

CHARM – Project A

(Re)habilitation trajectories, from early to later phases
and across social sectors (traumatic brain injuries)

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Participants in Project A

- Leaders
 - Professor Per K Solvang (Oslo University College) (appointed Helene L. Sjøberg)
 - Professor Cecilie Røe (Oslo University Hospital) (appointed A-K. Schanke)
- Key researchers
 - M. Kirkevold (University of Oslo)
 - E. Aas (University of Oslo)
 - N. Andelic (Oslo University Hospital)
 - U. Sveen (Oslo University Hospital)
 - H.L. Sjøberg (Oslo University Hospital)
 - F. Becker (Sunnaas Rehabilitation Hospital)
 - G. Romsland (Sunnaas Rehabilitation Hospital)
 - A-K. Schanke (Sunnaas Rehabilitation Hospital)
 - S. Sigurdardottir (Sunnaas Rehabilitation Hospital)
 - I. Harsløf (Oslo University College)
 - V. Lohne (Oslo University College)
 - P. Oretorp (Representing Norwegian Association for the Traffic Injured)

Background Project A

- The provision of health and rehabilitation services to people with TBIs is a challenge
- The complexity of the injuries requires provision of specialized continuous rehabilitation chains
- A model with rehabilitation integrated in the early post-injury phase seems to reduce LOS in acute hospital and improve global functioning
- Rehabilitation processes implementing the users' prioritized areas and goals in all phases of rehabilitation are called for
- The development of strategies for user involvement/client participation in goal-setting in the presence of cognitive disabilities after TBI is needed
- Knowledge about the interactions among client, rehabilitation professionals, productivity demands and bureaucratic rationality of the welfare system is lacking.

Aims Project A

(Re)habilitation trajectories, from early to later phases and across social sectors (traumatic brain injuries)

- **Study a)** comprises medical and health economics aspects
- To evaluate the long term consequences of the early integrated rehabilitation model on physical, cognitive functioning and participation after integrated and conventional trauma rehabilitation after TBI
- To evaluate the costs, cost effectiveness of the early integrated rehabilitation model vs. conventional rehabilitation after TBI

Aims Project A

(Re)habilitation trajectories, from early to later phases and across social sectors (traumatic brain injuries) cont.

- **Study b)** comprises an integration of medical and social sciences perspectives
- To develop and evaluate (either/or)
 - models for facilitating participation of subjects with brain injuries in the early phases of rehabilitation – goal setting processes
 - models focused on psycho-education and coping strategies for those experiencing problems in the later phases
 - models for interaction between the individuals and his/her relationships, social welfare, education and work.

SWOT – Research in Project A

- Strengths

- The participating research partners/environments
- Experience in TBI research and clinical practice
- Multi-professional group
- Combining quantitative and qualitative research methodologies.
- Data collection on the long term consequences of severe TBI finalized primo 2012

- Opportunities

- New knowledge about rehabilitation models for trauma/TBI
- Research publications
- Add to the state of the art on TBI rehabilitation
- Collaboration between research institutions for social sciences and medical sciences
- International collaboration
- Improve rehabilitation procedures and processes nationally (implementation)

- Weaknesses

- Recruitment of post-doc researchers delayed (adm. reasons)
- Full project protocols not yet developed – challenges related to the development and evaluation of models for participation, coping and interaction
- Maintaining a strong anchoring of the studies to the CHARM consortium and environment

- Threats

- Dependence on external funding for additional research projects on TBI
- Challenges in bridging research traditions in medical and social sciences
- (Cessation of long-term funding from Norwegian Research Council)
- ??

Status per January 2012

- Two post-doc research fellow positions recently advertised
- The research fellows will develop complete research protocols in cooperation with CHARM
- Discussions related to the integration of social sciences/ sociological perspectives into rehabilitation services research will continue
- Development of future projects within CHARM and affiliated projects will continue

Questions to the scientific board for discussion

Study b) where the aim is to develop and evaluate models for rehabilitation involving an integration of medical and social sciences is less explicit

1. How can we integrate/implement the social science perspectives more explicitly into the projects?
 - a) There are differences in the theoretical foundations that medical and the social sciences are based on. The biopsychosocial perspective as represented in the ICF may be necessary but not sufficient because it is based on the individual person and not how health and rehabilitation systems and organizations function on a system level. In what way will it be feasible to integrate both theoretical perspectives into the models outlined in study b)?
 - b) Which challenges do you see in the process of developing research projects integrating the different fields and traditions that exist among medical/rehabilitation and social sciences, and how should they be overcome?

Questions cont.

2. Do you have suggestions/recommendations on particular research problems related to the types or models outlined in study b) as to types of models that should be tested? (Models related to the facilitation of participation in the rehabilitation process after a TBI in the early phases, models for psycho-education and coping in the later phases, or models for interactions among the individuals and his/her relationships, social welfare, education and work).
3. Suggestions on international milieus with experience and competency within this area of rehabilitation and health/social service provisions research?

Thank you!

