



**Relationships:
Therapist,
Family, and
the Survivor.**

Acknowledging the importance
of social interaction in brain
injury rehabilitation.

Emotional adjustment following TBI

- Bereavement process in each family is unique.
- For family members, the experience of grieving is sometimes referred to as 'disenfranchised grief' as losses for them and the individual are multiple, yet they are often **unrecognized** by society.
- Families often maintain hope long into recovery, even though this hope may be contrary to medical opinion.



How TBI impacts a family



- Effects differ depending on:
 - Severity of injury
 - Stage of recovery
 - Type of relationship (partner vs parent)
- More stress placed on the partner than parent (due to a parent's tendency to nurture)
- Couples are challenged by:
 - Increased responsibility of the partner
 - Loss of intimacy
 - Cognitive-behavioral sequelae

What does this mean in terms of rehabilitation....



- The fact that the impairment is not absolute (changes depending on the context) suggests that one should not treat the impairment directly, but instead **work with the family** and significant others to **educate** them on the impairment, and what this might mean for their **relationship** with the injured person.

Variability of cognition in social settings...



- The clinical world of research attempts to define loci of neurological damage with functional impairment. The connection is often found to be variable however. Clinical examples of variability that is not accountable for by neurological damage include:
- Memory impairment that presents when the person is challenged or angry
- Memory retrieval that improves in the context of positive conversations.
- And there are more...

Overcoming memory impairment with the use of narratives



- It is worthwhile to think of memory rehabilitation as a process of engaging an individual in a personally and socially meaningful conversation – and constructing a narrative that makes sense to them and that will help them in future situations (role play, rehearsal, and problem solve within the therapy room). Challenge them now, so that they are less challenged in real life.

Therapist-family connection



- Optimum outcomes are achieved when good working relationships are established.
- Team up to help make sense of and cope with challenges.
- Education and support for families is essential in rehabilitation efforts.
- No family oriented theoretical template or model for in working with TBI rehabilitation since every situation is unique.

Therapist intervention program



- One program described by Kreutzer, et al (2002) proposed 5 levels of intervention:
 - 1) family therapy,
 - 2) marital therapy,
 - 3) individual therapy,
 - 4) group therapy, and
 - 5) bibliotherapy

A model of collaborative practise for TBI rehabilitation settings (Solberg et al. 2001)



- 1. Learning the family's background, needs, and issues.
- 2. Helping families determine their priorities.
- 3. Teaching families to systematically observe events in their environment relevant to the issues of concern.
- 4. Providing feedback on trends noted in family observations.
- 5. Offering suggestions for strategies and helping families generate methods to monitor strategy success.
- 6. Revisiting goals and monitoring issues of concern on an ongoing basis.

Families and brain injury



- Each family will present differently, and therefore it is important treat each family with a different conceptualized model of rehabilitation
- Despite this, the journey towards TBI rehabilitation is similar in many aspects when one considers the events that follow the injury: emergency treatment, the acute care period, lack of understanding of medical terminology, adjustment to rehabilitation and acceptance of a different future for this family member.
- We will now look at **Relational Therapy** as an approach in rehabilitation.

Focusing on relationships or *relational therapy* to promote change in TBI

The therapist's role in the relational therapy is not static, numerical, scientific, or textbook...it is in the here and now, and very social.



Why is this important?

The reasons are three-fold:

- 1) Currently – there is a real imbalance in the bio-psycho-social perspective in treatment of TBI. **We need to take a closer look at the social aspects of brain injury.** In doing this we can extend our perspective to include bio-psycho-social- **family** dimensions

New perspective in treatment of TBI: **Relational therapy**



- 2) the need to consider the social determinants of identity, and include this as part of intervention (we know that a substantial component of our self-identity, self-esteem, and self-efficacy is derived from our relationships and interactions), and
- 3) to emphasize the potential therapeutic qualities of socializing and conversation with concerned and committed individuals, groups, and communities (i.e. potential qualities within us all!)

