Counseling After Brain Injury: Changing the Narrative

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Objectives

- Identify the strengths and limitations of employing Narrative Therapy when conducting counseling after brain injury.
- Evaluate the characteristics of Narrative Therapy which may improve the effectiveness of current counseling efforts.
- Identify the aspects Narrative Therapy which can be integrated with current counseling protocols.
Emotional upheaval following injury is expected and well documented.

There is limited research examining the complexities of psychosocial and pre-injury issues in the context of TBI recovery.

Traditional counseling approaches tend to neglect psychosocial issues or issues related to life preinjury.
Focus of post-injury counseling directed at providing education, understanding symptoms, medication compliance, activity and fatigue management, cognitive rehabilitation, symptom management, and reassurance.

Development and support of cognitive behavioral therapy (CBT) for depression and anxiety in the context of TBI is documented in a growing body of literature.

The call for use of evidence-based practices drives therapeutic efforts.
The Gap

Interventions too many times aimed at first order change and do not address underlying issues to promote deeper changes.

Providing education, understanding symptoms, physical and cognitive rest, medications, activity and fatigue management, cognitive rehabilitation, symptom management, and reassurance may actually work against promoting competency and self-direction.

“I guess this is the way it has to be”
“... there is still a fairly marked distinction between members of the treatment staff responsible for management of cognitive difficulties and those responsible for managing mood and emotion. Too often it is still heard that individuals with severe cognitive impairment need to develop insight before they can benefit from treatment, or that such individuals are not amenable to psychotherapeutic approaches to dealing with anxiety or depression.”
“We have also learned more about, and more readily acknowledge, the importance of personal background, the range of emotional responses to injury and its consequences, and the role of coping skills in long-term adjustment. A critical gap remains, however, in explicating how we can bridge the various needs of our clients in more integrated treatments that not only acknowledge but mesh cognitive, emotional, and motivational interventions. Then, perhaps, we will be putting Humpty Dumpty together again.”
An Integrative Perspective

Diverse clients + diverse needs = diverse approaches

- **Syncretism** - grabbing at anything that works
- *Technical eclecticism* - the best technique for the presenting problem
- *Theoretical integration* - synthesizing two or more theoretical orientations
- *Common factors* - cut across theories: client, therapeutic relationship, expectancy, and therapeutic intervention, etc.
Social interaction and relationships play a role in ego development and growth.

Each of Erikson’s stages builds on the preceding stages and paves the way/inhibits further development.

Conflicts in each stage serve as turning points.

If the conflict is negotiated well, the person will feel a sense of mastery. If the conflict is managed poorly, the person will emerge with a sense of inadequacy in that aspect of development.
# Psychosocial Issues/Life Before Injury (Erikson, 1998)

<table>
<thead>
<tr>
<th>Stage</th>
<th>Age</th>
<th>Favorable</th>
<th>Unfavorable</th>
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<tbody>
<tr>
<td>Trust v. Mistrust</td>
<td>0-2</td>
<td>Faith, trust</td>
<td>Suspicion, mistrust</td>
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<tr>
<td>Autonomy vs. Shame &amp; Doubt</td>
<td>2-3</td>
<td>Self-control, autonomy</td>
<td>Shame, doubt</td>
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<tr>
<td>Initiative vs. Guilt</td>
<td>3-5</td>
<td>Sense of purpose</td>
<td>Inadequacy, guilt</td>
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<tr>
<td>Industry vs. Inferiority</td>
<td>6-11</td>
<td>Competence</td>
<td>Inferiority</td>
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<tr>
<td>Identity vs. Confusion</td>
<td>12-18</td>
<td>Personal identity</td>
<td>Identity confusion</td>
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<tr>
<td>Intimacy vs. Isolation</td>
<td>19-40</td>
<td>Strong relationships</td>
<td>Loneliness, isolation</td>
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<tr>
<td>Generativity vs. Stagnation</td>
<td>40-65</td>
<td>Usefulness, accomplishment</td>
<td>Shallow involvement</td>
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<tr>
<td>Integrity vs. Despair</td>
<td>65+</td>
<td>Peace</td>
<td>Regret</td>
</tr>
<tr>
<td>Stage</td>
<td>Challenge</td>
<td>Result</td>
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<tr>
<td>Trust v. Mistrust</td>
<td>Physical limits</td>
<td>Suspicion, mistrust</td>
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<tr>
<td>Autonomy vs. Shame &amp; Doubt</td>
<td>Dependence on others</td>
<td>Shame, doubt</td>
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<tr>
<td>Initiative vs. Guilt</td>
<td>Lack of initiative</td>
<td>Inadequacy, guilt</td>
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<tr>
<td>Industry vs. Inferiority</td>
<td>Executive functioning</td>
<td>Inferiority</td>
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<tr>
<td>Identity vs. Confusion</td>
<td>Role loss</td>
<td>Identity confusion</td>
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<tr>
<td>Intimacy vs. Isolation</td>
<td>Intimacy/relational</td>
<td>Loneliness, isolation</td>
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<tr>
<td>Generativity vs. Stagnation</td>
<td>Lack of relevance</td>
<td>Shallow involvement</td>
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<tr>
<td>Integrity vs. Despair</td>
<td>Feeling different</td>
<td>Regret</td>
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Despair is a lurking threat despite having previously negotiated developmental conflicts

- Loss of physical abilities = mistrust of self and the environment.
- Dependence on others = Self-doubt and shame.
- Impairments in initiative = guilt and inadequacy
- Executive functioning issues = inferiority at understanding/organizing
- Loss of role = Identity confusion
- Relational conflict/loss = Loneliness and isolation
- Lack of reliance by others = Self-centeredness, shallow involvement
- Feeling different from others = dissatisfaction with life
Although specific training is required for competency as a narrative therapist, Narrative Therapy (White & Epston, 1990) is an excellent way to address and integrate psychosocial issues into mental health counseling efforts.
What is Narrative Therapy?

