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‘Moving forwards with life’: experiences of people with brain injury attending a RAID-informed ‘Emotions Management Group’

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Background

Transitional Rehabilitation Unit (TRU) is a specialist acquired brain injury rehabilitation organization, which operates within residential units and community outreach to provide a full pathway of active rehabilitation, pre-community re-entry, supported living and community re-integration, including repatriation to original locality. TRU uses a treatment ethos that encompasses positive behaviour framework and the RAID philosophy of care to support clients through this pathway. A large proportion of staff at TRU have been RAID trained, and the entire treatment model offered to clients incorporates RAID language and templates for success.

At TRU we acknowledge that the multiple losses that people experience after traumatic brain injury (TBI) are often accompanied with many psychosocial difficulties, such as depression, anxiety, psychosis, changes in personality, social disinhibition, aggression, and other complex difficulties (Klonoff, 2010; McMillan & Wood, 2017). Previous studies (e.g. Gill, Wall & Simpson, 2012; Lundqvist et al., 2010) have proposed that providing forums for people with brain injury (PWBI) to explore their emotions can be a valuable resource in the pathway to adjustment. In particular, group therapy can promote improved mood, social involvement, acceptance and ecologically valid goal-setting.

Such forums can also give people a voice to re-identify with their emotions, and many times acquire the language to express their emotions in socially appropriate formats. Many of these studies, however, rely upon PWBI passive participation model, are reactive to people’s needs, and focus solely on outcomes of treatment,

with less relevance on people's social discourses and experiences about such therapeutic exposures.

Aims of study

With this study we aimed at evaluating PWBI's experiences in attending a RAID-informed 'Emotions Management Group' facilitated at a residential setting, by using the Q-methodological approach. This study also aimed at analysing outcome data on anxiety, depression and stress levels using a pre-post design.

When conducting this study the following questions were in mind:

1. How do PWBI experience their participation in a group addressing emotions management skills using a RAID approach?
2. What PWBI believe they gain from participating in the aforementioned group?
3. Are people's anxiety, depression and stress scores improved after attending the group?

Overall Group structure

- Introduction to emotions
- Recognising anger
- Recognising anxiety
- Recognising depression
- Identifying positive behaviours
- Self-structure and meaningful activities
- Self-praise and rewards
- Self-compassion and patience
- Setting realistic expectations and goals
- Strategies to maintaining well-being/ relapse prevention

Methodology

PWBI were invited to take part in the study. Study received approval from organisation ethics department. Primary researchers had no insight into group materials, contents and process. Main inclusion criteria for the Q-study included: participation in a recent therapy group, attend at least 90% of sessions, being resident within the services, and consent to take part in the study. Ten people were

eligible to take part but only 8 agreed to complete the study. The study aimed at being collaborative from the onset, by following the ethos of Q-methodological model. Other demographical and outcome data using the Depression Anxiety Stress Scales (DASS) were being collected as part of group efficacy evaluation, to be included as part of the analysis.

Results

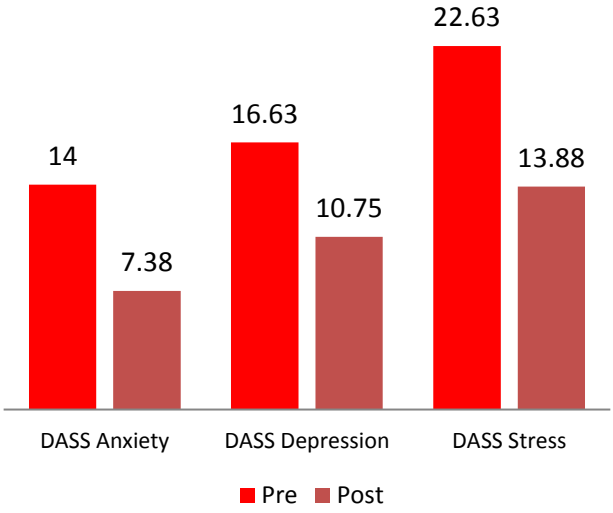
Demographic information: Client's average age was 26.7 (range 21-41). Seven people self-identified as being male, 1 identified as male-to-female, and 2 people as being from African descent. All cases involved primarily frontal lobes damage, from TBI as documented by magnetic resonance. Co-morbidities varied from psychotic features, clinical depression, anxiety, and behavioural disturbances. Time since injury was on average 137 months (24-276) and length of admission to services was on average 16 months (4-42). The following table 1 contains further assessment information.

