

## What is the added value of Clinical Neuropsychology on a Stroke Rehabilitation Ward?

Viki Teggart

Clinical Neuropsychologist

In June 2016 Clinical Neuropsychology Services were available for the first time on the Stroke Rehabilitation Ward at University Hospitals of South Manchester (UHSM). This new service consisted of 2 days per week of a Clinical Neuropsychologist and a full time Assistant Psychologist. Despite being a well established stroke service, the unit at UHSM had been unsuccessful in securing funding for psychological services until that point.

The importance of good psychological support within stroke care has been highlighted by both the National Guidelines and by stroke survivors. Clinical Neuropsychologists can provide additional expertise in assessment of cognitive functioning and identifying those patients who require additional support around emotional wellbeing or changes in behaviour. Suggested frameworks for the provision of psychological care highlight the involvement of the whole MDT in the process and the use of limited Clinical Psychology resources to direct this care in the appropriate way.

How this can be implemented is, however, less well defined. The main goal in the early development of the new service has been to identify ways in which we can best support the rest of the MDT in providing psychological care. This has included;

- training on how Clinical Neuropsychology can contribute to the care of stroke survivors.
- increasing understanding of cognitive difficulties and approaches to intervention
- discussing the range of emotional responses in the early stages of stroke recovery and how these can be supported
- developing communication pathways to feedback assessment results and guidelines for interventions
- reviewing the MDT meeting process to ensure that psychological issues have parity of esteem with other consequences of stroke
- developing shared assessment pathways with other members of the MDT to maximise efficiency
- considering referral pathways to either Clinical Neuropsychology or the RAID psychiatry service to ensure the best use of limited resources

Many of these projects are ongoing and their impact has yet to be determined. However, the feedback from other members of the MDT has suggested that the addition of Clinical Neuropsychology Services has been welcomed.

“The psychology service has been consistently useful in aiding the rehabilitation of stroke patients. The example which sticks in my mind the most was the help provided to a patient with bilateral anterior circulation infarcts manifesting as an aphasia and confabulation due to right cerebral hemisphere involvement. The psychology service helped with their input to support the diagnosis, which had been questioned at various points during the admission as either a depression or a psychosis. This helped the family with accepting the final diagnosis, and in addition the psychology service was able to provide strategies to help the family communicate and engage with their father during this difficult and sudden change in his cognitive state.” **Dr Aaron Bardai, Registrar in Stroke Medicine**

“The psychology service have provided valuable input into developing multidisciplinary approaches to goal setting and adapting the MDT meeting paperwork. It has also been really helpful that they

have been able to properly become a part of the team, as this helps everyone appreciate all the different roles and the issues we all face in our day-to-day work.” **Christine Beighton, Therapy Lead**

"Securing neuropsychology for the stroke service at UHSM was a pivotal move to creating the comprehensive team we needed to deliver a more rounded service. There has been a considerable change in focus of the team, driven by neuropsychology towards dealing with & creating different approaches to the complex cognitive needs of our patients. We have enhanced our methods in dealing with cognitive rehabilitation & at the same time enriched our own learning. Previously, in reality, the depth & quality of assessment/treatment was limited” **Sally Sutton, Advanced Nurse Practitioner**

Neuropsychology input has been a very beneficial addition to our MDT. From a speech therapy point of view it has been helpful to;

- Work jointly to assess cognition and language to give a better understanding of a patients impairments and how cognitive deficits may impact on certain aspects of language.
- A place to discuss patients who appear to be suffering low mood. The psychology team not only support the patients themselves but also give suggestions to the MDT how best to rehab them dependant on findings from psychology assessments.
- Psychology have provided teaching sessions on cognition to the MDT which have been accessible to all members and provided us with useful advice to take forward when rehabbing patients. **Holly Parker, Lead Speech & Language Therapist for Stroke**

“ the effect of having clinical psychology input on our stroke unit has been far greater than an individual patient would ever realise. A whole wave of change in psychological approach by the entire multi disciplinary team has led to patients receiving much more individualised patient focused management.” **Dr Ed Gamble, Consultant in Stroke Medicine**