✓ Individuals internalize messages from dominant cultural narratives even if not useful.
✓ Self-narratives are not merely a reflection of reality, they actually form reality.
✓ Therapy is an attempt to reestablish personal agency from the oppression of problem saturated narratives driven by dominant cultural/systemic narratives.

Power, knowledge, and truth, are negotiable!
Narrative conversations are not about giving advice, solutions or opinions.
They are not about normative judgements or evaluations rendered by positions of authority.
Narrative practices decline invitations to be the expert on people’s lives.
Narrative Therapy – Major Concepts

- Collaboration - problems are located in contexts and in relationships, not in people.
- Dominant Narratives - perpetuate viewpoints, processes and stories that benefit those with definitional power.
- Social Context - People are meaning makers and are actively engaged in making meaning about their lives. These meanings are specific to culture and history.
- Thin and Thick Descriptions - we are selective about the events of life we give meaning to; moving from the labels assigned by dominant culture (thin) to personal meaning (thick).
## The Power of the Narrative

<table>
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<th>Why different?</th>
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<tr>
<td>Patient</td>
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<td>Survivor</td>
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<td>Client</td>
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<td>Collaborator</td>
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<td>Resident</td>
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<td>Consumer</td>
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<td>Partner</td>
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<td>TBI</td>
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<td>ABI</td>
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### Which labels:

- Objectify?
- Discourage?
- Empower?
- Encourage dependence?
- Encourage independence?
- Establish an expert position?
- Promote competence?
The Power of Symbols: What is the Message?

Intake forms
Clip boards
Lab coats, suits and ties
Formal titles
Tables and desks
Waiting areas
Narrative Therapy – The Process

- Joining
  - Collaborative alliance
  - Identifying strengths
  - Safety

- Use of questions to externalize problem saturated narratives.

- Deconstruction and re-authoring life stories

- Provide reinforcement and support both in-session and through the use of letters

- Providing audiences/witnesses for new narratives
Narrative Therapy – Techniques

- Skillful and respectful questioning
- Externalizing and deconstructing
  - framing the problem as the problem
  - identifying the sources and effects of externally imposed values and truths that have been internalized
- Searching for unique outcomes
  - Double listening for a shift from a constituted to an agentive position
  - adds thickness
  - opens possibilities
- Documenting
  - Maintain continuity of the narrative process and prolong the therapeutic effect
  - Summary letters, encouragements, invitations
- Providing audiences
Types of Narrative Questions

**DECONSTRUCTIVE:** Show how stories are constructed- Who told you “real men” don’t cry?

**RENAMING:** Support efficacy by sharing authorship- What would you call this problem of not asking for help with known impairments?

**PERSPECTIVE:** Explore other people’s views- Does everyone agree that you’re not capable of making decisions for yourself or does someone have a different idea?

**OPENING SPACE:** Allow hopeful thoughts- Are there ever times when frustration doesn’t control you?

**HYPOTHETICAL:** Stimulate imagination to envision different outcomes- Suppose frustration was no longer in your life, how would your life be different?
Types of Narrative Questions

PREFERENCE: Ensure exceptional moments reflect actual preferences- How did you feel when you got the trucking job? Is this something you really want?

STORY DEVELOPMENT: Explore elements of the preferred story- Tell me more about what happened by not being snide to your mother-in-law?

REDESCRIPTION: Help recognize preferred qualities- What does it say about you as a person that you were able to and advocate for yourself at PT?

STOPPER: Refocus patient when he/she seems to be getting stuck- Which story are you telling now?
Advantages of Integrating With Current Counseling Approaches

- Allows for the exploration of psychosocial issues
- Frees one from the limitations of externally/internally imposed labels
- Supports creation of an agentive identity v. being bound by a constituted identity
- Unites efforts against a common (externalized) enemy
- Supports creation and understanding of new roles, meanings, purposes
- Removes the stress and pressure of achieving goals set by others
- Promotes disputations
- Instills positive attitude and hope for change
Limitations

- Not appropriate for everyone (client or practitioner)
- Limited theoretical techniques
- Client may be seeking skills training
- Therapist may have been sought out specifically for expertise at “fixing”
- Client reluctant to view self as expert - despair
- “Know-nothing” approach may be doubted
- Insurance/EBPs
Key Themes to Promote Competence

1. Presume competence
2. Clarify Intent (SOC/MI)
3. Employ double listening
4. Follow the client
5. Find exceptions
6. Expand possibilities
7. Clarify signs of success
8. Remember the client is always intending success
Conclusion

Just as great art transforms the vision of the viewer... counseling transforms the experience of the client from chaos to organization, from despair to hope, and from helplessness to self-reliance.

-James T. Hansen
Selected References


Shapiro, J., & Ross, V. (2002). Applications of narrative theory and therapy to the practice of family medicine. *Family Medicine, 34*(2), 96-100.
