

September 29, 2016

Community Healthcare Professional Bursary

To PIA Law,

Firstly, I would like to extend my sincere thanks for selecting me as a recipient of your Community Healthcare Professional Bursary. This bursary allowed me to attend Matheson's *Cognitive Functional Capacity Evaluation* training in Surrey, British Columbia on September 16 - September 17, 2016. This letter serves to inform you about the course I attended due to your generous bursary, the knowledge I was able to gain from the course, and how this knowledge will enhance my work for clients with mild to severe traumatic brain injury (TBI).

As you are aware, I am an Occupational Therapist who consults with Entwistle Power Occupational Therapy, and have been for just over one year. I began work in the auto insurance sector immediately after finishing my Master's Degree in OT. I quickly built a caseload including catastrophic (CAT) files (mostly severe brain injury), non-CAT post-concussive syndrome files, and have been managing the Brain Injury Services of Hamilton (BISH) contract for seven houses of clients with severe brain injury since October 2015. However, I was devastated when I realized a common theme in my auto insurance work: clients with brain injury and mental disorders were being assessed unfairly, and therefore services and benefits my clients required were being denied unjustly. My biggest issue with the two most popular assessments used to determine work capacity (Functional Capacity Evaluations, and Neuropsychological assessments) is their poor ecological validity; that is, the extent to which the findings can be generalized to real-life settings.

When I discovered the Cognitive Functional Capacity Evaluation (CogFCE) course, I became hopeful that a resource existed to assess a brain-injured client's function and work capacity holistically and fairly. Unfortunately I could not afford the tuition fee for the two-day course, nor the travel costs in order to be able to attend it. When I was selected to receive this bursary, I was absolutely ecstatic; I immediately thought of my clients who would be able to benefit from my participation in this course.

The Matheson website describes the CogFCE as follows: *"While traditional FCE protocols typically address physical disability and its effect on function, physical durability, and employability, they do not naturally accommodate for the broad range of cognitive and / or behavioral challenges faced by individuals with traumatic brain injury or mental health conditions. Following completion of this course, you will be able to structure your assessment to account for the physical, functional cognitive, perceptual / sensory, communicative, psycho-emotional and behavioral issues faced by these diagnostic groups."*

The course is designed to acknowledge the limitations of 'standard' FCEs and of neuropsychological assessments for clients with brain injury, and to address these limitations in a way that is fair for our clients. A neuropsychological exam is a very structured environment that many clients with mild to moderate traumatic brain injury can succeed in (no distractions, no noises, no bright lights, no emergency scenarios, no dual-responsibilities). Clients are allowed to focus on their performance on these exams, which in turn means that many of them (especially those with high academic background) perform well,

leading evaluators to believe they are functional and return to work is viable. This is simply not a valid representation of their everyday lives with brain injury, due to the ideal environment they have been tested under instead of a more realistic every-day life setting.

Neuropsychologists *predict* function based on hard-skills analysis in a standardized environment; occupational therapists *assess* function within the client's everyday life environments. The CogFCE is an assessment that is critical to *compliment* a neuropsychological evaluation - a proper situational assessment or work simulation will add the ecological validity that neuropsychological evaluations, and FCEs, are naturally missing.

I appreciate that many people are skeptical of the limitations clients with brain injury present with (particularly mild TBI) since we do not currently have the diagnostic imaging to "prove" symptoms (e.g. headaches, dizziness, fatigue, difficulty concentrating); how do we measure tiredness? How do we measure low mood? Unlike orthopaedic or physical injuries, there is no single test that can be used to determine the functional impact of brain injuries. There are no functional performance norms to compare people with concussions, depression, or PTSD against each other like there is with other injuries. It often leaves practitioners in the brain injury/mental health worlds constantly defending their recommendations for treatment, and at a loss of how to demonstrate the client's true functional limitations.

By attending the CogFCE course, I gained knowledge on how to assess complaints of pain and disability to increase their reliability, and how damaged insight (common in brain injury) can affect self-assessment measures and a client's ability to adopt new learning. I learned of the process models and frameworks used to direct assessment choices for CogFCEs, how to compliment standardized/normed assessments with unstandardized yet more ecologically valid situational assessments, and how to add objective measures to the area of expertise OTs have always had in assessing function. I learned how to best measure cognitive effort, tools to be used to ensure results are reliable, and how to properly cross-reference data to ensure that my results are defensible and sound.

I expanded my knowledge of available assessments and resources for clients struggling with function and return to work, and I learned how to assess clients with rehabilitation in mind instead of a simple outcome. For example, I learned how to assess for the effects of fatigue on work performance (e.g. testing the client early in the morning, and then re-testing several hours later), and how to re-assess a client to determine their adaptability after providing modifications or compensatory strategies in order to encourage them to succeed. This framework of assessment lends itself to accurately determining how much assistance, if any, a client with a brain injury may need in order to return to work in any capacity.

When I applied for this bursary, I was articulating my feelings of frustration that the same assessments being used for my physically injured clients were being used to assess my clients with brain injury. In my application for this bursary, I wrote *"I think if we give [insurance] adjusters a Cognitive FCE with a Physical FCE, they will be given the tools they need to make an informed decision on clients' treatment. By attending this course, I can bring the skillset of a specialized assessment ability back with me that has the potential to aid countless clients with brain injuries and emotional disabilities in their path to recovery in this system."* After attending the CogFCE course, I feel that I am now better able to give clients who often slip through the cracks of the system (i.e. brain injury, mental health) the same opportunity to be fairly assessed when determining their level of capacity to return to work.

Since attending the CogFCE course, my confidence in my ability to assess work capacity for clients with brain injuries has been greatly improved. I am now certain that I have knowledge of the most recent

evidence, tools, and assessments to accurately and fairly assess my clients with brain injury. I have better understanding of how my role compliments neuropsychologists, and how our roles in return to work are very different and yet both necessary. I now have the skillset to produce a defensible and solid position regarding a person's capacity to return to work with a brain injury, due to attending this course.

I trust this letter has been able to explain the tremendous amount of knowledge and skills I have gained from attending *Cognitive Functional Capacity Evaluation* training. I have no doubt that this new knowledge will enhance my practice drastically, and I will be able to offer even better occupational therapy assessments for clients with brain injury due to PIA Law's support. Once again, I would like to offer my sincere thanks to the firms of PIA Law for providing me with the Community Healthcare Professional Bursary!

Best regards,

A handwritten signature in black ink, appearing to read 'Bonville' with a stylized flourish at the end.

Jacquelyn Bonneville, MSc. (OT)
Occupational Therapist (Reg., Ont.)