# THE INTERPERSONAL AND MINDFULNESS GROUP (I AM GROUP): USING INTERPERSONAL AND MINDFULNESS-BASED GROUP PSYCHOTHERAPY TO ENHANCE THE SENSE OF BELONGING (FOR DIVERSE AND MEDICALLY COMPLEX PATIENTS) IN AN IN-PATIENT COMPLEX REHABILITATION SETTING

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# Presenter Disclosure

- Presenter:  Seema Khan

- Relationships with commercial interests:
  - Grants/Research Support: N/A
  - Speakers Bureau/Honoraria: N/A
  - Consulting Fees: N/A
  - Other: N/A

# Presenter Disclosure

- Presenter:  Susan MacRae

- Relationships with commercial interests:
  - Grants/Research Support: N/A
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  - Consulting Fees: N/A
  - Other: N/A

# Learning Objectives

Participants will be able to:

1. Describe the I aM group's evolution and the rationale for the current group format
2. Identify the benefits of practical relationally-based mindfulness experience in helping combat institutionalization
3. Identify opportunities for application of this group format beyond this setting

Presenters will be able to:

1. Seek ideas for dissemination of this intervention to other settings

# Overview of Setting

- Bridgepoint Active Healthcare: a 400+ bed rehab & complex care hospital in Toronto
- Group participants are in-patients
  - Rehabilitation and/or chronic health patients
  - Variety of ages
  - Often complex both medically and psychiatrically
    - e.g. stroke, chronic pain, serious orthopaedic injuries, mobility limitations, neurological illness, complex surgical interventions or medical events, dialysis dependent, palliative, transplant recipients, morbid obesity, hearing, vision & speech impairment
    - e.g. stable but chronic mental health conditions including depression, anxiety, addictions, complex post-traumatic stress, schizophrenia
- Facilitated by psychiatrist, advanced practice nurse, volunteer

# Overview of Clinical Innovation – Beginning (Fall 2014)

Initial Aim and Intervention:

- Group intervention for in-patients at Bridgepoint to address adaptation to illness using basic mindfulness concepts and practice

Structure:

- Open group format
- Time: 1 hr 20 min
- Topic driven: Session 1: Introduction to mindfulness, Session 2: Breath, Session 3: Body awareness / Pain; Session 4: Everyday mindfulness (rotated same topics)
- Written material given to clients
- Group structure: Introductions→mindfulness based didactic topic→brief mindfulness→homework

Target group:

- Chronic and rehabilitation patients with depression, anxiety, pain.
- Exclusion: Psychosis, suicidality, active addictions, mod-severe cognitive impairment, inability to consent

# Overview of Clinical Innovation – Evolution (By mid 2015)

Evolved Aim:

- Group intervention continues to support adaptation to illness and facilitators noticed that group key relational support that seems to be also helping to improve patients' quality of life and combat institutionalization

Evolved Intervention:

- Making mindfulness more explicit because clients not understanding concept and seem capable
- More experiential and discussion based
- More relational, psychoeducational and support elements

Evolved Session Format:

- Open group format
- Time: 1 hr 20 min
- New topic each week that evolved out of the group themes—discussion grounded in a "wordstorm"
- Less didactic, no written material and no homework given to clients
- Group structure: Breath meditation→ check in question→ group brainstorm of mindfulness definition and review group guidelines→ psychoeducational "wordstorm" and relational themed discussion→ Mindful practice (longer)

Evolved Target group:

- Inclusion of patients with psychological trauma, disability, mild cognitive impairment, those chronically institutionalized, those with communication or sensory deficits

# Session Examples

**Sleep**

- Breath exercise
- Check in: tell us about your sleep
- Mindfulness definition and review of group guidelines
- Wordstorm: “Sleep”
- Prompts: Is it possible to be mindful of sleep/sleepiness? How can we use mindfulness to understand our sleep?
- Psychoeducation: Review sleep hygiene
- Practice: Body scan: noticing sleepiness / low or high energy / alertness in body

**Boundaries**

- Breath exercise
- Check in: what you want more of and/or less of in the new year
- Mindfulness definition and review of group guidelines
- Wordstorm: "Boundaries"
- Psychoeducation: Review types of boundaries: emotional, physical/touch, environmental, sexual, mental, gender, cultural, interpersonal, privacy, Review characteristics of healthy and unhealthy boundaries
- Practice: Body and breath scan: noticing boundaries (skin, nostrils)

**Seasons and change**

- Breath exercise
- Check in: favourite season and why
- Mindfulness definition and review of group guidelines
- Wordstorm: "Seasons"
- Prompts: Discuss change of seasons and metaphor of seasons of our lives; how we deal with change, discuss what strategies can help us cope with changing seasons/life,
- Psychoeducation: Ideas of nonattachment and beginner's mind.
- Practice: Mountain meditation

