STRENGTHENING CASE MANAGEMENT: INTRODUCING NARRATIVE CONCEPTS

JOAN HODGES, MA NCB WEBINAR DEC 19, 2012



Workshop Summary

This webinar presents narrative therapy as a potential therapeutic approach that can be appropriately adjusted for use in a case management (CM) setting. Using narrative concepts, case managers can use narrative interviewing as a way to help clients deconstruct problems in order to create an alternative, preferred identity.

Workshop Objectives

- □ To gain a basic understanding of narrative therapy
- To discuss the potential for narrative theory in case management
- □ To identify and utilize basic narrative concepts
- To understand the limitations of the narrative model in CM

What is Narrative Therapy?

- Form of psychotherapy pioneered in Australia and New Zealand in the 1980's
- □ Focuses on the stories of people's lives
- Problems are manufactured in social, cultural, and political contexts
- Based in social constructionism
- Post-modern approach
 - Lives seen as multi-storied vs. single storied

Focus on the Self-Story

- "Self-story" provides insight into social contexts
 - Life events are selected, ranked, and linked together
 - Self-story told to ourselves and others
 - Narrative constantly changing
- Reasons that "because our lives are shaped by our stories, then individuals also have the power to change their lives by changing their stories"

Dominant Cultural Narratives

- Cultures send powerful messages about social groups
- Dominant cultural narratives are communicated via one's self-story
- Negative cultural narratives often create negative personal narratives

Freedman, J. & Combs, G. (1996). Narrative therapy: The social construction of preferred realities. New York: W.W. Norton.

Narrative Concepts in CM

- Uses therapeutic questioning to deconstruct client narratives
- Listener focuses on the effects of problem vs. the cause of problem
- Push to develop a "richer," more complex self-story
- Emphasis on the construction of a preferred client identity
- Collaboration is client-lead

Narrative Opportunities in CM

- Resettlement & acculturation offer clients new social contexts
- Concepts are universal, culturally sensitive, flexible, and responsive
- Compliments a strength-based approach
- Does not require psychotherapy training

Narrative Opportunities in CM

Concepts have been useful working with:

- LGBTQ clients
- Rape survivors
- Cultural outcasts
- Clients with strong feelings of failure
- Clients in conflict with cultural norms
- "The person is not the problem, the problem is the problem."

Client Example: Angela



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"Problem-Saturated Story"

- Clients are often stuck in "problem-saturated" stories.
 - Stories become "disabling" when clients feel they have lost control over their lives and unable to change their future.

Parry, A.,& Doan, R.E. Story Revisions: Narrative therapy in the postmodern world. New York: Guilford Press, 1994.

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 - Stories become "disabling" when clients feel they have lost control over their lives and unable to change their future.

CM: You said you don't have any strengths. Why is that? Angela: I just don't. It's like I'm not good at anything. My sisters are beautiful and they can do many things but I'm not good at anything. My mother tells me I should be married with babies by now. I can't even do that right.

Parry, A.,& Doan, R.E. Story Revisions: Narrative therapy in the postmodern world. New York: Guilford Press, 1994.

Renaming the Problem

- Encourage the client to come up with their own description of the problem.
 - Clients often find it easier to talk about the problem by choosing the exact language that represents their problem.

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CM: What would you call this problem if you saw it in another person?

Angela: I'd call it <u>feeling like trash</u>. People just told me so long that I'm no good so now I can't think about things that I like about me.

"Externalizing" the Problem

Distance the client from problem by locating it outside the individual and within the culture.
CM and client can ally against problem.

White M, Epston D. Narrative means to therapeutic ends. New York: WW Norton and Company, 1990.

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CM and client can ally against problem.

CM: Where did the idea of <u>feeling like trash</u> come from? Angela: I've felt that way for a long time, ever since I was back home [in Africa.] My mother has always been mean to me. And because of other people too...

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Exploring the Effects

Explore the influence the problem has on the client's life and how the client has influence over the problem.

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CM: Can you think of a time when feeling like trash didn't control you? Tell me about these.

Angela: I don't know, but, uh, sometimes when people give me compliments I feel good. Like when I was at the bus stop, a woman said she liked my scarf.

Searching for Exceptions

- Help client replace the problem-saturated story by constructing a preferred story
 - Emphasize hopeful moments, thoughts, and events that do not fit with the problem story

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CM: Tell me more about your conversation with the woman at the bus stop? What exactly happened?

Angela: She just said she like my scarf. That's all. [Pause] Um, I really like fashion, you know. Before my sisters go out, they always ask me to come over and style them. I really like doing that. It's fun.

