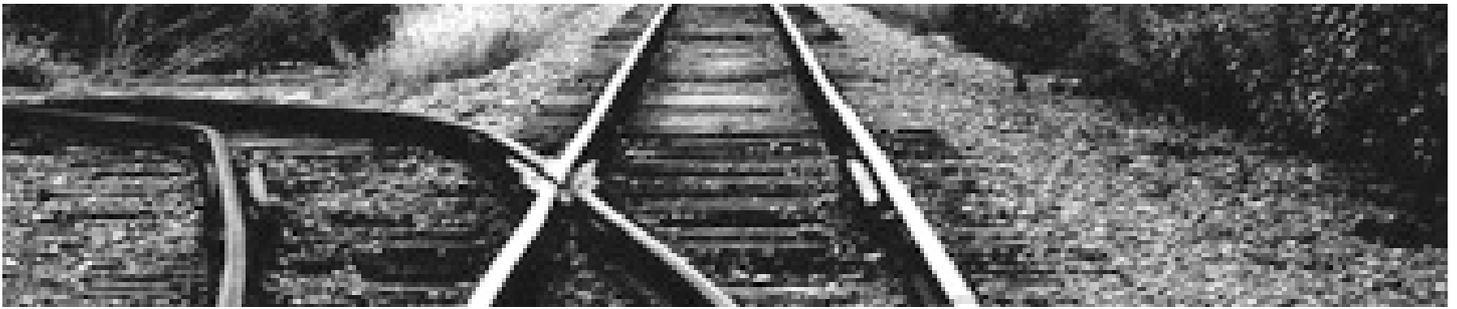




Diverge

Specialists in Brain Injury and
Behaviour Management Services

Annual Report
2009 - 2010



Welcome to Diverge, specialists in brain injury and behaviour management services.

Our mission

To assist people with brain injury, their carers, and the wider community to better understand and manage behaviour change.

About us

Diverge is a not-for-profit organisation established in 2009.

All staff have specialist skills and many years of experience working with acquired brain injury (ABI) and behaviour intervention.

We work with individuals, family members, therapists, and other people in the person's support network to establish consistent, collaborative approaches to challenging situations.

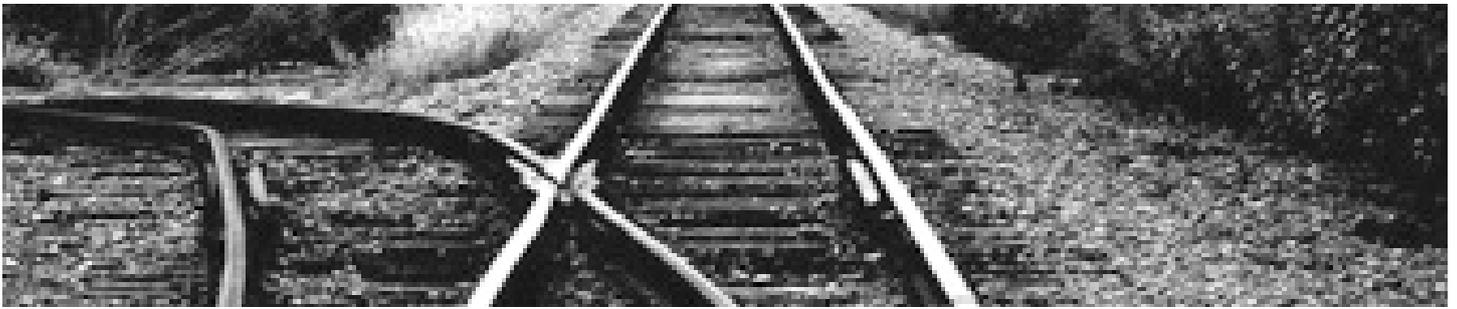
Service model

The *Diverge* team of practitioners have developed a unique service model after many years of experience in conducting behaviour management interventions in community settings.

We use a neurobehavioural model and the practice of applied behaviour analysis. That is, we understand brain function and how injury to the brain affects behaviour. We also understand how other factors in the person's environment can contribute to problematic behaviours. This enables us to promote positive behaviours by focussing on the person's strengths and the right environmental supports to achieve better outcomes for individuals and those who support them.

We aim to:

- work with individuals to promote skills, independence and community participation through positive behaviour programs
- provide support to family members to develop understanding, coping strategies, and resilience that can help maintain relationships, accommodation and care arrangements
- reduce the risk of crises or problematic behaviour patterns developing by educating and equipping people to use appropriate behaviour-support strategies
- provide specialist secondary consultation to service providers and work collaboratively to identify solutions and make changes to help make challenging situations more manageable.



What is 'Acquired Brain Injury' (ABI)?

There are various ways that ABI can be defined.

