

Unit 1 Learning Aims B

Case Studies

Case study 1: Bereavement

Dave's Story

Adolescence (9-18)

Dave's mum died in a car accident when he was just 16 years old. This was a sudden shock for Dave, and he felt totally overwhelmed and lost without her. Dave was miserable at school and his behaviour in lessons got steadily worse. Teachers asked him if he needed help, but he would either tell them to leave him alone or insist that he was okay and didn't need support. The support staff noticed the deterioration in his behaviour, and he was given school counselling, but this didn't last long as Dave felt angry that it was suggested he might need help and he would lash out at the counsellor. Dave told them they didn't have a clue what he was going through.

For two years Dave went totally off the rails, and was drinking excessively, doing drugs and getting into fights. He started to fall out with his friends, even the ones that were closest to him, because they got sick of his attitude and because he wouldn't let them help him. This meant he spent more time with new friends that supported his drinking habit and poor behaviour. His grades began to suffer and this meant that his A-level progress plummeted which meant that in the end, he failed his courses.

As a result of his drinking, he was caught driving whilst under the influence of alcohol which meant that he lost his driving licence. This also led to a reduction in his freedom to go where he wanted as he now had to rely on public transport. As he had failed his A-levels, he had tried to find employment, but this was now harder for him as he couldn't easily get around without his car. This limited what sort of jobs he could apply for.

In the end after a lot of arguments, he broke up with his long-term girlfriend and his dad was losing his patience and had threatened many times to kick him out of the house unless his behaviour improved. Dave began to become very depressed and angry and began to isolate himself in his room on his own playing video games and would only come out to get food. He stopped taking care of his personal appearance as he didn't see the point anymore without his girlfriend.

He did not feel like he had any family around to offer him emotional support especially as his dad was angry at him for how he was acting and didn't understand his mental health issues. His aunt and uncle offered him support and somewhere to stay if he needed it, but he pushed away his family because he didn't want to "show weakness". Eventually Dave's dad managed to persuade him to start professional counselling a second time after lots of arguments about it. At the age of 18, Dave did not see the point in this and didn't want to come at all.

Part of the work as a therapist, is building the relationship with a client. Initially the therapist had to work very hard to ensure that Dave could trust and open up to her as he was very closed off. It took her some time, but in the end he began to feel that he could relate to his therapist. Dave started to relax as his sessions went on and they started to build a relationship where he could begin to open up.

Dave was able to talk about the loss of his mum and how this had impacted on him. He shared how painful it was and how much he missed her. He was able to get in touch with the shock and how it had affected him. He broke down and cried in a lot of the sessions and at other times he got very angry. Dave was able to let go of a lot of bottled up emotions and to then share how he felt about the last two years of his life. He regretted things like losing his licence, failing his A Levels etc.

Gradually during the counselling Dave went onto an apprenticeship scheme and re-took his driving test. He got his licence back and calmed his drinking and bad behaviour down. In the end he wanted to get back together with his girlfriend and they also started meeting up and eventually talked about doing this. Dave was able to re-build his life through the support of counselling, while also dealing with his own pain around the death of his mum. He also started to rebuild his relationships with his family as his own mental health improved. However, he is still struggling with ongoing depression and anxiety and still requires support from his counsellor but has found that medication for his mental health has helped improve how he feels and helps stabilise his moods.

Case study 2: Bereavement

Naheem's Story

Middle Adulthood (45-65)

Naheem was very close to her husband. They had been childhood sweethearts and had been best friends all of their lives. When her husband, Nabill, died at 45 of a sudden and unexpected heart attack, Naheem felt like she had been punched in the stomach. She cried and screamed when the doctor told her that they had done everything possible, but he had not survived. She was left to herself in her now empty bed. Naheem would wake in the middle of the night, reaching for her husband, only to find his side of the bed empty. She cried herself to sleep every night for a week.

Naheem sat in her home in stunned silence. She had two children to take care of, all by herself now. Jade and Asia were only toddlers and did not really understand what was happening or why their father was not home. They happily watched the television while their mother sat staring into space. Naheem and Nabill's families were trying to help her as much as they could and would spend lots of time with her so she wasn't alone all day. Her mum, dad and sisters helped her with chores around the house so she wouldn't have to cope with it all by herself. They also helped her sort out the funeral arrangements. Naheem was strongly spiritual, so she went to see her local Imam (Muslim religious leader) to get some support and to make her feel better about her husband's passing.

