

Episode 14:

Returning to work after a brain injury with Suzanne Guest, Work in Mind

Shabnam 0:05

Welcome to the Psychology of Case Management podcast: the show that helps you use psychological ideas to strengthen your relationship with your catastrophically injured clients and their professional networks, so you can achieve more for your clients and feel more fulfilled in your role.

0:20

Okay, so welcome to today's podcast episode. I'm Dr Shabnam Berry-Khan. And today we're going to be talking about... I guess ultimately it's about change, and how change happens in different ways for our clients. Transitions are a big thing. And one thing that I feel I personally don't have a lot of experience in at all, but from meeting our next guest you will find out it's actually quite a big thing. But when our clients are wanting to get back into work, how that's actually a really big change for our clients. And the inputs that we as personal injury practitioners need to think about in helping our clients get back into work, and the implications on litigation, the input that we need to provide for support... all sorts! It's fascinating. My next guest today is Suzanne Guest, who is a Registered Occupational Psychologist for Work in Mind, her company, where she works with people who have brain injuries and who do want to get back to work. It's been something on their agenda or something that... the concept of work I suppose we will talk about, but what work means for our clients and how we can be supportive in getting them in there, and Suzanne is the person to talk to us about it. So here we have Suzanne Guest. Welcome, Suzanne!

Suzanne 1:49

Hi. Thank you for having me.

Shabnam 1:51

Oh, not at all. It's an absolute pleasure to not only speak to another psychologist, but one that isn't about sort of working in the mental health field in the way that clinical psychologists like myself do. An Occupational Psychologist, that's a whole branch that I've got to say I am pretty ignorant about. So tell us: what is a Registered Occupational Psychologist?

Suzanne 2:18

I think one of the great things about psychology is that it is such a broad subject and does look at lots of different areas. And occupational psychology in itself is actually quite a broad area. So it's looking at the psychology of work. And that can be lots of different areas around work, from things like getting recruitment done in a really good, robust way. So we know successful companies like Google have really stringent recruitment policies, that they use a lot of psychology to get the right people in place. And then there's things like looking at wellbeing at work, those type of programs that might be in place, and I work in vocational rehab, which is helping people get back to work, or maybe finding new work after they've had a brain injury or another serious kind of injury.

Shabnam 3:18

Really interesting. And do you have... like you say, you're a registered occupational psychologist? Is that the role specifically of a *Registered* Occupational Psychologist? Or is that something that other people can do as well? I mean, you know, you're you're very skilled, you obviously chartered, you're coming from quite an authoritative position.

Suzanne 3:37

There are other people who work in vocational rehab. So, because it's been an area that's quite unregulated, really, there's often... a lot of occupational therapists work in vocational rehab, and they do it really well. And then there can be other people who call themselves other types of psychologist, maybe 'business psychologists' or 'work psychologists', and they've not necessarily had the same psychological background that somebody who is registered would have. So to get on to your MSc in Occupational Psychology, one of the approved courses, you have to have graduate basis for registration with the British Psychological Society. So you've covered that broad spectrum of mental health, of child development, of cognition, so you've already got a good understanding of psychology, and then you go on to do a Master's. Some of the courses that are maybe more business psychology or work psychology, that could be somebody who's got a business background, and then they go on and do a top-up in psychology. So this psychology is not quite an after-thought, but maybe not quite as engrained as it would have been with somebody who's done the psychology degree before. And, you know, they do work quite successfully, maybe within the recruitment side or the team-building side, those types of areas. And I think when you're working with people who are quite vulnerable, such as somebody who's a brain-injured person, I do think it is really important that yes, you do have the status that goes with being with a registered organization, like I'm regulated by the HCPC. And I think they do hold you to account. And I think that's really important, because the people we are working with need somewhere to go to, if they feel that they're not being treated correctly.

Shabnam 5:48

Yeah, I think you're you're absolutely right. So it's really interesting that you share that with us, because I think that's going to become increasingly more important, as regulated services for brain injury... particularly when there is a sort of vocational element to it, I think that that's becoming more and more important in the work we do, for sure. And there is something, like you say, about safety around that. 'Work': I think it's going to mean something different to me than it does to you, being in the vocational rehab field, and thinking about what 'employment' and what 'meaningful employment' actually means. So when you talk about helping people search for work, what could that look like?