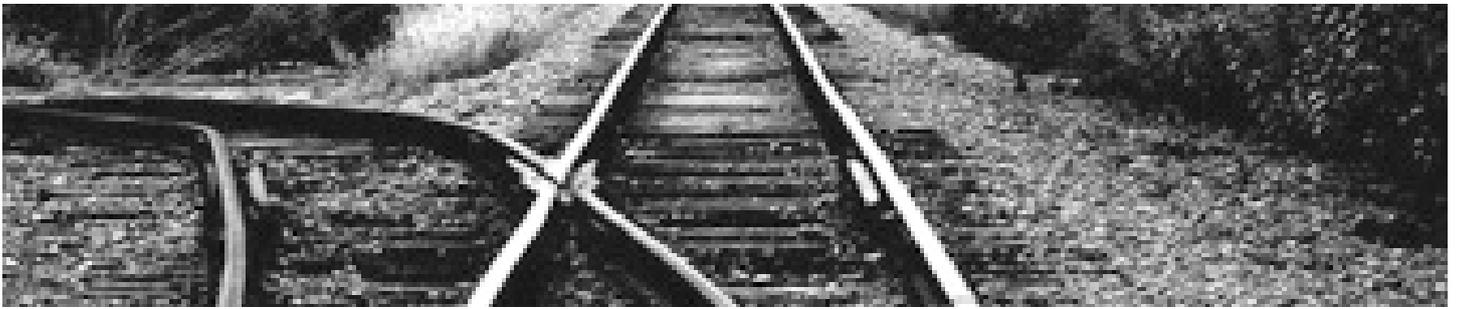
The current definition in use by the Victorian Department of Human Services is:

“An injury to the brain which results in deterioration of cognitive, physical, emotional or independent functions. It can occur as a result of trauma, hypoxia, infection, substance abuse, degenerative neurological disease or stroke. These impairments to cognitive abilities, sensory or physical functioning can be either temporary or permanent and cause partial or total disability or psycho social maladjustment”.

(Acquired Brain Injury Strategic Plan, 2001)

Some important aspects of this are:

- “acquired” means that the injury has been sustained at some time after birth
- there are a variety of ways in which an injury can be sustained
- the difficulties (physical, sensory, cognitive, behavioural) arising from the injury often change over time and have scope for improvement.



President's report

Starting a new enterprise is a busy and exciting time and it is with great pleasure that I report on the inaugural year of operation for *Diverge Consulting Inc* "*Diverge*".

The past year has seen a steady increase in referrals for clients, families and workers seeking neuropsychological assessments, behaviour management support and counselling. *Diverge* staff have provided clinical and training services across Victoria and have shown a commitment to travelling to regional areas. Requests for *Diverge* services have also been received from a number of interstate services and it is hoped that these links can be further enhanced in the coming year.

Forging partnerships has been a key part of this year and we have been involved in a number of programs within the disability sector.

This has included:

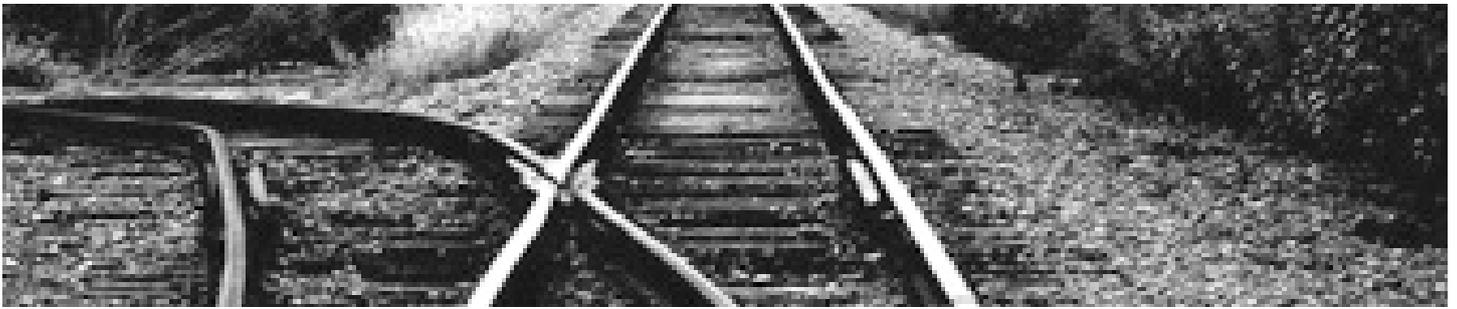
- providing clinical sessions as part of a homelessness project with Sacred Heart Mission
- running Memory Skills training programs for older adults as part of a research project developed by La Trobe University
- providing a series of training modules as part of the Barwon ABI Training project

As a not-for-profit organisation we have been keen to explore ways of providing services to non-compensable clients. To this end *Diverge* has been successful in obtaining funding grants from philanthropic organisations. We sincerely thank these Trust and Foundations for enabling us to conduct programs that otherwise would not have been possible. Due to the expertise of our staff, *Diverge* has a range of training programs. We will commence our first in-house series of workshops in October including the following sessions: Introduction to challenging behaviour, Dealing with aggression following ABI, Dealing with adynmaia and low motivation, and Mental health issues and ABI. Glenn Kelly has been invited to present workshops on challenging behaviour and ABI in Western Australia and South Australia and has been invited to present at the Victorian Linkages conference later this year.

