

The brain injury drop-in centre: providing long-term social participation supports for adults with traumatic brain injury.

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Introduction. Many individuals with traumatic brain injury (TBI) experience long-term or lifelong changes in social participation and quality of life, including shrinking social and support networks, decreased involvement in social and leisure activities, increased social isolation, loneliness, and reduced satisfaction with life. There are few community-based interventions or supports available to address these issues, and little research on their effectiveness. One innovative model of long-term support is the brain injury drop-in centre.

Objectives. To provide an overview of community-based supports that address long-term needs of adults with TBI, and then to focus on brain injury drop-in centres.

Description. The community supports most thoroughly investigated to date are clinical interventions, including neuropsychological day programs, case management, and outreach teams. Non-clinical supports include leisure programs, circles of support, peer support, and, with little description in the literature, brain injury drop-in centres. Brain injury drop-in centres exist, for example, in many areas of Canada and Britain. Located in community and not hospital settings, they provide a comprehensive set of services and opportunities targeted toward improving social participation and quality of life. These include formal and informal social and recreational activities, meals, peer support, life-skills programs, and advocacy services. No appointments are required. Individuals may attend as often and for as long as they choose.

Results/Discussion. Clinical interventions are typically time-limited, and costly owing to the clinical specialists involved. Non-clinical interventions are more feasible in providing long-term supports. A brain injury drop-in centre may be the most comprehensive, and shows great potential for improving social participation and quality of life outcomes. Research in progress, and recommendations for future studies, will be discussed.

Conclusion. Non-clinical interventions, in particular brain injury drop-in centres, show promise in addressing long-term needs of adults with TBI. Occupational therapists can offer a great deal in developing and refining these supports.

Contribution to practice/evidence base of occupational therapy. Community-based interventions that are the most successful in meeting the long-term needs of individuals with TBI may be those that focus on social participation. This is congruent with, and contributes to the evidence for, occupational therapy's focus on engagement in meaningful activity.