

Diverge

Specialists in Brain Injury and
Behaviour Management Services



Annual Report
2010 - 2011



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About Diverge

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

Diverge provides specialist psychology services throughout Victoria and interstate. All staff have appropriate qualifications, extensive skills and many years of experience working with acquired brain injury (ABI), rehabilitation and behaviour intervention.

Our team offers a range of therapeutic and consultation services including counselling, cognitive-behaviour therapy, mindfulness-skills development, behaviour support, neuropsychology assessment, research and training. We specialise in behaviour assessment and intervention for people with ABI and their support network.

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

Our Mission

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

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.



Manager's Report

Growth is the theme of this year's annual report. In the words of James Cash Penney, "Growth is never by mere chance; it is the result of forces working together". Diverge has certainly gained momentum in the last 12 months. The Diverge team has worked diligently to build the success of the organisation. It has been a pleasure to work with such a committed and passionate group of professionals.

Some would say growth is good, however, we are ever mindful that the demand for our service is high as a direct result of the number of injured individuals in need of our support. We would welcome the day when our service was not needed because there were no road accidents, assaults, or other life-changing injuries. Of course, growth comes in many forms, and the strength and determination of our clients has greatly aided the Diverge staff in our own professional and personal growth.

While growth has been a necessary process for Diverge, we are cautious about expanding too quickly and exceeding our capacity. We have had to start a waiting list for services in some areas. Overall, however, we have managed to continue to provide a responsive and innovative service.

Major achievements in the last year have included welcoming Genevieve McMahon onto our clinical team, and having Liz Honey join us to provide administration assistance and streamline our financial systems. We have had continued positive feedback regarding the quality of our work. We have provided consultation and training to New Zealand, South Australia, Western Australia, the Northern Territory and NSW. The TAC have been interested in our work on the Overt Behaviour Scale. We received an additional grant for the WEB Program from the State Trustees Australia Foundation to run the support group for women with ABI again this year.

Challenges and impediments included moving office, following the changes in the regulations and politics of the psychology profession, dealing with accounting software, scheduling work time, and managing administrative tasks when the majority of our work is out of the office in the community.

As we look toward the future, we are exploring new information technology solutions that may help us work more effectively and provide useful tools for our client interventions.

Suzanne Brown
Manager



President's Report

With our second year as an organisation coming to a close, I have been reflecting that it has been a period of great change and development. Physically, we have moved into our new offices in North Melbourne. It has been fantastic to set up this new space but also sad to part company with Melbourne Citymission who we have resided with for the past 10 years. From a personnel point of view we welcome two new staff members, Genevieve McMahon and Liz Honey. Genevieve is a neuropsychologist with a wealth of rehabilitation experience and a particular interest in working with children and families. Liz has taken on the role of office assistant and has transformed and streamlined the office.

Diverge has been sought by several organisations both interstate and internationally to provide consultation, training and neuropsychology services. We are involved in training clinicians in New Zealand in community-based behaviour management following ABI and the use of the Overt Behaviour Scale (OBS), providing neuropsychology assessment in Alice Springs, and providing consultation to a South Australian team who aim to establish a dedicated behaviour service. Within Victoria we remain busy with individual assessments and behaviour consultation work, training and group work, including the WEB program (Women's experience of Brain Injury) and mentoring sessions in Ballarat.

Commitment to ongoing research has been a key part of Diverge's model of work and we congratulate Glenn Kelly on the publication of a case study "Remediating serious inappropriate sexual behaviour in a male with severe acquired brain injury" which was published this year in the journal *Sexuality & Disability*.

I would like to take this opportunity to thank our research collaborators, particularly Dr Grahame Simpson and Dr Peter Kremer, for their ongoing contributions to shared research goals.

In the coming year we plan to develop our research activities and are also investigating ways to expand the services we offer to children and teenagers. I would like to thank the Diverge team: Jan, Glenn, Samantha, Suzanne, Kathryn, Genevieve, Liz and Rose for all their work, enthusiasm and energy over the past year and look forward to the ongoing development of the service.

Jenny Todd
President



Clinical Services

Diverge has shown significant and sustained growth over the past 12 months. Referrals for direct behavioural support and intervention have doubled in the last year, with current client numbers sitting at around 260. In addition there has been significant growth in the areas of training and consultation. This growth has required the addition to the Diverge team of another neuropsychologist (Genevieve McMahon) who has significant experience in the paediatric field. As a result this is an area we hope to develop further in the year ahead.

Our referral base continues to grow and whilst existing referrers continue to contact us (TAC, Senior Masters Office, and ABI Case Managers); new referrers are also finding us, such as private psychiatrists, interstate services and international organisations such the Accident Compensation Corporation (ACC) in New Zealand. The ACC have contracted Diverge to assist them in establishing a similar team in New Zealand for the first time. In October 2011, two Diverge clinicians went to Auckland to deliver two days of intensive training to 35 professional staff from all over the country. We received very positive feedback from this exercise and plan to continue the process of training and supporting the new behaviour support service in its growth and development into 2012.