In the coming year we are planning to expand our operations in terms of: additional staffing to broaden and complement the services we can offer, increasing our capacity to deliver training across Australia and developing our research program.

I would like to thank all the *Diverge* members Glenn Kelly, Jan Loewy, Kathryn Hoskin, Rosemary Dillon, Samantha Burns and Suzanne Brown for the tremendous teamwork and commitment that has seen *Diverge* develop as an organisation and look forward to a long and fruitful association.

Jenny Todd



Manager's report

Beginnings is the theme of this year's annual report. *Diverge* Consulting was established in 2009 as a not-forprofit community agency, borne out of a vision to assist people to manage changes in behaviour and cognition following acquired brain injury (ABI). *Diverge* was formed by a group of six psychologists with specialist skills in neuropsychology and behaviour intervention. The individual members of the team had a strong working relationship, and it was foreseeable that combining forces and uniting as a dedicated organisation would be the start of great things.

There is an old Portuguese proverb that notes "A good beginning is half the battle". The success that *Diverge* has had to date indicates that we are well past the half-way point in the battle. Having not yet been in operation for 12 months, *Diverge* has received a resounding message of welcome from the service system, with a strong flow of referrals, funding grants for special project work, requests for training and consultation, and interest across Victoria and interstate.

Of course this success has come as a result of a lot of hard work and sacrifice put in by our staff. Setting up new organisation takes a great deal of patience, planning, determination, endless enthusiasm and good will.

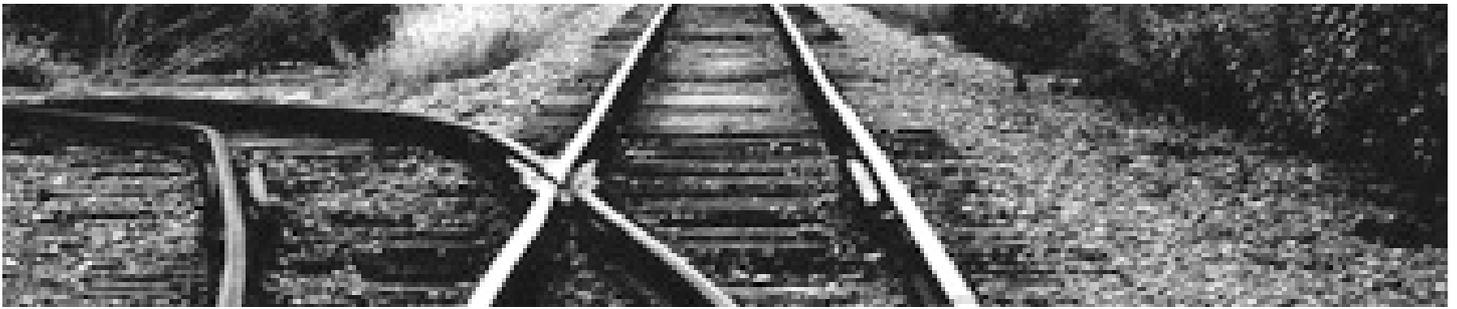
Thankfully, our team has these qualities in abundance.

With the evolution of the service came multiskilling for the clinical staff; establishing an office, setting up operational procedures, completing an enterprise bargaining agreement, writing funding applications, installing IT systems, developing our website, designing the graphics and content for our brochures and promotional flyers, and marketing the service.

Thanks must also go to our accountant, Rosemary Dillon, who has provided invaluable advice and direction that has enabled the organisation to take shape, become a legal entity and start with a solid financial management foundation.

There is always some uncertainty in the beginning – Will this work? What will it be like? – but the process of making a start and persevering has paid off. We pride ourselves on our achievements to date and the quality of our work. We have a clear direction and I am confident that *Diverge* will be a productive, effective and efficient organisation. There is a clear demand for the services that *Diverge* offers, and many opportunities for continued growth into the future.

Suzanne Brown



Special projects

WEB program - Women's experience of brain injury

Women's Experience of Brain injury (WEB) is a 6-week group program where women who have experienced brain injury can share their stories, find ways of coping, develop skills, and enhance their health and well being.