Suzanne 6:33

Well, a lot of the work is helping people go back to their original job that they maybe would have had before their injury. And then sadly something that's not always possible: it could be that they worked with a company who are quite small, and just couldn't keep a job open for a long period of time. Or it could be that somebody's so injured, that it's just not feasible to go back to that job. So, what I look at doing is going through some vocational guidance exercises, and working out what sort of transferable skills somebody has got, looking at where their interests are, if there are any type of restrictions, and seeing if we can marry all those things up and come up with a job goal to aim for. One of my little bugbears is that people will often kind of go, "Oh, yeah, she had this injury, and she's just always really wanted to work for the BBC." And it always feels like because someone's had a really nasty injury, they're going to get a dream job. And unfortunately the world doesn't work like that. So it's looking at, well, what is it about working at the BBC that you might like? And it could be that you want to work for a big organization, or it could be that it's the communication element that you like. So it could be that you have to work with somebody and tease out the interests and the skills, and start looking at other employers that might be able to offer the same type

of satisfaction that you would get for your dream job. And that doesn't mean you can't apply for jobs at the BBC. But you don't necessarily just get a dream job just because you've had an injury... you know, these are really competitive industries, just difficult jobs to get.

Shabnam 8:31

Hmm, no, I can, I can imagine that. And it makes me think about sort of where people's expectations are about themselves at that stage, and how much they've perhaps accepted or acknowledged what has happened to them, and what the impact of what's happened to them has on their ability to work. And as a clinical psychologist, I think a lot about Acceptance and Commitment Therapy. And I'm just wondering if that... I mean, that's about values. I think we talked about underlying interests: trying to understand what what it is that that particular job breaks down into; what is the interest value of that, and that feels very 'ACT', to me (Acceptance and Commitment Therapy). But I don't know how you would frame it – would you frame it in that way? Or is that a framework that you would even use?

Suzanne 9:23

To be honest, that's not something I've ever really thought of in that kind of way. But I suppose it does make sense. There's a model that Herzberg came up with, about looking at different factors that somebody has within a job. And there's the hygiene factors, which are things like: your job's safe, and you get paid, and quite basic things. And then there's the other factors that give people the enrichment at work which is doing something interesting and feeling valued, and the opportunity to use goals, and things like that. So I work more with looking at what somebody actually wants from work, and seeing if we can marry that up with what is around in the job market. And I always struggle with the people who maybe didn't like their job before. And you've supported somebody back to a job they didn't like. And some people stay in jobs they don't like because it pays well. And that's okay! You know, if that's somebody's choice, that's okay. What I try and do there is help somebody make outside of work as enriching as possible. So if somebody is working purely for the money, then find some hobbies or interests, or make sure that there's a good social life, or they're saving for that holiday that they really want, or they've got the house that they want. And they're not just doing something that's awful. And I also think there's unpacking: when somebody's saying that they're just working for the money, what does that mean? So I've talked to people who... I've got one particular guy in mind, who was brought up in quite a poor area, had done incredibly well for himself. And he didn't particularly lead an extravagant lifestyle: every time he got a bonus, he paid money off his mortgage or he put it into his pension, but he just didn't want his family to have the same upbringing that he had. So actually, if I was suggesting things like reducing hours, he's kind of seeing me taking food out of his child's mouth. Because he wasn't working for a Rolex watch or a Ferrari or whatever. He was actually working for family security. So it's understanding where that person is coming from, and what matters to them. And I think sometimes we all want to be a bit cuddly and fluffy and get somebody to a really lovely dream job. But if that's not your client's goal, and they want to do something that brings a good wage in, then we need to support to do that.

Shabnam 12:16

Yeah, absolutely. Does work always have to have a salary attached to it? Because 'meaningful occupation', which is a more of an occupational therapy phrase that I'm borrowing... it just feels like there doesn't have to be a salary attached to it, and that being occupied and fulfilled and some of the things that you've shared, does that fall in your remit as well: having a meaningful life, if you like, or occupation?