Naheem had to take care of her husband's estate and all of the legal issues that accompanied the death of a spouse. Thankfully her uncle was a lawyer and helped her out with all of the legal work without charging her. He also provided her with financial advice as she was now a single mum with children to take care of and a mortgage to pay.

Naheem's sister said she might benefit from seeing a bereavement counsellor. Naheem was quick to take up the suggestion as she felt that her friends were sick of hearing about her despair, and yet she really wasn't ready to stop despairing. She needed to talk about Nabill, she needed to talk about her grief, she needed to cry. Naheem met her grief counsellor, Rebecca, for the first time about three weeks after Naheem's death and she continued to see her, each week, for about 2 months.

During this time, Naheem's sleeping patterns calmed down, and she gradually became used to sleeping in her bed alone. While it took her a long time to feel normal in a social situation, she found she was able to find joy in her children and even go out with friends for dinner now and again.

After about a year, and with Rebecca's encouragement, Naheem was finally able to clear Nabill's clothes from their home. This was symbolically momentous for Naheem as it helped to bring her a sense of closure. Naheem gave away many of Nabil's things to his brothers or to charities for people who might need them more than she did now. Naheem found that eventually she could look back on her life with Nabill with happiness and wistfulness at what she had lost and what might have been.

Naheem found that seeing a grief counsellor within a few weeks after losing Nabill really assisted her to overcome the initial shock and adjust herself to a new life without him. Naheem found grief counselling valuable because it gave her an opportunity to reveal her emotions and talk about her loss in an environment separate to her family and friends. In the counselling room, Naheem felt able to talk freely about her fears of a life without Nabill – fears for her children, fears about financial insecurity, fears about loneliness. Rebecca listened with empathy and without judgment. She helped Naheem to make sense of her emotions and gave her practical advice, as well as emotional support, to help her find a way forward.

Case study 3: Accidents

Ade's Story

Early Adulthood 19-45

Prior to his accident in January 2005, Ade was a carefree 25-year-old man who worked as a mechanic for a large company of tree surgeons. He loved working in his workshop at home, mainly on metal sculptures and ornaments. He loved vintage cars and motorbikes, had an active social life and was saving to buy his first house.

Ade was involved in a road traffic accident, when his motorbike collided with a car. He was initially conscious and suffered only cuts and bruises. However, in A&E he experienced disrupted blood flow to his brain, caused by trauma to his neck. This in turn caused a large stroke affecting the left side of his brain. Ade lost consciousness and underwent surgery to open his skull and relieve pressure on the brain. Following the surgery, it was found that he had developed severe weakness in his right side. He was unable to speak (aphasia) and had difficulty understanding what was being said to him. His visual field on the left side was severely reduced, affecting his vision.

Ade remained in the acute hospital until June 2005 when he was transferred to a specialist neurological rehabilitation centre. He was discharged home to his parent's house in September 2005. At this time Ade could walk slowly with a stick and complete the stairs in his home with a handrail. He was still unable to communicate verbally and had difficulty understanding anything other than basic speech. He was totally dependent on his parents to prepare food, accompany him out of the house and in all aspects of planning his life.

Due to the involvement of a personal injury lawyer and the release of funds to pay for rehabilitation, Ade was referred back into intensive rehabilitation at Banstead Neurorehabilitation Service (Queen Elizabeth's Foundation for Disabled People) where he remained an inpatient from April 2009 until June 2010. I met Ade towards the end of his stay at Banstead. My role was to plan his discharge home to his own rental property where he could live independently with the help of support workers. By this time Ade could independently wash and dress himself, prepare very basic snacks and his mobility had improved so that he could walk outside safely. He still required round the clock assistance because of his inability to communicate verbally and his difficulty remembering new things, for example, the route to the shops, or

what he needed to buy. He was unable to use his right arm to assist him in tasks, and the weakness in his right side meant that he got tired very quickly.

Initially Ade required 24-hour care to ensure his safety and to assist in all areas of daily living, such as food preparation, shopping, cleaning, navigating and managing his finances. I recruited a team of therapists, involving a speech and language therapist, a physiotherapist, an occupational therapist and a neuropsychologist. This team worked with Ade intensively for the first 12 months in his new home environment.