We have continued to provide a responsive and adaptable service across the state with ongoing work in all metropolitan and regional areas within Victoria. Feedback from families and health professionals indicate that the willingness of Diverge staff to travel to clients homes/towns is a highly valuable tool in devising realistic and workable strategies for management of clients with behavioural difficulties following ABI.

We have also had the good fortune of being able to engage Liz Honey to support the day-to-day functioning of the Diverge office and she has been able to optimise the functioning of the office in many valuable ways. Our new office space in North Melbourne has also been a wonderful development as we grow as an independent organisation.

I would like to take this opportunity to thank the energetic, diverse and extremely competent group of clinical staff Diverge has the good fortune to be structured around. The growth and development of the organisation would not have occurred as smoothly or successfully without everyone's individual contributions, something that makes a clinical co-ordinator's role more manageable.

Looking to the future, Diverge hopes to be able to continue to accommodate the development of the service in areas such as paediatric assessment and intervention, research and consultation. The continued provision of Medicare bulk bill consultations and funded group work remain a significant part of the vital work Diverge aims to provide the ABI community in the year ahead.

Samantha Burns
Clinical Coordinator



Neuropsychology Assessment Services

Demand for neuropsychology assessments has continued to grow, with over 60 assessments completed last financial year. In particular, there has been an increase in referrals from hospitals, doctors and case managers as our service becomes more widely known.

Our assessments and reports continue to receive positive feedback, particularly regarding the insightful and practical recommendations, improving understanding of the person's brain injury and the type of supports they might need.

The willingness of our neuropsychologists to travel has been truly remarkable, with assessments provided all over Victoria, including Echuca, Mansfield and Warrnambool (each about 3 hours one way!). Apart from the added convenience for the client, we often find that assessment in the client's home provides a richer understanding of their environment and coping skills.

This year, our neuropsychologists also travelled inter-state to provide assessments in Alice Springs, a city that has historically struggled to obtain neuropsychology services. We look forward to developing our relationship with the referrers there.

In the new financial year, we aim to update our neuropsychology assessment tools and offer more assessments to children and teenagers as part of a paediatric service. We look forward to continuing to assist people to understand and manage brain injury by way of thorough neuropsychology assessments with practical recommendations.

Dr Kathryn Hoskin

Neuropsychology Assessment Coordinator





Research

This is the second year of operation of Diverge, and although development and transition continue apace, signs of stability are also clear: With a new office space and stable client base, attention is turning more to service development initiatives, project work, and related research activities. Resources have been allocated to dedicated research work (such as statistical and referencing software), and increased staff time for research will increase output. We continue to hold the view that research and clinical practice must go hand in hand.

Publications

This year we had success in publishing what we believe is the first paper providing empirical evidence of the effect of using a sex worker to address inappropriate sexual behaviour. The road to publication of this article has been a long one, seemingly due to the 'confronting' nature of the intervention. We do not presume sex workers to be an appropriate intervention for all clients with sexualised behaviours, and are pleased that an evidence base associated with this practice has commenced.

Kelly, G., & Simpson, G. (2011). Remediating serious inappropriate sexual behavior in a male with severe acquired brain injury. *Sexuality and Disability*, 29 (4), 313-327.

Conference presentations/workshops

Several conference presentations and workshops were delivered in the last year.

We repeated the invited "framework" workshop for the Australian Society for the Study of Brain Impairment (ASSBI) in South Australia.

We delivered a Keynote address at the Community Care Case Managers conference, and delivered a workshop about sexuality at the same event.

- Challenging Behaviour following Acquired Brain Injury: A Framework and Strategies for Change. Workshop presented for the Australian Society for the Study of Brain Impairment (ASSBI), April 2011, Adelaide, South Australia.
- Managing inappropriate sexual behaviour after acquired brain injury: Issues associated with facilitating access to sex workers. Community Care Case Managers Conference, November 2010, Shepparton, Victoria.
- Sexuality following Acquired Brain Injury. Community Care Case Managers Conference, November 2010, Shepparton, Victoria.

Ongoing activity

We have devoted much time to research and service development projects in the last year. In particular, we have been providing advice to New Zealand's Accident Compensation Corporation (ACC) about their newly commenced Behaviour Support



Service. Initial training has been completed with the staff who will deliver the service, and we expect to engage in further consultation, training, and outcomes evaluation in future.

Other areas in which we are active include advising South Australian services about the potential development of a behaviour service in that state. We have commenced work with the Victorian Coalition of ABI Service Providers (VCASP) to integrate research findings regarding people with ABI who are in the criminal justice system.

