Salience in Rehabilitation:
Work Hard to Play Hard

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Objectives

At the end of the presentation, participants will:

- Describe the link between salience, effort and outcomes in brain injury rehabilitation
- Identify at least 3 ways in which standard rehabilitation interventions can be made more salient
- Describe the link between salience in rehabilitation and increased independence

But before that...
Everyone stand up!
Show us your best dance moves!

• Introduction – dance in place
• Salsa side-to-side steps (24 counts)
• Walk around table (16 counts)
• Cha-cha steps (16 counts)
• Walk around table (16 counts)
• Freestyle (16 counts)
• Walk around table (24 counts)

Now the question is...

• How many of you wanted to keep dancing?
• How many of you felt your skin start to crawl when the music started?
• How many of you were uncomfortable, but pushed through anyway for the experience?

“Staying vulnerable is a risk we have to take if we want to experience connection.”

– Brené Brown
Take two minutes to look at this list of activities. Rank from your most likely to participate to most out of the box for you.

- Snuggling a newborn baby
- Attending a concert
- Deep Sea Fishing
- Painting pottery
- Building a resume
- Going to pay bills
- Taking a boxing class
- Yoga in the park
- Serving in the community
- Joining a book club
- Rock climbing
- Interpretive Dance
- Renting your first apartment
- Kayaking
- Volunteer at the ARL
- Starting a garden
- Washing your car
- Spring cleaning
- Baking a pie

Why do we care?

What is Salience? Described in neuroscience as the phenomenon that the brain pays attention to what it finds important.

Who should care? EVERYBODY!

Why should we care?

↑ salience = ↑ effort = optimal outcomes

Interpersonal skills to support success with salient interventions:

- Build Rapport
- EDSO
  - Endorphins
  - Dopamine
  - Serotonin
  - Oxytocin
- Be flexible
- Be bold
- Go the extra mile
- Be interested, not interesting
- Radiate joy
CASE 1: Jess has a lot of free time, how are you going to fill it? How can structuring her free time with meaningful tasks enhance her rehabilitation?

36 y/o female pedestrian experienced a TBI following being hit by a car presenting with the following deficits:

- Poor attention
- Confabulation
- Impulsive with movement
- Restlessness
- Significant confusion
- Perseverations with difficulty redirecting
- Ambulatory with impaired balance

Goals:
- Return to work
- Being independent with self cares
- Living independently
- Coordinating bus transportation
- Taking care of her house

Leisure preferences:
- Various cleaning tasks (previous employment included maid work)
- Crafting
- Music

Goals:
- Living independently
- Independent with toileting
- Return to volunteering

Leisure preferences:
- Reading
- Art and graphic design instructor
- Hand bells choir
- Singing and playing the piano
- Gardening
CASE 3: Emily has had a difficult time holding her attention and participating fully during therapy sessions. What are your ideas on how to engage Emily?

22 y/o female following Epilepsy resection surgery presenting with the following deficits:

- Hemiparesis
- Short term memory
- Orientation
- Right inattention
- Engagement
- Mood
- Visual impairments
- Balance and Endurance
- Seizures
- Intellectual Disabilities

Goals:
- Going home
- Getting rid of manual wheelchair
- Return to previous level of function

Leisure preferences:
- Watching Disney Movies
- Arts and crafts
- Drinking coffee
- Spending time with animals
- Going to group activities
- Jokes and pranks 😊
**Non-salient intervention**

(Notice the yawn....)

**Salient Intervention**

**THERAPEUTIC BENEFITS OF SALIENT INTERVENTIONS WITH EMILY:**
- Recall up to 1 week following task-including therapists involved, what the task was, etc.
- Improved verbal expression and initiation
- Improved overall mood
- Agreeable to ambulation trials
- Requesting to utilize power chair
- Improved management of anxiety and fear
- Decreased denial of therapy sessions
- Overall improved quality of life
Now think back...

List of Activities

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A few things to consider...

• Cultural Awareness
• Religious Preference
• Sexual Orientation
• Political affiliation
Potential Barriers for Salience in Rehab

• Length of stay
• Pressure from Insurance
• Neurobehavioral Challenges
• Lack of Resources
• Family support
• Socioeconomic status
• Language Barriers
• Pre-injury lifestyle

QUESTIONS?

“Don’t ask what the world needs. Ask what makes you come alive and go do it. Because what the world needs is people who have come alive.” — Brené Brown
Citations