Suzanne 12:41

Yeah, very much so. So, I do work with people who have been really terribly injured. And some people, it just isn't feasible to go back to work because the physical injuries are too great. Or it could be the cognitive

impairment is leaving somebody with a lot of fatigue, or social skills problems, or those types of things. So I do support a lot of people with accessing voluntary work, because people still feel like they want to contribute to society and have that title; we do introduce ourselves with what we do, and people often want that label. So, working in an environment where you can potentially work a couple of hours, where you can do part of a job, where people understand if you have good days and bad days, that's really vital for somebody's sense of identity: to just be able to contribute and have that purpose, and something to get up for. I also support people to access things like exercise classes, or singing classes or different hobbies, where there's a structure to somebody's week. And again, they've got something to get up for; they've got the social element that work gives them, you're still achieving goals. So say if you're going to a dance class, just learning to do that dance better, or learning new steps, getting that sense of achievement and enrichment to your life, but in a slightly different way.

Shabnam 14:31

Yeah, right. It might sound like a silly question, but is there a lot of work for you, in the sense of: are there lots of people... because I work with very catastrophically injured clients. And the concept of going back into work for the vast majority of my clients is... it's just not an option. I do have a lot of child clients as well, paediatric cases, but for the adult cases, it's not going to happen in the salaried work sense. I suppose it's a two-part question. Part is: what kind of presentations would you be working with, when it comes to brain injury? And the second thing is: are there a lot of people that present with those presentations that could do with your help and that of similar services?

Suzanne 15:21

Yeah, there are a significant number of people who would have had brain injuries; some would have been classed as having severe brain injuries. And, in the early stages, work is nowhere on the list of priorities when you're looking at stabilizing health and developing compensatory packages, but there is potentially later down the line, either saying that it is feasible to go back to work, some people just need to try. So if they're in a situation where the job's open to them, they just feel like they need to give it a try, or have those conversations. And then the ones who were really injured and it's just not possible at all, then I suppose there's looking at helping somebody get a structured week, or helping somebody access volunteering. And people think that voluntary work is sorting clothes in a charity shop. And don't get me wrong, a lot of people do that, and actually quite enjoy it. But there's loads of things you could do...

Shabnam 16:35

There are so many things you can do!

Suzanne 16:39

...Things around animals, or sporting organizations; there's work around with children, environmentalism – there are loads of environmental projects that people can get involved with. So there's still projects and organizations that people can be supported to access, if they feel like they want to.

Shabnam 17:07

Mmm. Yeah, okay. I mean, obviously, my experience is obviously of a different client group, but there are going to be lots of our audience listening in who may well be thinking “Crikey! Actually that's a bit of food for thought.” Is there a sort of checklist that you might suggest if your client, as a case manager, or as a lawyer, or a therapist, there are sort of questions that might be asked over time that might make us as professionals think “Huh! I need to get in touch with Work in Mind, with Suzanne Guest,” and see if there's some mileage in doing something like... what kind of things should we be thinking about?

Suzanne 17:53

What I normally look for is, I want to see at first that somebody is coping at home. So I need somebody who can get themselves up in the morning and get them dressed and be out the door at a time. We need somebody who's able to get meals prepared and feed themselves. You know, it could be a partner that's doing that, and they did that pre-injury. But I think if somebody's in chaos at home, they're not going to cope at work. So home's got to be right before work can even be in the equation. And then we need to be looking at somebody being medically stable. So, we know that a lot of people with brain injury have epilepsy, and I'm looking for that epilepsy to be fairly well controlled. Obviously, if somebody works with machinery or a driving job or works at heights or on a building site, things like that, it's not a suitable environment for somebody who's got uncontrolled epilepsy. So I'm wanting to know that somebody is medically stable. And then looking at things like fatigue: is somebody able to do some activities and still have energy left? One of the things I always say is if my client comes home from work, and all they can do is go back to bed.. Ourselves, we don't go to work for that to be the be-all and end-all. I have a social life (or I did before COVID) around my working, so somebody after an injury, is entitled to a social life. So there's looking at: has that person got that gap in their life that work could be filled. What I do always try to encourage is really early on after the injury is for somebody to keep lines of communication open with the employer. Because I suppose the optimum, really, is to try and go back to the job that you had pre-injury: you're going back to a familiar environment; you're going back to people who care for you; you're going back to a job that you knew. So if you can get back into the job that you were in before, that's always the best solution, I suppose, but not always possible. But if that communication can be kept open, and quite honest communication, you know: this person's not looking at coming back for a good six months, and sort out communication with the employer. I think employers are often painted as the bad guy in this scenario. And don't get me wrong, there are some bad employers out there, but there are an awful lot of really good ones. And I've had employers say to me, "We just didn't know what to do." And they had a call, often on a Monday morning, to say that one of their employees isn't coming in to work because they're in a coma. And that must be really shocking! And often it's the line manager who takes that call, because the partner's ringing in to work and they just know that they work with some called Dave, so they ring up and speak to Dave, or maybe they've been on a works do with those people. So they're often quite distressed by somebody being seriously hurt. And the employer needs support, too. So, at a time when things might seem quite hopeless, if there is somebody who can just make contact with the employer, and see if there are ways of keeping the job open – but being realistic that this isn't somebody who's going to have six weeks off and be back at work: this is somebody who's going to be off quite a long time and then need some support – you have more chance of making something work, then.