**Silence and Noise**

- Breath exercise
- Check in: tell us about a recent peaceful moment
- Mindfulness definition and review of group guidelines
- Wordstorm: "silence" and "noise"
- Prompts: Discuss inner and outer silence/noise, how silence brings internal "noise", review outer noise sources in hospital
- Psychoeducation: Noise as avoidance
- Practice: Poem Paradox of Noise and 10 minutes of silent sitting practice

# Wordstorm: Connection

# Goals of Program Evaluation

Ultimate goal:

- To disseminate this group intervention outside of Bridgepoint

Goal of program evaluation:

- To understand whether this group is of benefit to the participants (e.g., reduction of symptoms, better adaptation to illness).

# Proposed Measures – First Attempt

Hospital Anxiety and Depression Score

Pain Scale

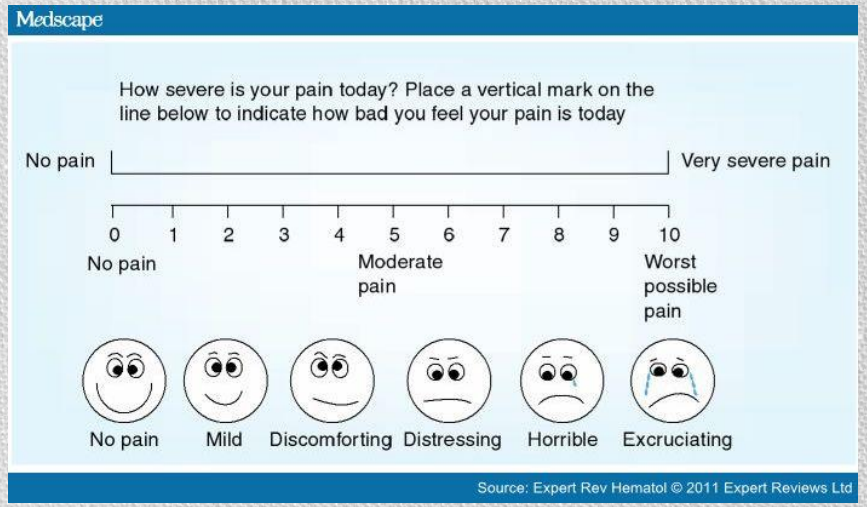



Chart I — Hospital Anxiety and Depression Scale

This questionnaire will help your physician know how you are feeling. Read every sentence. Place an "X" on the answer that best describes how you have been feeling during the LAST WEEK. You do not have to think too much to answer. In this questionnaire, spontaneous answers are more important. Mark only one answer for each question.

A (1) I feel tense or wound up:
- 3 ( ) Most of the time
- 2 ( ) A lot of times
- 1 ( ) From time to time
- 0 ( ) Not at all

D (2) I still enjoy the things I used to:
- 0 ( ) Definitely as much
- 1 ( ) Not quite so much
- 2 ( ) Only a little
- 3 ( ) Hardly at all

A (3) I get a sort of frightened feeling as if something awful is about to happen:
- 3 ( ) Very definitely and quite badly
- 2 ( ) Yes, but not too badly
- 1 ( ) A little, but it doesn't worry me
- 0 ( ) Not at all

D (4) I can laugh and see the funny side of things:
- 0 ( ) As much as I always could
- 1 ( ) Not quite as much now
- 2 ( ) Definitely not so much now
- 3 ( ) Not at all

A (5) Worrying thoughts go through my mind:
- 3 ( ) Most of the time
- 2 ( ) A lot of times
- 1 ( ) From time to time
- 0 ( ) Only occasionally

D (6) I feel cheerful:
- 0 ( ) Most of the time
- 1 ( ) Usually
- 2 ( ) Not often
- 3 ( ) Not at all

A (7) I can seat at ease and feel relaxed:
- 0 ( ) Definitely
- 1 ( ) Usually
- 2 ( ) Not often
- 3 ( ) Not at all

D (8) I feel as I am slowed down:
- 3 ( ) Nearly all the time
- 2 ( ) Very often
- 1 ( ) From time to time
- 0 ( ) Not at all

A (9) I get a sort of frightened feeling like butterflies in the stomach:
- 0 ( ) Not at all
- 1 ( ) From time to time
- 2 ( ) Quite often
- 3 ( ) Very often

D (10) I have lost interest in my appearance:
- 3 ( ) Definitely
- 2 ( ) I don't take so much care as I should
- 1 ( ) I may not take quite as much care
- 0 ( ) I take just as much care as ever