The WEB Program provides a weekly gathering place for women to discuss their needs, challenges, and achievements in a safe and supportive environment. The group deals with issues common to female survivors of brain injury, and enables participants to learn from the experiences of their peers. Group members have the opportunity to feel understood, at ease and accepted. The group is facilitated by an experienced clinical neuropsychologist.

A promotional flyer for the group program has been developed and circulated to a wide range of disability and community-service providers. There has been keen interest in the project from a range of agencies, and we have received many referrals for the program.

Suzanne Brown, Project Manager

Bellarine ABI support service

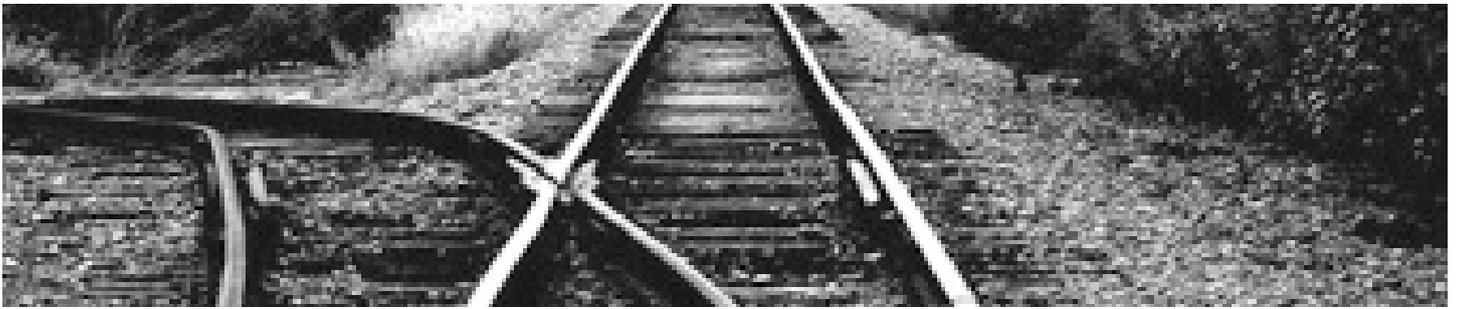
Diverge has been able to offer psychology services and practical supports to people with ABI living on the Bellarine Peninsula. The service targets adults who have a diagnosed ABI, and family members or workers supporting a person with ABI in the Bellarine region.

The Bellarine project aims to address a gap in services for people living in the region, and assist people affected by ABI to better understand the nature of brain injury and manage its legacies such as behaviour change and cognitive impairment. The service offers counselling, adjustment and rehabilitative strategies, behaviour assessment and intervention, and family therapy. A limited number of sessions are provided free of charge for people who do not have access to compensation. We work directly with clients and families by conducting home visits and tailoring individualised support programs.

The service is flexible, and has the capacity to work collaboratively with other health services in the region to strengthen service linkages and responses to this marginalised group. *Diverge* staff are able to liaise with police and other emergency services, local businesses, health services, accommodation facilities, advocates, service providers and families to achieve better outcomes. The project offers a valuable specialist service to the local community.

As part of the project, *Diverge* conducted a public information session in Ocean Grove to provide information and education about ABI to the local community. The session was well attended, and attracted individuals with ABI, interested family members, and local service providers. The project continues to receive a steady flow of referrals and is active within the region, attending local ABI network meetings to promote awareness and service linkage.

Suzanne Brown, Project Manager



Huntington's disease - Behaviour intervention project

This year *Diverge* Consulting has facilitated a project that has provided behaviour intervention support for families and carers affected by Huntington's disease and other degenerative neurological diseases. It is well established that one of the main factors that leads to isolation for sufferers and families of Huntington's disease, is the debilitating behavioural problems that often accompany the disease. These behaviours can lead to the requirement for full-time institutional care being needed much earlier than the physical needs of the client would normally require. The project was initially envisioned as a way of providing much needed quality behaviour intervention work with a group of very needy families and clients that were not being serviced by the traditional acquired brain injury sector.

The aim of the project was to reduce the likelihood of behaviour escalating into crises and relationship breakdown both within the client's home and within supported care facilities.

