ABI JOURNAL CLUB

Living the Full Catastrophe: A Mindfulness-Based Program to Support Recovery from Stroke

- Lori A. Gray

Facilitated by Ainsley Fraser, MSW

Land Acknowledgement

The Nova Scotia Rehabilitation & Arthritis Center (NSRAC) is located in Mi'kma'ki, the ancestral and unceded territory of the Mi'kmaq People, and we acknowledge them as the past, present, and future caretakers of this land.

This territory is covered by the "Treaties of Peace and Friendship" which Mi'kmaq Wəlastəkwiyik (Maliseet), and Passamaquoddy Peoples first signed with the British Crown in 1725. The treaties did not deal with surrender of lands and resources but in fact recognized Mi'kmaq and Wəlastəkwiyik (Maliseet) title and established the rules for what was to be an ongoing relationship between nations. We are all Treaty people.

Mi'kma'ki includes all of Nova Scotia, Prince Edward Island, part of New Brunswick, the Gaspé region of Quebec, part of Maine, and southwestern Newfoundland.

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Disclaimer

The goal of the ABI Journal club is to foster skills of research critique, promote interprofessional interaction and encourage the inclusion of evidence-based practice.

Please join us in creating a safe and approachable learning environment.

Please note that although presenters may have an interest in the article that is presented, they may not necessarily be an expert in that field.

This event is for your learning only. Please do not distribute slides or recordings. Recordings can be distributed by Journal Club organizers only.

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***Living the Full Catastrophe: A Mindfulness-Based Program to Support Recovery from Stroke* by Lori A. Gray**

Why is this a good paper to read for journal club?

- Unique - Author dual role + experienced in mindfulness practice
- Broadens perspective – what is recovery? Beyond disease model of care
- (Adapted program model) Comprehensive - Addresses many aspects of symptom management
- ABI population: Rarely featured in research on this topic

How/why did you pick it?

I didn't…

- Survey with ABI journal club participants identified mindfulness as an area of interest; this was one article drawn as a result.

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Primary issue discussed:
How can mindfulness practice enhance recovery?

Relevant areas of health care:

This study focused on post-acute stroke care; references evidence for tx within various populations (chronic pain, addiction, cancer care, mental health, etc.)

What drove this research?

Author lived experience with stroke, applicability of mindfulness skills during / following stroke – desire to apply research

What is the significance of this problem?

No problem to be solved - strengths-based

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Historical Initiatives

Historical interventions/theory relevant to this issue

How far back are we talking? Wall art in India 5,000-3,500 BC oldest documented evidence of meditation practice. No one really knows...

Much buzz about use of mindfulness in many aspects of health care – gradually being recognized as evidence catches up to anecdotal benefits

Author references recent meta-analysis which "firmly establishes MBSR training as an effective mind-body intervention" – effect of re-wiring through potential of neuroplasticity

Also references first study with comparative brain scan data using placebo (basic relaxation techniques): Mindfulness meditation group = ↑ activity in parts of brain that mediate stress reactivity, as well as areas that support focus and states of calm

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Historical Initiatives Cont'd

MBSR considered an adjunct (never as substitute for) mind-body therapy in *both* medical treatment and psychotherapy;

- 'participatory medicine'
- 'educational intervention'

What is MBSR?

- Experiential learning through direct mindfulness practice
- Psychoeducation re: stress perception, coping and interpersonal communication skills

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What were the intended outcomes of this research?

To map out an adapted model of the Mindfulness-Based Stress Reduction program to account for the variety of needs within the stroke population

Preliminary; to offer this model as a starting point for future initiatives…

- to support recovery needs
- in prevention of “at risk” population (stress reduction)
- to benefit health care workers with stress reduction
- to promote connection and partnership between HCWers and survivors (‘companioning’)

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Methods

Design:

MBSR curriculum content review

Autoethnographic reflection & thematic analysis*

Proposed curricular adaptations

Methods cont'd

Objectives

1) Review literature re: benefits of mindfulness skills training within context of stroke recovery

2) Identify challenges in this population and need for adaptations

3) Propose specific adaptations tailored to stoke recovery

4) From this, establish a preliminary conceptual model

5) Illustrate the conceptual model via autoethnographic vignettes

"If we are willing to study others, we ought to be equally willing to place ourselves, our lives, our families, under the same critical scrutiny"

- Jane Goodall

Results

Conceptual program model including ABI-friendly adaptations proposed

Attention to…

- Peer support, camaraderie in survivorship
- Use of awareness – "sense into" affected side
- Modifications of physical movement practices as needed (or use of imagery instead)
- Fatigue – shortened practices, rest breaks
- Summary handouts provided to support memory

"Challenge, but not overwhelm" repeated throughout

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Results cont'd

MBSR 'attitudes' adapted to stroke model…

Shared didactically;
Encouraged through classroom engagement

- Identity, body awareness, grief
- Stroke recovery as non-linear
- Attention to change, including progress – use of curiosity
- Acceptance – stroke recovery as lifelong
- Communication

Results Cont'd

Next 'stage' of research – author journal analysis, exploration of emerged themes…

- Directly relate to proposed MBSRfS model:

1) Acceptance
2) Navigating uncertainties
3) Somatic wisdom
4) Meeting complexities with compassionate digity

Comparison / evaluation of methods

How did they evaluate their method?

- Haven't; program delivery yet to be initiated - hopeful next step

Highlight what reference standards they used

- N/a

Author's conclusions

"The hope and intention of this endeavor is, at this stage, hypothetical and aspirational."

Minimally, this program may reduce stress and hence, lead to improved recovery behaviours; may also buffer depression, improve concentration, and support "restorative, brain-healing rest"

May promote deeper insights and acceptance through group connection … "stroke is both the teacher and the curriculum."

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Journal article evaluation

Was this paper published in the right journal to find the audience who should care the most about it?

What do you like about the method, implementation, and evaluation, especially with reference to the Acquired Brain Injury content?

What don't you like?

Did the author make unrealistic simplifying assumptions?

Can the results be used to solve other problems? How generalizable are the results?

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"Compassion is not a relationship between the healer and the wounded. It's a relationship between equals. Only when we know our own darkness well can we be present with the darkness can we be present with the darkness of others." -Pema Chödrön

Acknowledgement

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http://anniesplacecafe.ca/

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