Table 1. **Assessment information**

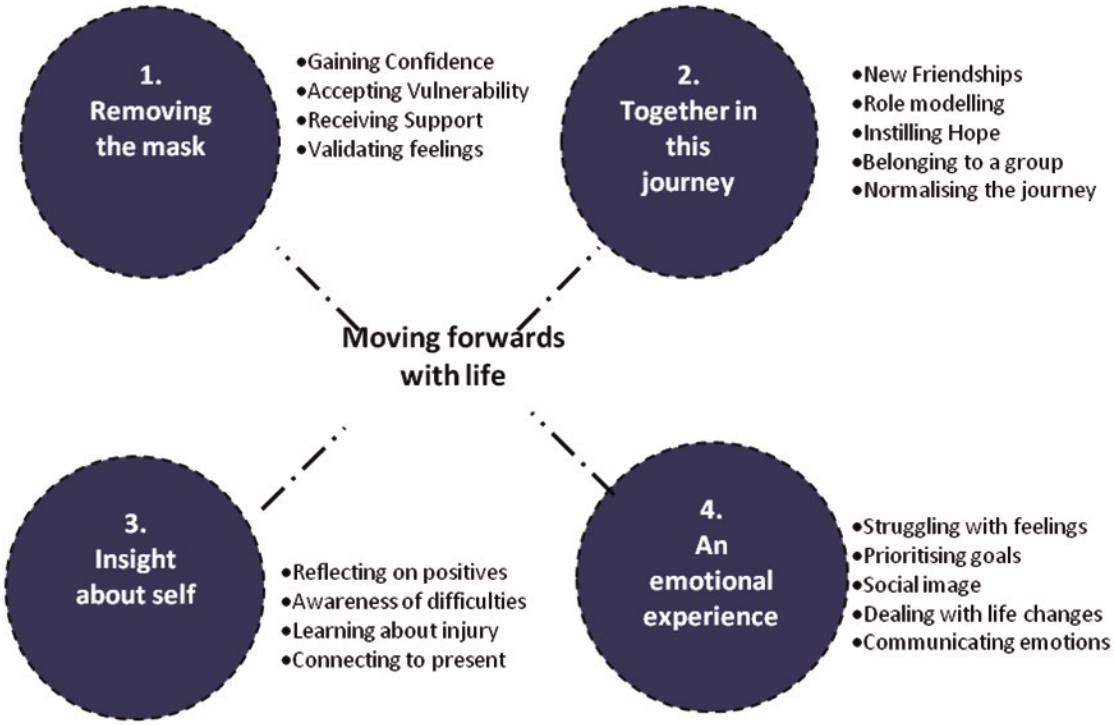
	Mean	***SD***
GCS on injury	5.5	1.93
Years of Education	12	2.8
TOPF	41.6	9.94
Rey 15	12.9	1.62
Trail making letter	46.63	6.98
Story recall	17.5	1.5
Verbal fluency Cat.	30.88	3.14
Verbal Fluency Let.	31	2.92

Depression Anxiety Stress: Statistical analysis using Wilcoxon signed-rank test identified statistical significant difference between pre-to-post outcome measures ($p \leq .05$), as in graph 1 below.

Figure 1: Group outcomes



Themes from the Q-Study: Factor analysis and Varimax rotation, identified four factors and themes. The four emerging factors explained 67.62% of the total variance and represented the social discourses and experiences of PWBI attending this group. See figure 2 for themes.