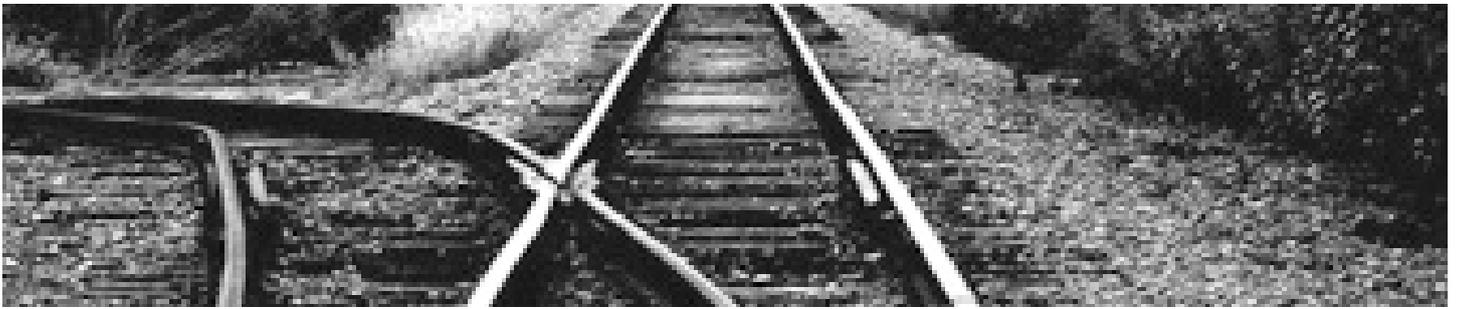
The project has enabled a close collaborative relationship to be developed between *Diverge* Consulting, the Huntington's Disease Association of Victoria and Bethlehem Hospital. Project meetings between the three organizations leading up to the project have meant that they have been able to share a vision for the best clinical practice for working with families with Huntington's disease which will provide a valuable framework for many years to come.

The project has been outreach based and clients with Huntington's disease and in two cases, Kuff's disease (a closely related deteriorating neurological condition) were seen in the setting where the behaviour was being experienced. Psychological measures were used to ascertain the range and impact of the challenging behaviours being experienced as well as the level of anxiety and stress in the main care giver and their current needs.

A clinical intervention was then implemented which looked at assistance with managing the behaviours involved and ways of minimizing the considerable emotional pressures being encountered by the carers.

As this project concludes it is clear that ongoing behavioural intervention which involves hands-on practical assistance coupled with emotional support would provide a valuable service for those suffering from and trying to cope with this distressing disease.

Jan Loewy, Project Manager



Neuropsychology assessment unit

Neuropsychology assessment involves an interview with a person, plus tests of attention, memory, reasoning and problem solving to identify their strengths and weaknesses. The assessments are conducted by neuropsychologists, psychologists specialised in the workings of the brain.

Diverge neuropsychologists have completed over 30 neuropsychology assessments since December 2009, and the demand is growing. The referrals come from a range of sources, including case managers, doctors, and accommodation services throughout the state of Victoria. Funding for these assessments typically comes from individual funding packages or private organisations, such as the Transport Accident Commission, as Medicare rebates for neuropsychology assessment are not yet available. The most common referral questions are:

- What type of support does this person require?
- How can we best assist them to manage their behaviour?
- What is their capacity to make reasoned informed decisions regarding their finances/accommodation?

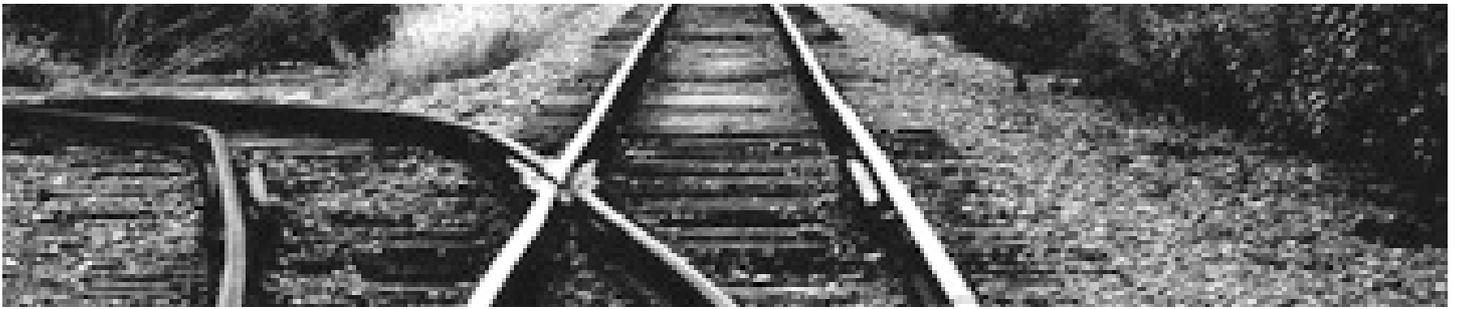
We pride ourselves on writing easy to understand reports with practical recommendations, based on our years of experience working with people directly in the community. Here a few examples of the feedback we have received from referrers:

'Thank you for your report. It was very useful to affirm what I have been working on, and to plan ahead'

'If we'd had this assessment six months ago, we wouldn't have wasted time trialling approaches that don't work for him'.

