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Warehouse of Responsibilities: A Group for survivors of a brain injury

This paper reports a Narrative Therapy group for men who were struggling to adjust to life after a brain injury. The setting where it took place is a small but specialised service, well used to offering novel group interventions that focus on the needs of the people who are accessing the service at any given time. Despite the impact brain injury can have on a person's sense of identity, and the clinical experience the authors have of the usefulness Narrative Therapy in neurorehabilitation, it remains a relatively under-used approach. This intervention highlighted how useful Narrative Therapy can be in this setting, and how its techniques can be utilised to give space for exploring individual narratives within a group setting.

Context

The South Cheshire Acquired Brain Injury (ABI) Service has a small staff team, but covers a wide area. The team includes a part-time administrator, a 0.7 wte Service Manager, a Specialist Vocational Occupational Therapist, a Consultant Neuropsychologist (GN), a Clinical Psychologist (SW), as well as regularly having trainee therapists / psychologists on placement. Between us we cover an area with a population of 660,000 with an annual incidence rate of brain injury in the region of 4,500 (Specialist Commissioning Group, 2006). Of course only a small portion of these will access our service, and our active service caseload ranges from about 70-90

at any one time. The demographics of our clients map broadly onto national ABI statistics, being mainly males aged 18-35.

As a pro-active, but small team we try to make the best use of resources by being innovative in meeting the needs of the people who access the service. One method we have found particularly useful is tailored, small, time-limited therapeutic groups. We tend to avoid manualised approaches, partly because they rarely meet the unique needs of people with a brain injury, and I suspect partly because of our own therapeutic preferences. The standard process of considering running a group goes something like this:

1. Contact with a client raises an issue for discussion in team meeting.
2. This reminds another team member that they have a client with a similar issue.
3. We speculate about more clients who might benefit from some therapeutic input on the topic in question.
4. We work out whether anyone in the team (perhaps with the support of a trainee) might be able to offer a group of some description.
5. We plan, give it a go, evaluate and review it.

Groups we have run have focused on female carers of people with an ABI, parenting for fathers with an ABI, and a Narrative Therapy group for the mothers of adults with an ABI. The group discussed here, was for men who were struggling to adjust to changes in their sense of identity following an ABI.

Why a Narrative Therapy Group

Published literature and clinical experience both raise one's awareness of the impact a brain injury can have on a person's identity. There have been many occasions, when we have heard comments such as "I don't feel like me anymore" or "He's just not the man I married", or "My mummy is different now". This can result in the person feeling as though their "…whole identity is at risk of annihilation" (Myles, 2004, p.497).

An ABI can impact on past, present, and future conceptualisations of a person's identity. For example, the understanding of their past can be affected by memory problems, poor insight, and trauma. Their present narrative can also be influenced by cognitive problems, as well as the social, emotional and behavioural problems that can occur after an ABI. A person's perspectives on their future can be especially affected by long term effects on work, relationships, abilities, and personal resources.

As a result, a lot of the work we do is based helping a person and the systems in which they live adjust to the dramatic change that has occurred. We don't have statistical data to back this statement up, but it's highly likely that the majority of the work includes some form of systemic intervention. This may be with couples, child relatives, whole families, or carers. Furthermore, many of the people we work with stay on our caseload for a number of years (some forever). There is some truth in the statement that people don't get discharged from our service, their file just gets put in a different filing cabinet.

The result is that people who access our service often get the opportunity to experience a range of different therapeutic interventions. Sometimes this can be working with systems as detailed above, other examples may include; liaising with

employers, direct 1:1 psychological therapy, or the more traditional management of cognitive deficits. We often use alternative forms of communication such as text messaging, and therapeutic emails. For example, last week I got a text message from a client who had originally chosen not to access ongoing therapy which read: “Steve would it be okay to have an appointment please? I think am struggling a bit after all”. This typifies the need to be innovative and available in the long term in this line of work.

This novel way of working creates space to explore therapeutic interventions such as narrative therapy groups, which are not necessarily used widely within neurorehabilitation services. The group discussed here, developed because at the time we were individually working with four men who lived near each other, all of whom were having difficulties adjusting to their life after an ABI. Both of us as clinicians had utilised narrative approaches with good outcomes on an individual level, and had some experience (and passion for) group work. We wondered whether a narrative therapy group might be useful to these men, but were a little undecided on the nuts and bolts of how best to run it.

All of the potential attendees had ongoing day-to-day problems as a result of their ABI including emotional lability, loss of role, reduced capacity to work, relationship problems, reduced self confidence and cognitive ability. Perhaps most importantly they were at least 12 months post-injury and prognoses did not indicate much improvement on their current functioning. I think it’s fair to say that one of our implicit goals in the ABI service is to help people to achieve their full potential. We had the feeling that these four men still had some way to go, to reach their full psychological adjustment potential. Individually they personally felt as though they

were not achieving as they would have hoped (at work and at home). Therefore we decided to get them together, and see whether a group setting would be helpful.