Melbourne Mindfulness Institute (MMI)

Over the last couple of years we have worked with the MMI to gather data about the efficacy of Mindfulness integrated Cognitive Behaviour Therapy (MiCBT). To date, three samples of adults seeking treatment typically for anxiety, stress, or depression have completed an 8-week experiential course. Initial data analysis indicates that the treatment has a significant and substantial positive effect. We intend to use this pilot data to seek funding for a more rigorous evaluation of the therapy program.

Overt Behaviour Scale (OBS)

The Overt Behaviour Scale continues to generate interest, income, and research activity.

OBS-adult & OBS-kids: Colleagues in New South Wales (NSW) have completed a study looking at the prevalence, correlates, and burden of challenging behaviours across the NSW Brain Injury Rehabilitation program. The project had two main parts: (i) including 654 community-dwelling adults with severe TBI (PTA >1 day), and (ii) investigating 182 paediatric clients (aged 8 to 18).

The Overt Behaviour Scale was the primary outcome measure for the adults, and the OBS-Kids was trialled for the paediatric sample. The study will provide norms for the OBS-adult, and psychometric properties for the OBS-kids. We are working towards having a measure that will work across various settings and a large range of ages.

OBS-French: The OBS-French project, in which the OBS is being translated into French to facilitate communication about behaviour in Canada, continues well. Data collection is near complete, and analysis and outcomes are expected in 2012.

TAC Pilot: We recently delivered training about OBS administration to Occupational Therapists in Victoria. This was funded by the Transport Accident Commission (TAC) who are piloting the OBS as an outcome measures tool.

Toolbox: We aim to develop an OBS toolbox across the next year. This will enable people working in clinical or research areas in ABI to have a kit of integrated measures, norms, and reporting tools for challenging behaviours post ABI.



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.

Dr. Glenn Kelly
Research Coordinator

Service Development

With a new organisation such as Diverge Consulting, every aspect of our work is in a state of development. However, in lots of ways Diverge does feel that it has started to establish itself in the brain injury sector and has begun to clearly fill a large gap for referrers. In the previous year Diverge Consulting took on several projects with generous grants from the philanthropic sector. Some projects such as The Bellarine ABI Support Service are continuing and we have received additional funding for the group program “Women’s Experience of Brain Injury”. With time pressures becoming ever more apparent our choices of ongoing project work are increasingly reflecting our priority of focussing on the assessment and management of brain injuries within community settings.

During the last twelve months Diverge has been formally approached by organisations based interstate and overseas that are seeking assistance in setting up services based on our model of neuro-behavioural interventions in community settings and are requiring tertiary consultation and hands on assistance. Recently Samantha Burns and I travelled to New Zealand to help with the launching of a behaviour service based on the Diverge model for the Accident Compensation Corporation in New Zealand. This involved two days of intensive training for their psychologists and case coordinators with more training scheduled for the new year.

Our growth during this early stage of our development has been both exciting and exhilarating but our challenge remains to develop in a sustainable way that reflects the way we want to work and our very clear values. We are planning this year to be able to fund our important research activities in an ongoing way so that projects and staffing in this area can be planned for. We are also hoping to make full use of the specialist paediatric skills that Genevieve McMahon brings to our team and a clear need in the sector to establish an outreach paediatric service in the coming year.

Jan Loewy
Service Development Coordinator



Special Projects

Bellarine ABI Support Service

Thanks to a grant from the ANZ Trustees, Diverge has been able to offer psychology services and practical supports to people with ABI living on the Bellarine Peninsula. The service focuses on 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 rehabilitation 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, Bellarine Program



WEB Program - Women's Experience of Brain injury

Thanks to funding grants from the Mercy Foundation and State Trustees Australia Foundation, Diverge conducted a program for women with ABI across 2010 and 2011. Women's Experience of Brain injury (WEB) involved a series of 6-week programs where women who had experienced brain injury could come together as a group, share their stories, find ways of coping, develop skills, and enhance their health and well being. There was a great demand for the program, and registrations exceeded expectation, with 10 to 14 women attending each group.

The program placed an emphasis on brain storming, problem solving and solution-focused work. The amount of time since acquiring a brain injury varied across participants; with some women having sustained ABI recently, and some many years ago. Those recently injured gained useful information, education and practical strategies from the clinical neuropsychologists (facilitators) and other women who were further along in the course of recovery and had found adaptive ways to deal with disability and daily challenges.

Consumer-feedback surveys indicated that 100% of the participants felt they had benefitted from the WEB Program. Participants were asked what they found useful about the WEB Program, and responses included: Meeting other women whose experience is similar to mine. Discussing challenges, sharing ideas and feeling useful. Being listened to. We saw where each other were coming from and could relate to everyday issues. Getting different ideas and points of view. Receiving written notes on each session. It was useful to have an experienced neuropsychologist working with us. Socialising, having fun and developing friendships. Having a sympathetic and understanding venue to share my difficulties and successes.