In the next financial year, we look forward to continuing to assist people with disabilities by clarifying their strengths and weaknesses and providing practical recommendations. We are also exploring options to expand our services to include assessments interstate, and to provide supervision to post-graduate Neuropsychology students.

Dr. Kathryn Hoskin, Neuropsychology Assessment Co-ordinator



Clinical co-ordinators report

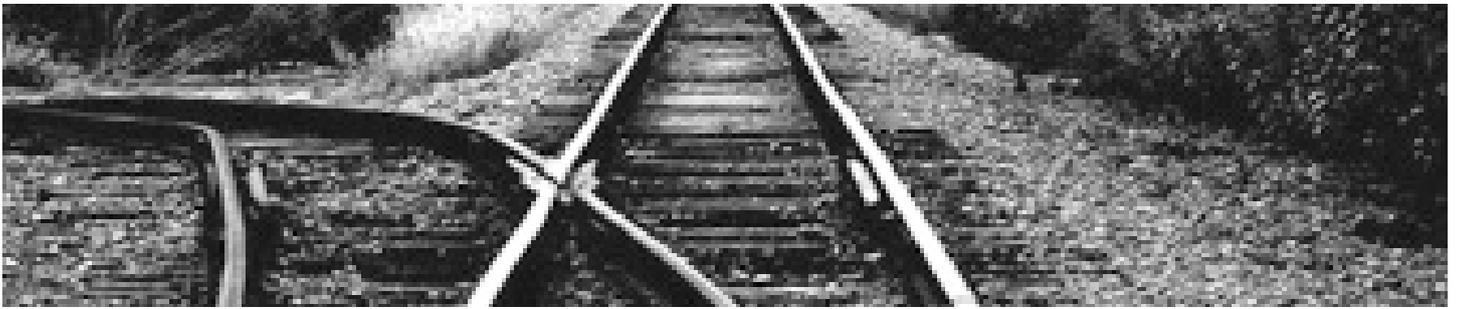
- Number of referrals approx. 130 (in 10 months)
- Referrals sources include Transport Accident Commission, Senior Masters Office, Slow To Recover, Case management organisations, Community Health organisations, GP's – Medicare, Office of Public Advocate & Guardianship Board, other health professionals including OT's, Speech Therapists, Recreation Therapists
- Referrals from all Victorian country regions including Hume, Gippsland, Barwon, Loddon-Mallee, Mildura
- Services we offer include behaviour assessment, Behaviour intervention and development of behaviour support plans, family counselling, individual CBT work
- Reasons for success – responsiveness, adaptability, willingness to travel, extensive skills and experience base, successful behaviour management strategies and secondary support to other health professionals and family members, sound working relationships and effective interactions with a range of other professionals

Future Clinical Considerations

- Balanced workload between metropolitan and country regions now becoming an issue that needs monitoring and addressing
- Appears to be a need for new staff to assist in management of workloads
- Need for a greater 'in office' presence – answer telephone, manage referrals, do invoicing etc.
- Important need for regular clinical case presentations at team meetings for both professional development and clinical monitoring of interventions and strategies

From a clinical perspective the first year of *Diverge* Consulting has been a great success with a regular stream of referrals for direct clinical work in addition to work in other areas such as assessment, training and project work (Huntington's Project, Bellarine ABI Project). I look forward to 2011 bringing continued development of our service model and an ongoing referral stream from a range of sources.

Samantha Burns, Clinical Co-ordinator



Research

Although this first year of *Diverge* has been very much about developing stability, establishing a client base and income stream, and developing administration systems, a considerable amount has happened under the broad mantle of research. When discussing our research activity it quickly becomes apparent that this is intimately related to our training endeavours, conference presentations, publication efforts, and service development contributions.

Presentations/Workshops

Several conference presentations and workshops were delivered. A notable highlight among these were the invited workshops of the Australian Society for the Study of Brain Impairment (ASSBI), which were listed on their national calendar, and recognised by the Australian Psychological Society for the provision of Continuing Professional Development hours. Invitations such as these show the respect held within the sector for *Diverge's* model of intervention and staff, and our commitment to ongoing research. Presentations at professional conferences also display and test the veracity of our new initiatives, service development and research approaches and ideas.

Our most recent presentations:

Kelly & Simpson (2009). Severe, unwanted inappropriate sexual behaviour: Using a sex worker to straighten things out. The third Regional ABI Conference, 'Transitions in Life', November, Warrnambool.