Discussion

This study attempted to identify the experiences of PWBI, living in a residential rehabilitation service, attending a RAID-informed group-based therapy focusing on 'Emotional Management' skills as part of their rehabilitation pathway. The study

aimed at finding themes in people's social discourses and experiences, and what promoted their attendance to the group. Eight PWBI accepted to take part in a Q-study. Four main factors emerged from people's Q-sorting tasks.

Themes emerging suggest that PWBI valued attending the 'Emotions Management group'. Themes 1 and 2 were the most represented by all q-sorts, and suggest that people were able to explore the group topic without the need for a mask, but also knowing there were not alone in their journey to recovery. Themes 3 and 4 were built around a sudden realisation of the self, awareness of vulnerabilities, importance of goal setting, and also an acceptance that life is in constant change. The overarching theme of 'Moving forwards with life' was suggested after clients' theme validation and feedback. Clients felt empowered by the language shared via the group facilitators.

These findings are validated by the outcome measures data, which suggest that people's mood, stress and anxiety levels significantly improved after attending the group. Results provided further insight into the benefits of group therapy, and in particular for PWBI who present with complex presentations and adjustment issues. We also found that PWBI may not feel comfortable to address some of their emotional needs outside such formal group settings, perhaps due to lack of opportunity or for feeling vulnerable with such personal disclosures.

These are interesting findings, in particular when viewed alongside Gill et al.'s (2012) themes around rebuilding self-belief, confidence and independence, acceptance of new identity and change, and sense of community belonging emerging from their sample of seven PWBI. The current narratives transmit a sense of 'journey' towards connecting with self and others at higher levels of relationships going beyond mundane experiences, perhaps via social involvement and altruism (Nayak et al., 2000), since PWBI in factors 1 and 2 felt they learned the skills 'to support other clients with emotional difficulties' (comment from a client).

Study limitations and recommendations for future research

Whilst it was encouraging that eight PWBI agreed to take part in this study, this was the minimum number of people required to run a Q-study. At this point we are unsure of the reasons for the non-participation of the two remaining people attending the group. Also, and in order to have the minimum sample size we were required to approach PWBI who had attended a previous group cohort, thus relying on their ability to recall not only the actual group we were referring to but to ensure that their

‘group experiences’ were not being contaminated by more recent attendance to other group therapies or individual sessions so far. Perhaps a follow-up for this study would be to evaluate each subsequent ‘Emotional management Group’ with the same Q-study, which would also increase sample size.

Whilst confidentiality of participation and anonymity of findings were maintained throughout the study, the initial statements were generated as part of a group discussion during one of the focus group meetings. We aimed at including all views, both positive and negative, but answers could have been inhibited and censored due to the presence of other clients and facilitators in the room. It was also noticed that some clients did not take part in the group discussion despite encouragement, and their views would have been most valuable for this study as they could have contained views not captured with the process we used. This stage could have been achieved by approaching clients’ individually, or asking them to write down their experiences as part of an anonymous process.

Although using Q-sorts has been advocated as an intuitive tool that is suitable to all people of any type of ability, we observed that some clients struggled with understanding the statements and required explanation for each statement, while other clients found it difficult to maintain focus for the required time to complete a reflective Q-sort. One PWBI completed the study in less than 10 minutes and another would not provide reasons for his sorting choices because the “session was too boring”. This interaction could have potentially been affected by clients cognitive or emotional functioning, so future studies could also take this into account when selecting participants for study, or to have baseline criteria for at least mood levels and reading comprehension abilities.

The forced-choice (fixed-distribution) approach elicited by the Q-grid helped clients to allocate all Q-statements to each available space. Most clients found the task difficult, since they had to allocate statements they ‘agreed with’ in the ‘disagree’ section of the Q-grid. Despite this forced-choice not having impact in factors and findings (Watts & Stenner, 2012) we considered that future studies could try a free-distribution approach, where participants allocate any amount of statements alongside the scale continuum (i.e. -4 to 0 to +4) independently on whether they will be skewed to. There are downsides to the free-distribution approach but it would give participants more freedom of choice during the Q-sorting task.

References

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