Shabnam 22:03

Yeah, that makes perfect sense, actually, because it doesn't matter how skilled-up or well-supported your client is, if you're putting them in an environment which is unstable as a result of the client's needs, and they can't support... they don't feel supported, and they don't know how to support, therefore, the client. Surely it's a recipe for disaster. And the impact of that can actually be probably very traumatic. I have never thought about kind of getting employer buy-in, if you like, or employee support into it. And I realize, actually, what you do is quite a big job, therefore.

Suzanne 22:42

I think a lot of it is around building relationships with the employer. And also educating around brain injury, and that's where sometimes we work with other members of the team. So I do sit within a multi-disciplinary team (MDT), and it could be that we look at transferring the strategies that the neuropsychologist or the occupational therapist has developed, and transfer those over to work. And I always say to employers, I don't know the first thing about engineering, so why would an engineer know the first thing about brain injury? And I'm a big believer in just everybody putting their cards on the table

and finding a way to make it work. So, sometimes employers have shift changeovers that means it's just not feasible for person to work at certain times. But that doesn't mean that they have to work the full eight-hour shift to start back, they could do a shorter number of hours. Often there are restrictions around what time works for their employer. And there's certain things that would be better for the client, for example if they can avoid travelling in rush hour at the start of the graded return to work plan, they automatically help reduce fatigue, just by travelling for half an hour as opposed to an hour because they're not travelling in rush hour. So it's just about facilitating communication, I suppose.

Shabnam 24:09

Yeah, no, I can really see that. Are there any tell-tale signs that you would say, "Oh, gosh, now that's probably an employment setting that is not going to work for a client," and how would you get over that? How would you... sometimes I guess it's about putting extra support in for the employee, or is it also about accepting that it's not going to work, and working then with the clients and their support in refocusing where they can get the work that would have otherwise been provided by this employer, if that makes sense?

Suzanne 24:47

Yeah, I think certain environments aren't great. For example, if you've got somewhere that's very brightly lit, very noisy, maybe machinery that's quite fast-moving, we know that our clients don't cope well with a lot of stimulation. So if you think you've got the lights, the noise, and then there's the potential hazards, those type of environments, I'm always very cautious of supporting people back to. There are options, though, out there. So there's the Access to Work scheme that you can apply to get funding for a work buddy. So you can get somebody who can work alongside that person, who can prompt and support and help keep safe. So I suppose, ultimately, there's no environment that you would completely rule out. But I suppose you have to look at situations that: is that person able to do that job? So, for example, if somebody was a professional, say a surgeon, they need to be able to safely operate on somebody. So that would be a situation where you would look for support to their regulatory body, and they would have to go through their checks and balances that they would go through to show that they're safe. So I suppose there's very high-risk environments. But lots of other jobs have challenges in there, and it's looking at finding ways around them. One of my little bugbears, though, is that I think sometimes family members and sometimes other professionals kind of try and treat the workplace like a rehab unit. So, one of my first jobs was in a brain injury rehab unit, and we had some gardens, and we had a wood workshop and there was mechanic shop and there were computers, and the clients tried all different jobs within there. And if they didn't like it, they went on to another and that was absolutely fine, and that's what the unit was for. But if you're an employer, you can't just suddenly create jobs in different departments because it suits somebody. So I've had people who maybe had been working in a manufacturing environment, and his family say, "Well, could he have a little practice on the computers, because he might want to get a different job working with computers. And you know, it was having to explain to the family that it's not his employer's duty to train him to be good for somebody else. Maybe if he wants to learn computer skills, that's outside of work. And I think there is sometimes that, you know, just having a bit of respect for the employer as well, that they're a profit-making organization, they want to support that person, but at the same time, we can't completely turn the whole factory or workplace upside-down to accommodate one person. So it's just being realistic, really, that we're not in a rehab unit: we're in a workplace and people have to do a meaningful job there.

