

## **DCoP Annual Conference, Stratford on Avon, July, 2017.**

### **Workshop on working with neurological client groups.**

**Safeguarding** – should you find yourself affected by any issues in this workshop, please feel free to look after yourself in whichever way you feel appropriate.

#### **Aims.**

This workshop aims to:

- Introduce the topic of neuropsychotherapy, i.e. working therapeutically with neurological client groups.
- Give participants the opportunity to consider the issues which may arise when working therapeutically with clients affected by neurological conditions.
- To raise participants awareness of neuropsychotherapy, and to instill confidence in participants that this is an area of work which, as counselling psychologists, they might consider.
- To briefly point participants on the direction of further steps they might take if they are interested in this area.

**Small group exercise looking at hypothetical client vignettes** (note the vignettes here are hypothetical, though based on real issues the workshop facilitators have encountered).

In relation to one of the vignettes below:

- What would you say the key presenting issue/s might be?
- From your own therapeutic perspective / s what thoughts would you have about this client?
- How would you initially work with this client?
- Is there anything which you might do differently with this client than say with a client that does not have a neurological condition?
- What thoughts do you have about how the work might progress? Might there be any particular difficulties?

#### **Vignette 1.**

X is a 23 year old male client who fell from a building two years ago – he had been helping repair a flat roof when he tripped over a tool box. X had been looking forward to a career in the building trade, but this was now very unlikely. X was in a coma for a number of days, and has had a long path to recovery, though now he is able to walk, though unsteadily. His speech can be slow and at times difficult to understand, but this becoming much clearer. X can become quite frustrated and angry if people do not understand him.

X attends a community rehabilitation centre where you work as a psychological therapist. You provide 1:1 sessions for X, to provide support for his emotional needs. It has taken a while to build

rapport with x, but this has developed. In the last few weeks he tells you that he often feels very depressed. Following his injury, he split up with his girlfriend, and he feels very anxious about the future and what it holds for him.

### **Vignette 2.**

Y is a female client in her late 30s. She was diagnosed with MS some years ago, and unfortunately this has progressed quite rapidly with only short periods of remission. She now uses a wheelchair quite often, though she can still walk about her flat on good days. She has two young children aged 9 and 11, who she sees each week. She lives by herself in a ground floor flat, with 24 hour live in support. She gets quite frustrated with her support as the personnel constantly change with shifts, and workers don't seem to stay around very long.

Y comes to see you in her local GP centre, having been referred by her GP for depression. She says that she is very depressed and wonders if her life is worth living. She has self-harmed in the past, and was admitted for several weeks to a psychiatric ward, which was one of the events which led to the breakdown in her marriage. She is very fearful about this, and worried about what she can tell you, as she does not want that episode to be repeated.

### **Vignette 3.**

Z is a female client, who lives in sheltered housing, provided by a local head injury charity. She is in her late 30s. She has been semi-independent since a road traffic accident about 9 years ago. One of the main consequences of the accident is that she has very poor memory skills. She has to be reminded and prompted through the day to achieve her daily routines.

You are occasionally asked by the charity to provide therapeutic input and advice for their clients. Recently they have asked if you would work with Z. Her father died a few weeks ago, and the staff are very unsure about how to deal with this. She was very close to her father, who had been ill for some time. Z does not appear to remember that her father has died. She has become increasingly angry on the unit, and there has been the occasional aggressive outburst.

### **Vignette 4**

W is a male client in his mid-50's who lives with his wife in large family home (two children now left home). Following a period of investigation (2 months) he has recently been diagnosed with MND and is experiencing difficulty with his speech (slurred), as well as lower-limb function. W can be very tearful at times, as well as blunt (according to his wife). Due largely to his communication difficulties W ceased work as an insurance broker shortly after he received his diagnoses. W very much enjoyed his job and mixing with his work colleagues.

W comes to see you with his wife following an appointment with a Neurology consultant at the MND clinic. Neither W, nor his wife have ever received psychological support before.