Allowing for opportunities for social contact is paramount



- The social model of disability proposes that we are all social creatures and we continue to make sense of ourselves and define ourselves by our social interactions **especially after a brain injury.**
- Individuals suffering from a brain injury will use episodes of social interaction to help adjust and find continuity between pre- and post-injury selves.
- Family members, as well as survivors, have to make very real and significant adaptations to their identity, and these are crucial to maintaining ongoing well-being and balance in relations to their own needs.

Therapist's use of relational therapy...



- Individualistic (as with the other disciplines involved – as there is a need for this type of work) however, the therapist brings in the perspectives of family and social network. This allows each party to become aware of the whole story, not just individual parts.
- This type of therapy then helps the individual develop a new relationship with themselves and update their identity to form a realistic self-representation that includes the impact of the injury as a significant event in their life story, and consideration of their life stories in relation to other people's stories.
- The social construction of self develops through how people define themselves within relationships, and as such it is helpful to think about brain injury within this context.

The survivor's story...



- Each individual survivor has a story...what was once my life, what it is now, and what I think it will become.
- This occurs as one tries to reconstruct their own identity. It is a journey.
- This journey becomes somewhat convoluted by cognitive impairments such as memory loss.
- Therapy serves to make large, complex ideas very concrete, clear, and accessible.

Case Example Kyle's story:

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I grew up in a Christian home with great loving parents. In high-school I played hockey, had a hot girlfriend, and I was pretty good at hockey. I got into drinking too much but I cleaned that up shortly after graduating. I went to the Caperhray bible school in Sweden and travelled a little bit. I was on my way to work one day and I was hit by a truck. Since the accident I have grown closer to God and received a brain injury in the accident. I am planning on being a phsy-ed teacher or even just an e.a. (education assistant). I like to get married and live in the country. I will never drive a smart car.

Kyle

Journey to find your own identity...

- My role as a clinician would be to bring in the perspectives of others to help make sense of Kyle's story, e.g. parents, peers, siblings.



- At this point, Kyle does not see himself as becoming a new person, or having to make large adjustment in his life. After nearly two years post, the biggest adjustment for him (other than overcoming his acute physical injuries in acute rehab) is not having a license (and in his words – *independence*).

Kyle's journey continued...

- To a large extent, Kyle does not yet see that he is a different person. He noted (not in the story but in another session) that he becomes tired much more easily. Although he knows he sometimes forgets...his memory (he feels) is much better. He speaks of using his phone as an external memory device as well as checking the calendar more (where in actuality, he repeats himself quite often in certain subject areas from one session to the next, or he will not remember what he did on the weekend for example).



- In his view, the other big change in his life is having to deal with not having a license. In Kyle's mind, this is the root of the problem on many issues. Such issues include: lack of motivation to do things he use to love doing (e.g. going to the gym), not calling up friends to meet for coffee, not having a girlfriend at this time, not having a 'real job'.

Kyle's life story...



- Kyle mentions (not in this narrative) that has become closer to God. He always was – but much more so now because of the need to have support. He feels he receives a lot of spiritual support from the church.
- In a sense, Kyle views his injury as a positive thing, as he feels that he is now a smarter person.

(book smart because of all the cognitive –linguistic intervention) and a more well-rounded person.

He feels that at the point where he regains his privilege to drive, his life will more or less become what it once was..minus the fatigue that he feels.

Interesting points to consider...



- Mentions “since the accident I have become closer to God and received a brain injury.”

(the order is interesting to note – it suggests the accident is a positive turn in his life)

- His vocation – “phys-ed teacher or even JUST an EA”

(inside he is disappointed ? that he cannot pursue an education degree – but again he is satisfied).

- Goal is to get married and live in the country.

(simple, attainable, reasonable).

- No bitterness contained, no blame, no far reached goals.

(peaceful, pleasant)

Resources:

- Bowen, C., Yates, G. and Palmer, S. (2010). A Relational Approach to Rehabilitation: Thinking About Relationships After Brain Injury. Karnac Books Ltd., London: England

