

A Stress Management Programme for People with Acquired Brain Injury

All participants had suffered an acquired brain injury either through stroke or an accident and were attending the Transitional Living Unit for Acquired Brain Injury in Sligo (this is a collaboration between the HSE and Acquired Brain Injury Ireland). The group comprised seven people (two men and five women who had been engaged in a 10-week rehabilitation course run by the unit). I was invited to deliver two one-hour sessions at the end of their training.

1st Session

1. Introduction: Sharing names and giving a brief outline of the concept of wellness (given that brain injury has life-long implications).
2. Rooting Tai Chi: Validating humour and yawning as one male participant was very giddy. I validated his humour and the role of laughter in combating depression.
3. A brief round asking participants what they would like for the group. Checking limitations.
4. Discussion of where we hold our tension: Finding acupressure points to suit individuals. I noticed where group participants were naturally pressing points, and encouraged the others to try this out. For example, Mark (pseudonym) was rubbing his temples so I invited the group to do likewise and one participant found that this was the most useful pressure point in this exercise.
5. A discussion about managing anger led into finger holds. Handouts were given of an emergency pack.
6. Checking in, evaluation and closing circle with Namaste: All participants reported that they felt more relaxed. They said they needed a written outline of what we had covered as some have poor short-term memory.

2nd Session

I came with a typed outline of our next group with photocopies of the exercises we had covered previously.

1. Recap of previous session and a discussion on creating a relaxing environment. This arose out of a participant's question about the purpose of the candle and centre-piece. Recap on Tai Chi.
2. Body relaxation and safe-space meditation.
3. Acupressure and hand massage which included discussion around the men's awkwardness with this exercise, and validation of their right to opt out of the exercise. (Both chose to do it in the end.)
4. Evaluation: Positive feedback for Tai Chi and hand massage – all found this relaxing. Two people who had suffered strokes, found the guided imagery meditation very difficult. We discussed ways of modifying this exercise to suit them, for example introducing concrete objects to focus on which induce a sense of relaxation, such as focusing on a vase of flowers.

All group members were worried that they wouldn't be able to remember exercises due to short-term memory problems. In response, I suggested we meet again in a month's time for a review of all the

One group member requested that I also put the Capacitar music in the background as all found this helpful.

3rd Session

During this one-and-a-half-hour session, I recorded the exercises. To encourage a sense of self-reliance I asked for one group member to volunteer to put the recording onto a disk. Two members commented that while they knew that the exercises were useful, they felt they mightn't remember to use them. (People who have suffered damage to the motivational centres in the brain require a structure of prompts in their daily lives to remind them of their tasks and goals). This led to a group discussion of resources for remembering what is important to remember.

Comments from Group members

'I love the fingerholds – I use them all the time.'

"The breathing helps me slow down, and I can think more clearly.

Another woman who had suffered such a severe brain injury that she wasn't able to give detailed feedback said that the exercises were 'Nice'.

Additional work

A Support group for women attending the North-West Multiple Sclerosis Therapy Centre.

Participants attended once a week for two hours over a four-week period.

Content included Tai Chi, finger massage, discussion of life stressors and coping resources, breathing exercises, and fingerholds.

What worked:

The women loved the physical exercise of the Tai Chi which we did in a seated position.

The favourite was the finger massage and discovering that even with quite severe disability they could both give and receive. One woman only managed to hold her partner's hand but received positive feedback from her partner about how nourishing this had felt.

B Introduced 10 minute Capacitar exercises at the beginning of the HSE Physical and Sensory Disability monthly staff meeting.

C An introductory two-hour workshop for a group of 10 men and women comprising healthcare professionals, and laypeople. Exercises included Tai Chi, Acupressure Fingerholds, and the Holds. Comments at the end of the group included: 'relaxed', 'calm', 'pleased', 'surprised', and 'I can use this with my child'.