The initial planning led us to wonder how to, for example, thicken individual narratives, utilise a statement of position map, and explore unique outcomes for individuals in a group setting. Our own stock Narrative Therapy texts (Freedman & Combs; Morgan; White & Epston, White 2007) whilst helpful as refreshers on techniques, did not provide utility on practical applications in groups. However, we did come across two very useful articles. The first was on collaborative group therapy built on Michael White's "style of therapeutic questioning" O'Neill & Stockell (1991), and the second illustrated Narrative Therapy practice in a group setting (Vassallo, 2002).

Facilitating the Group

Whether it is a socially learned male trait to want to focus on the concrete, or that this was a shared need for the group members, they wanted to begin by sharing practical ideas on common issues such as managing memory difficulties and anger. We felt it was important to allow these conversations to run, but also explore what it was about these issues, and perhaps more pertinently the groups' values in relation to them that was so important. This gave space for a Eureka type moment in week three, which the whole group shared. One of the men précised his previous week's challenges, by saying that it was as though he could no longer cope with the "Warehouse of Responsibilities". This included being a husband, father, employee, and main breadwinner. All of which had been effected since his brain injury.

This became what we might consider 'the problem' that the group externalised, and made it easier than anticipated, engaging in narrative therapy

practices in a group setting. Probably the main reason for this was whilst the Warehouse of Responsibilities was a shared reference point, it was personified in different ways to different members of the group. Each had their own symbols of what the warehouse of responsibility meant to them. Our job was to facilitate narrative therapeutic discussion around these symbols and what they meant to each individual.

At times these conversations were almost one to one, with the rest of the group acting as witnesses to the conversations. At other times, they were whole group discussions, with each person (including the facilitators) adding their own personal reflections into the conversation. Gradually a consensus grew that we all have responsibilities and expectations in our lives that we place on ourselves, as well as expectations that others place on us. The group discussed how these expectations can facilitate self-awareness, both from our own and others' perspectives. They also said that this can lead to expectations that may not always be met, particularly when the effects of a brain injury mean that some skills have been lost or greatly reduced.

The group were able to identify times when they had been able to cope with the Warehouse of Responsibility. Furthermore they also found tangible symbols of what recovery meant to them. Examples included, returning to work, being able to go to the supermarket, spending time on the allotment, or re-learning to juggle. Not only were these symbolic of their recovery, but they were also tangible symbols of their values in life such as being a free-spirit, a provider for the family, or an efficient organiser

As the group drew to a close, the members became more in control and comfortable with the warehouse of responsibility, becoming managers of this metaphorical environment. For two people this was very concrete, one significantly

reduced his work hours and the other enrolled at university. There were also less tangible outcomes such as spending more time with friends and family, one member gave permission to his wife to tell him if he was losing his temper, or simply planning in more rest time.

In the current NHS climate, it was important have some form of outcome measure for this group. This of course presented challenges, when trying to remain true to the post-structuralist philosophies of Narrative Therapy. We tried to adopt a parsimonious approach, so measures adopted included a general assessment of emotional state 'The Hospital Anxiety and Depression Scale' (HADS) (Zigmond & Snaith, 1983), a quality of life measure 'The Patient Generated Index' (PGI) (Ruta et al., 1994), as well as this each individual was asked to give a brief outline of their view on life at the moment. All assessments were administered before and after the group. The three men who attended the whole group, showed positive reductions in their HADS scores, two of them showing clinically significant improvements in their anxiety scores. The changes in the PGI are difficult to capture in a short space, but all of them indicated an improved quality of life. The narratives of each group member showed that life after an ABI is often a never-ending challenge, but the extracts below show the impact of the group:

> "My life is generally fighting for all things cos it gives me a way forward and that'll be a first post brain injury. I'm much better at recognising I need to stop and when enough's enough."
>
> (Group Member 1)

> "I do feel different from this time last year, a lot calmer, I do have my moments mind, they're quite unexpected mind, but they hit me with a shock, but they don't last very long. But they're still quite scary. My partner says I've changed quite a lot [since attending the group] and seem to be having a clear plan ahead."
>
> (Group Member 2)

> "Now I'm a bit easier on myself, I don't beat myself up about it as much. I've let go of that completely"
>
> (Group Member 3)

Conclusions

Group interventions can be particularly useful in services where staff resources are limited. More importantly than this, they provide a space for sharing and developing personal and group narratives. Narrative Therapy can be particularly useful in brain injury services, because an ABI has such an impact on a person's sense of self. The group format still allowed space for incorporating Narrative Therapy techniques, and forms of question asking. Indeed the shared language that develops in a group arena provides the perfect vessel for narrative practice.

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