Constructing a Preferred Identity

Encourage client to recognize preferred qualities in themselves.

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CM: So what does it say about you that your sisters ask for your help?

Angela: Um, it says that they like me and I'm not trash to them. And I think it also means that I like to help people.

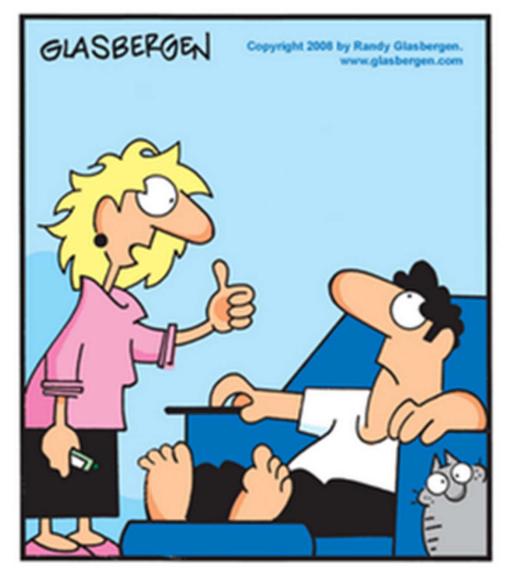
CM: So now that we've talked, if someone asked you about your strengths, what would you say?

Angela: I'd say that I like to help people and I love fashion and styling. And that I like help my sisters and I like to make people feel good.

TYPES OF NARRATIVE QUESTIONS		
TERM	PURPOSE	EXAMPLE
Deconstructive	Show how stories are constructed; situate narratives in larger system	Where did this idea of not being good at anything come from? Can you remember when it first began?
Renaming	Support patient efficacy by sharing authorship and expertise with client	What would you call this problem of not being good at anything?
Perspective	Explore other people's views of client	Does everyone think you are trash, or can you think of someone who doesn't?
Opening Space	Allowing hopeful thoughts, actions to surface and be explored; highlight patient efficacy regarding problem	Are there ever times when feeling like trash doesn't control you? Tell me about this.
Hypothetical (Miracle)	Stimulate client's imagination to envision different, more hopeful futures	Suppose a miracle happened and you no longer felt like trash. How would your life be different?

TYPES OF NARRATIVE QUESTIONS (cont.)		
TERM	PURPOSE	EXAMPLE
Preference	Check to make sure that exceptional moments are actually preferred to the problem story	How did you feel when you think of yourself as trash? Is this something that you want?
Story Development	Explore and linger on elements of the preferred story	Tell me more about your conversation with the woman at the bus stop. What exactly happened?
Redescription	Help client recognize preferred qualities in themselves and probe implications for identity	What does it say about you that your sisters ask you to help style them?
Bifurcation	Encourage client to align him/herself against the problem	Is the event you're describing on the side of feeling like trash or not feeling like trash?
Audience	Identify supportive witnesses to the new or developing story	Who in your life would be least surprised that you discovered your strengths?

Shapiro J & Ross V. Applications of Narrative Theory and Therapy to the Practice of Family Medicine. Fam Med 2002; 34(2):96-100.



"You needed to incorporate some stretching into your fitness routine, so I glued all of your snacks to the ceiling!"

Generating Support

Outsider witnesses" can be invited into the CM session to serve as a therapeutic support (therapist, friend, family member, symbolic figures, etc.)

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CM: Who in your life would be least surprised that you discovered your strengths? Angela: My sisters because they always help me. And Jesus. You can do anything with Jesus.

Recognizing Achievement

- Solidify and memorialize client milestones
- Certificates, awards, letter writing, diplomas, encouraging emails, etc.



Limitations

- Clients do not seek CM services to access therapy.
- CMs should not persuade/coerce/convince clients to rewrite self-stories.
- CMs need to let the client lead and avoid the temptation to cheerlead for change.
- Clients communicating in a second language may present challenges as well as opportunities.

Conclusions

- Narrative concepts can be appropriately adjusted for use in a CM setting.
- Narrative concepts can illuminate client selfstories that can better direct CM goals.
- CMs can work with client to support preferred client self-stories.

Resources & References

- White M, Epston D. Narrative means to therapeutic ends. New York: WW Norton and Company, 1990.
- Shapiro J & Ross V. Applications of Narrative Theory and Therapy to the Practice of Family Medicine. Fam Med 2002; 34(2):96-100.
- Zimmerman, J & Dickerson, V. If problems talked: narrative therapy in action. New York: Guilford Press, 1996.

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