When asked what had changed for the individual women since joining the WEB Program, participants noted that they had been meeting people, socialising, making new friends, feeling understood, relaxing, having a laugh, developing "confidence to talk about my experience", feeling better about myself, getting out and doing more, being understood, feeling accepted, and feeling better about myself. One participant realised that "The things I go through are normal for people with ABI". The theme of normalising experiences and fostering understanding and acceptance were strong themes in the group.

75% of women who attended the WEB Program showed improved scores on the Rosenberg Self Esteem Scale after completing the program. This indicates that most women gained increased confidence and greater self esteem following the program

100% of the women indicated that they had learned things from the program that had helped in their everyday life, and said that they would like to attend the program again in the future.

Suzanne Brown

Project Manager, WEB Program



Financial Report

	2011 \$	2010 \$
Income		
Health services no GST	9,191.40	
Membership	454.55	2,727.27
Grants	8,636.36	49,531.78
Service Fees	343,234.00	119,066.05
Total income	361,516.31	171,325.10
Expenses		
Accountancy	8645.47	2,520.00
Advertising/promotion/website	1,498.33	
Bank fees and charges	120.00	
Contract payments	2,759.40	
Entertainment in house	2,312.78	
General expenses	809.16	1,806.94
Insurance	2,604.36	5,037.07
Internet	1,050.36	
Journals and periodicals	2,001.82	
Parking / tolls	1,196.05	
Office printing and stationary	2,673.44	
Rent on land and buildings	13,663.64	4,950.00
Salaries – ordinary	173,970.38	81,206.34
Other employment costs	80,245.00	
Staff amenities	984.55	
Staff training	1,113.63	
Subscriptions	772.90	
Superannuation	19,171.49	6,696.55
Telephone	4,338.93	3,019.95
Travel, accom and conference	5,993.18	514.15
Total expenses	325,925.35	105,751.00
Profit from ordinary activities before income tax revenue relating to ordinary activities	35,590.96	65,574.10
Net profit attributable to the association	35,590.96	65,574.10
Total changes in equity of the association	35,590.96	65,574.10



Financial Report (continued)

	2011 \$	2010 \$
Opening retained profits	66,704.35	1,130.25
Net profit attributable to the association	35,590.96	65,574.10
Closing retained profits	102,295.31	66,704.35

Current Assets

Cash Assets

Cash at Bank	50,853.02	27,649.96
Total	50,853.02	27,649.96

Receivables

Trade debtors	72,295.84	50,270.36
Total	72,295.84	50,270.36

Total Current Assets	123,148.86	77,920.32
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Non-Current Assets

Property, Plant and Equipment

Office equipment	150.00	150.00
Assessment tools	7,396.85	7,396.85
Total	7,546.85	7,546.85

Other

Preliminary expenses	258.50	258.50
Total	258.50	258.50

Total Non-Current Assets	7,805.35	7,805.35
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Total Assets	130,954.21	85,725.67
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Financial Report (continued)

	2011 \$	2010 \$
Current Liabilities		
Payables		
Unsecured		
Other creditors	1,281.62	
Total	1,281.62	
Current Tax Liabilities		
GST payable control amount	6,235.09	4,570.03
GST clearing	7,836.86	7,176.10
Amounts withheld from salary and wages	11,390.82	5,902.00
Total	25,462.77	17,648.13
Provisions		
Superannuation payable	1,914.51	1,373.19
	1,914.51	1,373.19
Total Current Liabilities	28,658.90	19,021.32
Total Liabilities	28,658.90	19,021.32
Net Assets	102,295.31	66,704.35
Held Funds		
Accumulated surplus	102,295.31	66,704.35
Total Funds	102,295.31	66,704.35



Acknowledgements

Accident Compensation Corporation	Melbourne Citymission
Alison Sinclair	Melbourne Mindfulness Institute
ANZ Trustees	Mercy Foundation
Aspire	Monash University
Austin Health	Peter Kremer
Australian Society for the Study of Brain Injury	Rosemary Dillon
Barwon Health	Royal Children's Hospital
BrainLink	Sacred Heart Mission
Care Connect	Senior Masters Office
Cas Bukor	Slow to Recover Program
Department of Human Services	Southern Health
Department of Justice	South West HealthCare
Grahame Simpson	State Trustees Australia Foundation
Grovedale Uniting Church	Transport Accident Commission
Huntingtons Victoria	VBIRA
Indigo	Victorian Coalition of ABI Service Providers
Liverpool Brain Injury Rehabilitation Unit	Work Safe
Lord Mayor's Charitable Trust	Yooralla
Lyndoch	

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