Over time Ade slowly became more independent. He was able to learn new routes to local places of importance for example, his physiotherapy clinic, and was able to start going out alone. He learnt new skills around the home allowing him some independence with cleaning and tidying. He learnt some basic money management skills and became independent in managing a small budget for personal items and food each month. His most significant and life changing improvements came in Ade's ability to communicate. At the start Ade was unable to participate in conversations meaningfully because of his lack of understanding and inability to answer. He had become used to just agreeing with everything and was totally passive in all the decisions being made. Over time, with training from the speech and language therapist, he learnt to use pen and paper to get his point across and developed a system of short words, noises and gestures to accompany his drawing which meant that he could communicate meaningfully. He was able to make choices and decisions about his care, therapy and life.

Now Ade has support five days a week for six hours, and one evening where the support worker sleeps over so they can go to the cinema or to the pub. Ade is able to go out alone to shop and is able to communicate briefly with people in shops and restaurants to get what he wants. He goes to college one day a week to a metal work course (with help from his support worker) so that he can develop his skills using one hand. Ade has been on holiday with a support worker to Turkey and is planning another trip next year. He has just bought his own property, which is undergoing renovation, meaning that he will finally be a homeowner; a big goal for him! He plans to convert the garage into a metal workshop. His hopes for the future include finding a job or voluntary role that he can do one day a week, either in a blacksmiths or working with animals.

Case study 4: Accidents

Natalia's Story

Late Adulthood 65+

Natalia was a strong, active and healthy 84-year-old who loved to spend her time outdoors in her garden and walking her dog around the local park. She lost her husband 5 years prior and has lived on her own in the family home. Her children have moved away, and she only has one or two close old friends left who live nearby, but they spend a lot of time together at the local pub.

Unfortunately, as she was walking her dog one day, a drunk driver hit her as she was crossing the road as he hadn't noticed her on the pedestrian crossing. She was quickly rushed to hospital and surgery was performed to save her life. She survived, but she suffered severe trauma and brain injuries which left her with weakness down one side of her body. This greatly affected her movement, as well as causing sight difficulties and some minor speech and memory loss.

At first, she recovered in hospital but then was transferred to a clinic designed to support elderly people with severe injuries or neurological (brain related) issues. This meant that she had more personal care from the nurses at the hospital. Eventually she was discharged, but it was decided that her home was no longer suitable for her, and as she didn't have any family or friends available to look after her, that she was better off in a care home.

Natalia really hated the fact that she was in a care home as she was used to running her own life and having her own freedom. She also found it hard to accept help from the care workers with things like personal hygiene, as it was very embarrassing for someone who used to be so independent. She also found it difficult to communicate due to the brain damage she suffered, and she missed her old life greatly, as well as her dog that had to go stay with a friend. Eventually, she began to feel very lonely as there were very few people who came to visit her, as her children lived far away and could only manage the occasional visit. Her friends were also elderly themselves so found it very hard to come and see her more than once a week. The cost of her care was expensive, and this meant that Natalia's life savings had to be spent on it and her home had to be sold to cover the costs which really upset her. As her mental health worsened, the doctor prescribed anti-depressants to help balance her moods, but Natalia didn't like the side effects they caused, as they

made her dopy and affected her appetite, so in the end she asked to be taken off of them.

As time went on Natalia began to refuse to spend time with other service users and would not want to take part in activities like game night or movie night. Her care workers noticed this and encouraged her to speak to a trauma counsellor. At first Natalia was very resistant to this as she was used to dealing with problems by herself, including dealing with the death of her husband a few years back. She didn't feel like the counsellor would make any difference as she could never go back to how she used to be. They also suggested she speak to her local religious leader as Natalia used to go to Church every Sunday, but she felt too upset to speak to anyone.

Eventually, some of her strength and movement returned to her as she went through treatment provided by a physiotherapist. This helped her feel better about herself as she was more mobile than before, but she still refused to speak to a trauma counsellor. However, because some of her independence was returning, she did agree to speak to her local religious leader, who put some of her worries at ease and helped her feel better about her situation. She helped her deal with the fact that she was going to have to deal with her new life, but that there were lots of people around to support her.

In the end Natalia did recover some of her mobility and some of her speech and began to make improvements in terms of her overall wellbeing. She still didn't want the help from the trauma counsellor but has accepted that she is well-supported in the care home.