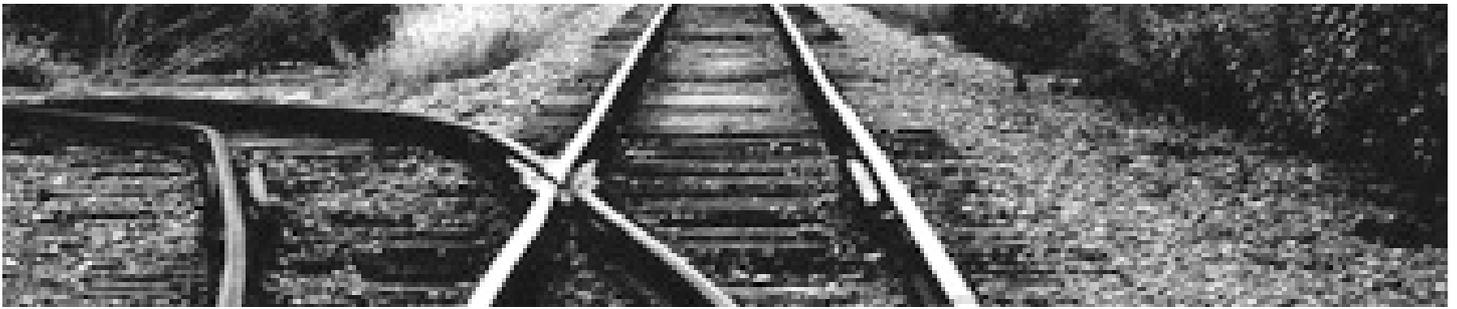
Kelly, G. (2010). Client awareness of challenging behaviour. Neuropsychologists in Rehabilitation. Understanding and Managing Behaviour Changes: Disability Act 2006, New Approaches & Services, Royal Talbot Rehabilitation Centre, June, Melbourne.

Kelly, Brown, Simpson, Burns, Kremer (2010). Overt Behaviour Scale – Self Report. Innovations in Neurorehabilitation, ASSBI 33rd Annual Brain Impairment Conference, May, Queensland.

ASSBI 2010 invited workshops:

- Challenging Behaviour following Acquired Brain Injury: A Framework and Strategies for Change. October, 2010, Nedlands, Western Australia.
- Challenging Behaviour following Acquired Brain Injury: A Framework and Strategies for Change. October, 2010, Adelaide, South Australia.

Dr. Glenn Kelly, Research Co-ordinator



Publications

This year saw the launch and public release of Professor Robyn Tate's book entitled 'Compendium Of Tests, Scales And Questionnaires: The Practitioner's Guide To Measuring Outcomes After Acquired Brain Impairment (2008). Taylor & Francis Publishing. It was rewarding to see that the Overt Behaviour Scale (OBS; previously published by our staff in an international peer-reviewed journal) was included in this compendium of high quality work. This means that when clinicians and researchers use this compendium as a short list of high quality measures with good psychometric properties, the OBS will be immediately visible to them.

At present, plans are being made with colleagues in NSW for publication and presentation of material related to sexually aberrant behaviour (SAB) post ABI. This includes a case study, clinical case series, and a control study seeking to identify factors that may determine whether SAB will be part of a person's behavioural presentation post brain injury.

Ongoing activity

We continue to have input into a variety of research projects. One significant example is the translation of the OBS into the French language. This project is being led by colleagues Denis Godbout and Jacques Drolet (Centre de réadaptation Lucie-Bruneau, Montreal, Quebec) and Jean Gagnon (Université de Montréal), with contributions from Glenn Kelly (*Diverge*) and Grahame Simpson (Rehabilitation Studies Unit, University of Sydney and Liverpool Brain Injury Rehabilitation Unit, NSW, Australia). Once available, the "OBS French" is expected to promote more consistent language for, and measurement of, challenging behaviours within Canada where English and French languages co-exist.

Future directions

There is no shortage of ideas and commitment for research and service development among the *Diverge* staff. Our challenge for the future is to prioritise our activities, and seek adequate resources to support our research activity. We are fortunate to have recently acquired the services of Alison Sinclair who has a background in research fund raising – this boosts the organisation's potential to build a profile among funders, and ultimately succeed in productive partnerships, funds generation, and delivering meaningful outcomes for clients and families.

