approach.

Evidence of Positive Therapeutic Outcomes

Research indicates that rehabilitation in real-life community contexts yields at least equivalent, if not superior, outcomes compared to clinical settings (Doig et al., 2011). This includes enhanced client performance, greater involvement of family and caregivers, and increased patient autonomy in rehabilitation planning. Familiar settings lower environmental stress, reducing cognitive fatigue, minimizing negative affect and maladaptive behaviors. Systematic reviews have found that therapy in the home environment can lead to higher levels of patient satisfaction and improved rehabilitation outcomes (Hillier & Inglis-Jassiem, 2010). Specifically, early home rehabilitation programs within the first six months after an ischemic stroke have shown more rapid functional improvements, reduced disability, and increased quality of life compared to usual care, suggesting similar benefits could be extended to TBI patients (Chaiawat & Kulkantrakorn, 2012; Winter et al., 2016).

Evidence of the Benefit of Real-life Therapeutic Contexts

In a clinical setting, people with TBI often have their communication skills over-estimated, based on their interactions in a controlled, quiet, distraction-free environment. Therefore, the INCOG 2.0 guidelines (Togher et al., 2023) recommend that therapy be delivered in contexts in which the client participates, such as a home environment. Therapy in a clinic-based setting would be suboptimal for eliciting the typical distractions and challenges under which the client is typically required to communicate. Delivering therapy at home allows the clinician to observe real-life challenges and make relevant recommendations. Skills practiced at home are more likely to generalize to daily activities, leading to sustained improvements in functional independence.

Evidence Supporting the Value of Therapeutic Relationships

According to the International Classification of Functioning, Disability and Health (ICF), environmental factors (Ziviani et al., 2010) can act as barriers or facilitators to performance. Home environments facilitate rehabilitation by fostering enhanced partnerships between therapists and patients, characterized as 'friend' and 'partner' rather than 'expert' and 'teacher'. This shift enhances the therapeutic relationship, patient motivation, and involvement (Doig et al.,

2011). A goal-directed, client-centred approach is more easily implemented in home settings, allowing therapy to be tailored to specific home-based challenges and needs.

References:

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