A (11) I feel restless, as if I had to be on the move:
- 3 ( ) Very much indeed
- 2 ( ) Quite a lot
- 1 ( ) Not very much
- 0 ( ) Not at all

D (12) I look forward with enjoyment to things:
- 0 ( ) As much as I ever did
- 1 ( ) A little less than I used to
- 2 ( ) Definitely less than I used to
- 3 ( ) Hardly at all

A (13) I get a sudden feeling of panic:
- 3 ( ) Very often indeed
- 2 ( ) Quite often
- 1 ( ) From time to time
- 0 ( ) Not at all

D (14) I can enjoy a good TV or radio program or book:
- 0 ( ) Often
- 1 ( ) Sometimes
- 2 ( ) Not often
- 3 ( ) Hardly at all

# Process of Collecting the Information

- Collected before and after 4 session format initially

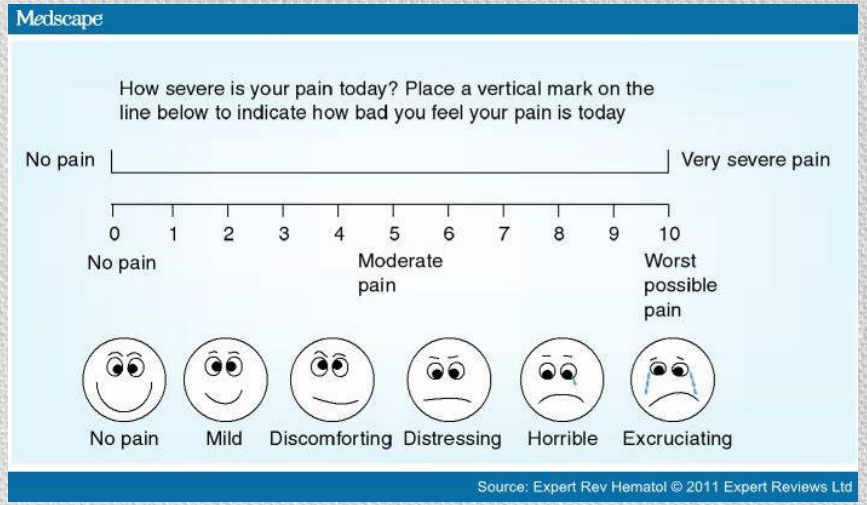
Problems:

- Patients couldn't complete on own and clinician time limited
- HADS was too long and complicated for patients to attend to
- Same clients over time

# Proposed Measures – Second Attempt

Patient Health Questionnaire-4

Pain Scale




| Over the past few weeks have you been bothered by these problems? | Not at all | Several days | More days than not | Nearly every day |
|---|---|---|---|---|
| Feeling nervous, anxious, or on edge | 0 | 1 | 2 | 3 |
| Not being able to stop or control worrying | 0 | 1 | 2 | 3 |
| Feeling down, depressed, or hopeless | 0 | 1 | 2 | 3 |
| Little interest or pleasure in doing things | 0 | 1 | 2 | 3 |

***Fig. 4.*** Four-Question Patient Health Questionnaire (PHQ-4).[26]

# Process of Collecting the Information

- Stopped doing only 4 session format so collecting only intermittently

Problems:

- No natural beginning and end so no set time to collect information
- Missing feedback from some short-term clients
- Patients couldn't complete on own and clinician time limited
- Same clients over time

Group evolved and benefit question changed:

- Benefits seemed to be less about symptom reduction and adapting to illness and more about reducing isolation and combating institutionalization

# Proposed Measures – Third Attempt

- Qualitative questions

Examples:

- Was the mindfulness group you attended at Bridgepoint Hospital helpful?
- Do you feel you have got something of value or importance from the group?
- How do you cope with stressors in your life now compared to before the group?
- Did you have any needs that were not addressed in this mindfulness group?
- Suggestions for improvement.
- Other comments about valuable aspects of the group.

# Process of Collecting the Qualitative Information

- Stopped doing only 4 session format so collecting only intermittently

Problems:

- No natural beginning and end so no set time to collect information
- Missing feedback from some short-term clients
- Patients couldn't complete on own and clinician time limited
- Same clients over time