Shabnam 28:04

Hmm. I like that, actually. I feel like that's fair, balanced and, crucially, sustainable in terms of the goal that you're trying to achieve for your client. And it's about that classic 'it takes two to tango' – maybe not quite the right saying – but both people need to be meeting each other halfway, that kind of idea. And it's not all on the employer. It's not a right, I suppose: that sense of right or duty, even, within the realms of being an

employer. And respecting those boundaries, I suppose, is part of what you balance for your clients with their needs and wishes.

Suzanne 28:47

Yeah, absolutely. The employers are bound by the Equality Act, and are obliged to make reasonable adjustments. But I think people hear the word 'adjustments', but actually the word 'reasonable' is also as important. So I think there is just looking at supporting both parties and just trying to make it work. And often both parties do want it to work. I do think we often paint employers in a bit of a bad light, and that's unfair: they are human beings too.

Shabnam 29:18

Yeah, absolutely. I can see that. Coming back to litigation and personal injury: earlier, you talked about if clients want to get back into work as a sort of *later* goal, perhaps after some of their rehabilitation, etc. How does that sit when in the litigation process that may be something that, at the time of litigation, may not have been a question particularly, but then post-litigation, after settlement, it might be a very real and realistic goal for the client. Given that you've talked about how big a piece of work it is to get someone in to employment, the fact that it is a massive transition, not just from the client but from the employer's perspective, that's obviously going to come at a cost. How does that get built into litigation? Or does it not, sometimes?

Suzanne 30:00

Well, employment should be a factor within litigation, whether it's looking at somebody's loss of earnings and somebody's future loss of earnings, particularly if you've got somebody who's young, then they've got a lifetime of income to make up for. So, often work has been looked at as whether or not it's feasible for somebody to go back to work or not. One of my issues is often that work can be a little bit of an afterthought. And I've had cases where I've had instructions, and six months later is the court date for the compensation case. And my worry with those cases is that we might get somebody back to work and doing a reasonable number of hours. But what we've not tested is: have they been able to do that for a long time, we know that, with brain injury, one of the most difficult things to cope with is change. And workplaces are evolving environments: you get new computers, your manager changes, you make different products... workplaces change all the time. So I think if work's going to be looked at, it should be looked at earlier on within the case, if it is feasible for somebody to go back to work. Because I think the worst thing that could happen is that somebody settles on them being able to go back to work, and then they miss out on future loss of earnings because they've gone back to work for 30-35 hours, but realistically, long-term, they could only work for 10-15 hours. That's a big disservice to that person. Later on, if it has been established that somebody isn't able to go back to work when their case is settled, then something that's factored in would be looking at how time is occupied meaningfully. And it would come out of that budget, if somebody's deciding that they're wanting to either go back to work or go back to voluntary work.

Shabnam 32:38

Yeah, okay. Well, that's good to know. Because I just had a bit of a moment thinking oh, crikey, it's a bit the equivalent of being a paediatric practitioner, which I am for many of my cases: getting kids back and getting them into school and getting the best out of it. And I know it's a different emphasis entirely, but it is a big piece of work. And it just occurred to me that that's often built in to a case, and it sounds like you're saying that it does need to be thought about. It is often thought about, but perhaps the implications of it are less thought-about, and that needs to be something that we as practitioners need to bear in mind with our working-age, work-able clients. And I guess that leads me on to my final question, which is usually the one where we give our audience an opportunity to think about the work they do with clients that fit this topic,

really. What would you, as an expert on getting people into work, advise us as personal injury professionals to think about – what are your top tips? Maybe your top three, if you can?