Our supporters

Huntington's Victoria
Lord Mayor's Charitable Trust
ANZ Trustees
Sacred Heart Mission
Mercy Foundation
Barwon Health
Melbourne Citymission

Research collaborators

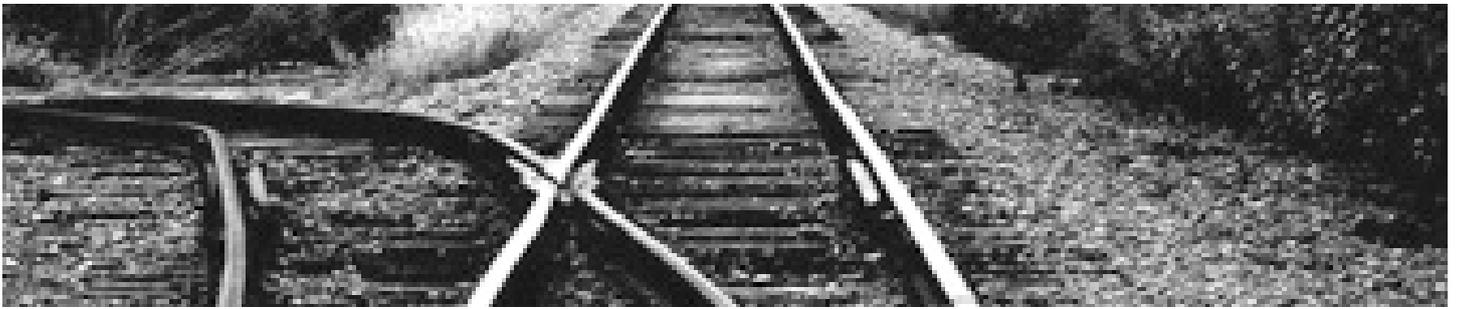
Dr Peter Kremer
Dr Grahame Simpson

Collaborators

Melbourne Mindfulness Institute

In kind support

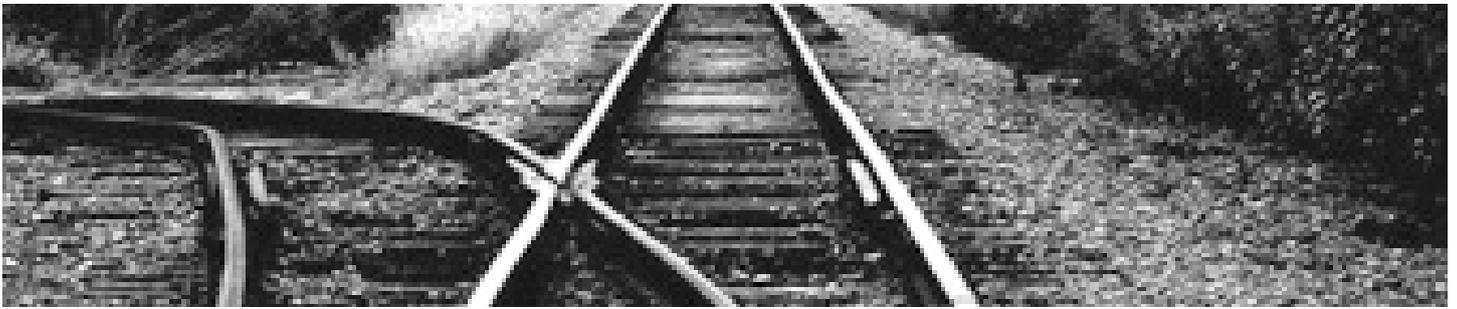
Carl Bucovaz
Shaun Bradley
Rhys Allen
Cas Bukor
Alison Sinclair



Financials

Balance Sheet As At 30 June 2010

	Note	2010 \$
Current Assets		
Cash assets		27,649.96
Receivables		50,270.36
Total Current Assets		77,920.32
Non-Current Assets		
Property, plant and equipment		7,546.85
Other		258.50
Total Non-Current Assets		7,805.35
Total Assets		85,725.67
Current Liabilities		
Current tax liabilities		17,648.13
Provisions		1,373.19
Total Current Liabilities		19,021.32
Total Liabilities		19,021.32
Net Assets		66,704.35
Equity		
Retained profits		66,704.35
Total Members' Funds		66,704.35



Financials

Profit & Loss For the year ended 30 June 2010

2010
\$

Income

Membership	2,727.27
Grants	49,531.78
Service Fees	119,066.05
Total income	<u>171,325.10</u>

Expenses

Accountancy	2,520.00
Administration & Office Expense	1,806.94
Insurance	5,037.07
Rent on land & buildings	4,950.00
Remuneration	81,206.34
Superannuation	6,696.55
Telephone	3,019.95
Travel, accom & conference	514.15
Total expenses	<u>105,751.00</u>

Profit from ordinary activities before income tax **65,574.10**

Income tax revenue relating to ordinary activities

Net profit attributable to the association **65,574.10**

Total changes in equity of the association **65,574.10**

Opening retained profits 1,130.25

Net profit attributable to the association 65,574.10

Closing retained profits **66,704.35**



Diverge

di-verge/di vərj/Verb

1. (of a road, route, or line) Separate from another route, esp. a main one, and go in a different direction.

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Front Cover Photograph by Joe Thorn