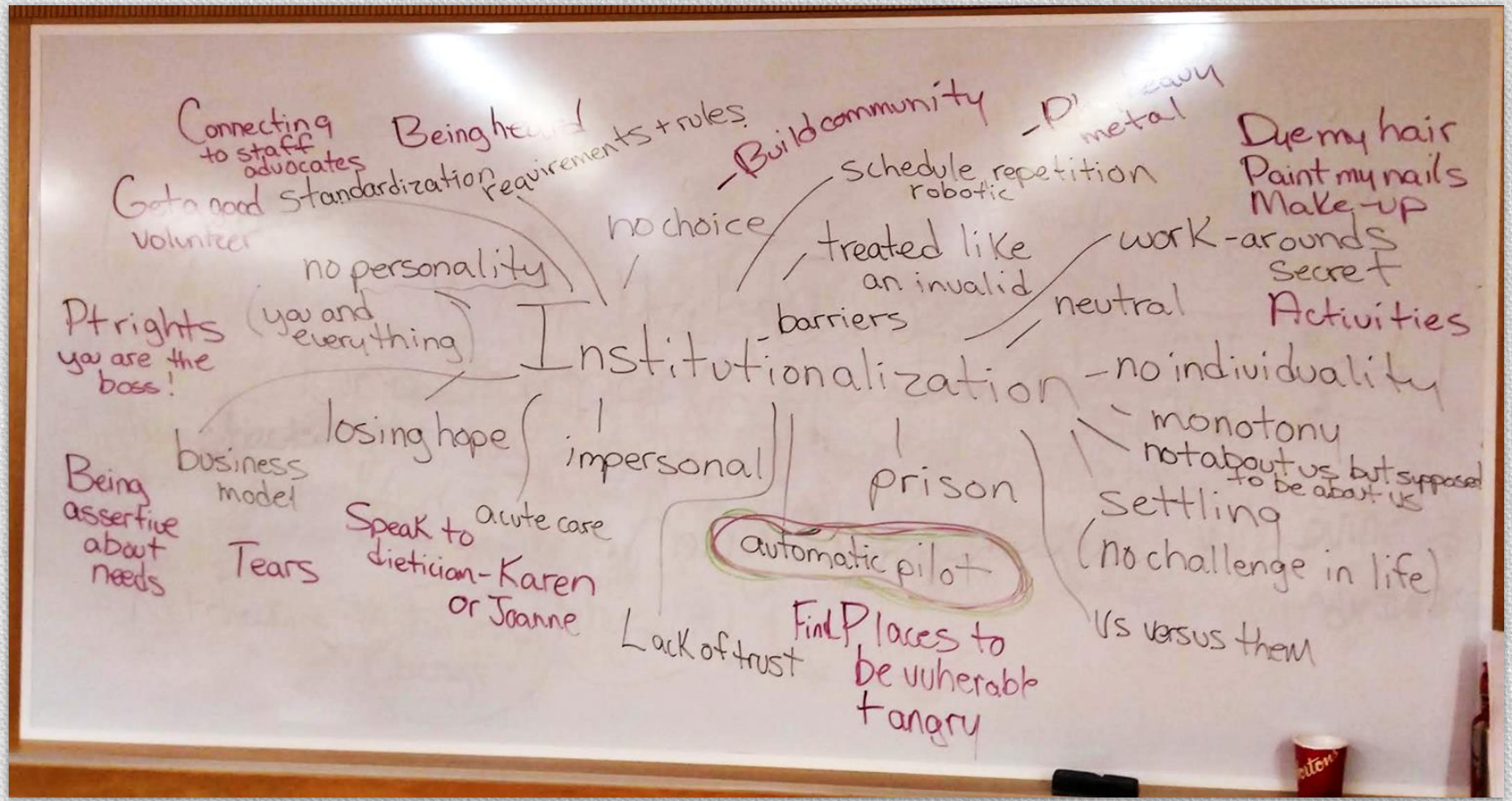
# Patient Feedback

- “Other people have similar issues to take care of - able to learn from their strategies.”
- “I’m going to try to do meditation on my own, it’s very comforting.”
- “It doesn’t make sense putting a bunch of sad people together, but it helps.”
- “...I am seeing the people later in the hospital. They say hi.”
- “The whole group is so supportive of each other...I’m surprised people have a high regard for me and it’s such a wonderful feeling.”
- “It’s been life changing, I’ve been able to let go of things.”

# Clinician evaluation reflections

- We have found this group to be profound
- We think this could help other people in other places: geriatric, institutionalized, lack of identity, disconnection from selves / community / society
  - Institutionalization reported to diminish subjectivity → group as an opportunity to reclaim their story now (i.e. discuss their inability to accept illness / disability / current state)
  - Group as a setting to have meaningful, existential, deep discourse about their experiences that participants don't get anywhere else
  - How illness and institutionalization appears to promote engagement in discussion about existential subjects

# Wordstorm: Institutionalization



# Questions

**Our primary question: How can we spread this idea?**

1. How do we package it so other people can learn and deliver?
2. Where would be the best setting(s) to look at in future?
   - ➢ other rehab facilities, retirement facilities, LTC settings?
   - ➢ geriatric clients? other populations?
3. Do we need to do further/specific evaluation(s)?

# Thanks!

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