Suzanne 33:49

My three top tips... I think the first one is have the discussions about work *early*. So obviously somebody needs to be medically stable. But have they have those discussions early, and keep the communication open with the employer, as early as possible. And sadly that might mean ending employment with dignity for somebody if it's just not possible. But I would say the earlier, the better. My second one would be that workplaces aren't rehab units. So, just just be mindful that somebody would be going back to a role they need to be income-generating if they are in that role. It's not just an area that somebody can go and practise things. And I think the bit that often gets missed off is just remembering that employers need support too. And actually, they're quite receptive to getting support, as well. So they would have had a relationship with that person before their injury, they're quite fond of them and they want to make this situation work. So look at finding ways to support the employer as well.

Shabnam 35:07

Hmm. Yeah, that one has really been a bit of a game-changer for me in terms of how I think about it: that last point about thinking about employer support. And yeah, I think the ideas that you come up with, there's such a crossover with the clinical world in terms of the wellbeing element and the coping aspect of it. At what point would people need to think about employing you and your service, Suzanne? The tips that you've suggested are things that maybe our legal case management and therapy colleagues can think about, on behalf of the client, but at some point they're going to think about possibly referring on to you and how would we know when to refer on to you?

Suzanne 36:56

I often find that the earlier that I can be involved in the case, the better. So what I've done on some cases is made contact with the employers, and just kept that communication open, but then sat on the back burner while the other therapists work their magic to help somebody get ready to be able to return to work, and then pick up again, when the person's ready to go back to work. And I often find it really difficult to be the second person to contact the employer. Because your average employer doesn't understand how an MDT works. So they just sort of attach themselves to the first person that makes contact. And if that's the case manager, because they've got 'manager' in the title, they think they're going to the most senior person. So often, for me, the earlier I can be involved, the better. But that might be that I'm involved for quite a short period of time at the beginning, and then sit in the background, and then get really stuck in later on when that person is ready to work.

Shabnam 37:08

Hmm, really helpful. I think, ultimately, to summarize our chat, which has been really interesting for me... I've got a client, actually, who may well... I'm going to out myself and just say I wouldn't have necessarily thought about a service like yours. But having had this conversation I'm thinking: how could I *not* need your support? I think there's that transition from university to work, as well, that probably... almost certainly will have that sense of coping with change, and making sense of employment as a new concept and a new experience, not just that fits the stage and the abilities of the client. And I can imagine that I will be knocking on your door very soon about that. But what it's highlighted to me is that it's a big piece of work getting someone back into to work. And, as you say, it's not rehabilitation. So there needs to be a lot of thought and space in the package to accommodate it, and getting in there early with those questions, with those ideas, and possibly getting someone like you, Suzanne, in early enough to survey for a chunk before you're actually doing any actual active work on behalf of that client, at the right point, I think it's been really

helpful to think about. Maybe people who work with you already will be thinking, yeah, obviously this is what you do. But for people like me who have never had to think about it, although now *will* be thinking about it: really informative. So thank you, Suzanne. And if people want to get in touch with you, what's the best way to do that?

Suzanne 39:01

The best way is to go onto my website, which is www.workinmind.co.uk.

Shabnam 39:09

Brilliant, excellent. We'll put that in the shownotes as well. But, Suzanne Guest, thank you so much for coming on to the podcast today and recording about this really interesting and big topic.

Suzanne 39:22

Thank you for having me. It's been great.

Shabnam 39:24

Not at all. And to those who are listening, thank you so much for tuning in again. As always, if you enjoyed the episode, and you are able to like, share, comment on whatever platform you use, we would be always grateful. But for now we'll close the session and we'll catch up with you another time. Thanks for now; bye-bye!

39:51

Before you go: if you enjoyed the episode today, I'd really appreciate it if you could rate it on whatever platform you're listening on, and share and like on your social media profiles. Word of mouth is the best way for us to grow and to be a continuous resource for all. And if there's any topic you wish for us to cover, please drop us a line on our website. Thank you so much for all your support.

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