

**Title** Evaluation of an Outpatient, Peer Group Intervention for People with Acquired Brain Injury based on the ICF 'Environment' dimension

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**Target Population** people with acquired brain injury

**Key Words** acquired brain injury, peer groups, rehabilitation, depression, ICF

**Brief Description** Personal and environmental factors influence the daily lives, functions, and activities of all individuals. This study evaluated the 'Environment' (i.e., physical environment; attitudes, support; and relationships; products and technology service; and systems and policies) aspect of a program that was created to improve psychological, social, and general well-being outcomes for people with acquired brain injury.

## Article Summary

Research indicates that an environment-focused group intervention can increase community integration outcomes and reduce short-term levels of depression in people with acquired brain injury (ABI).

This study, published in *Disability and Rehabilitation*, compared a six-week program titled "Personal Environments Enhancing Rehabilitation" (PEER) to an historical control group. The PEER program consisted of two-hour weekly sessions with six participants and their significant others when available. The program used a health promotion approach by incorporating education, peer group support and discussion, and goal setting and self-management techniques into the sessions. The sessions were supplemented with a workbook, home exercises, and weekly telephone calls by the facilitators for follow-up coaching and support. Topics covered in the sessions related to three main areas: 1) entry issues (e.g., basic day hospital information, how to use day hospitals), 2) relationship issues (e.g., how to maintain relationships, how to establish routines), and 3) exit issues (e.g., community access, review of accomplishments). The control group attended sessions at a Brain Injury Rehabilitation Unit and received the inpatient and day hospital rehabilitation traditional services focused on identifying and treating each individual's impairment or limitation through occupational therapy, physiotherapy, and speech pathology. Each group enrolled 18 participants.

Five standardized surveys were used to assess community integration, well-being of the individual, and environment factors. The Sydney Psychosocial Reintegration Subscale (SPRS) identifies current level of community reintegration, the Hospital Anxiety and Depression Scale measures emotional well-being, and the Brain Injury Community Rehabilitation Outcome Measure psychological subscale assesses progress and outcome in community rehabilitation after brain injury. The Medical Outcomes Study Social Support Services instrument identifies availability of types of social support for the individual, and the Craig Hospital Inventory of Environmental Factors measures the barriers in the environment that influence the individual such as attitudes and support, services and assistance, physical and structural, policy, and work and school barriers.

The PEER group made significantly more community integration progress than the control group on several outcomes. Participants in PEER made significant gains in occupational activities and independent living that maintained after 1-month as compared to the control group. Participants in the PEER program also had a significant reduction in depression level, although this did not maintain at 1-month follow-up. Participants found that the involvement of significant others and the opportunity to share problems with individuals in similar circumstances were valuable components of the program. Additionally, benchmarking progress (i.e., comparing progress to others who had a similar type of injury) helped increase motivation for individuals to continue performing. These results can be useful to practitioners in serving people with acquired brain injury.

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