

*Using the 4 M's of Mental Health to Improve the Well-Being
of People Living with Acquired Brain Injury
During the COVID-19 Pandemic*

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Learning Objectives

Provide

Provide an overview of the 4 M's key principles

Outline

Outline the use of individualized SMART goals related to the 4 M's

Discuss

Discuss the ways in which clients' mental health and coping skills improved using the 4 M's

Cover

Cover key considerations for transitioning in-person clinical groups to an online platform

Introduction

- Individuals with an Acquired Brain Injury (ABI) suffer chronic impairment across cognitive, physical and psycho-social domains
 - All aspects of a person's functioning can be impacted, including a person's sense of meaning and identity (Gracey et al., 2009; Carroll and Coetzer, 2011; Ownsworth and Haslam, 2014)
- The temporary closure of services during the start of the COVID-19 pandemic increased ABI client's psychosocial symptoms of anxiety, isolation, and apathy
 - To continue to support client's wellbeing, there was a need to quickly pivot and adapt services
- The brain injury charity 'Headway' in the UK (Tyerman, 2020) conducted a survey on over 1000 ABI survivors and their families during the COVID-19 pandemic
 - 65% of their ABI respondents reported feeling isolated as a result of lockdown
 - 60% reported that it had a negative impact on their mental health (including increased anxiety and fear of their future)



The Need for this Group During a Pandemic

Paraphrased quote from a CHIRS client:

It's interesting to watch people without a brain injury react to the lockdowns. It's sort of like when you wake up from a coma and your whole world has changed and you're trying to figure things out – how will I work, where did my friends go, I'm prioritizing my family more and that's weird – except, for the people with brain injury we're going through this process again.



Why was it
developed?

Covid-19 Pandemic and Mental Health

- Concerns for our clients going into a lockdown, especially during the winter months
- Client Safety and Wellness Committee – discussion about developing an individualized toolkit for people to use to help combat isolation, depression, and anxiety

Origin

Suggested by Psychiatrist Dr. Sue Varma (2020) to specifically address feelings of isolation, depression, and anxiety during the pandemic.

The 4Ms of Mental Health

How to manage high stress.

Psychiatrist Sue Varma suggest that during a time of **high stress**, it's important to focus on "the four Ms of mental health — mindfulness, mastery, movement and meaningful engagement."

Blog: Joanne Ostler Coaching



Key Principles: Movement

- Depression and anxiety symptoms often improve with exercise (Mayo Clinic)
- Exercise addresses homeostatic imbalance
- Assists with preventing neurodegeneration
- Evidence that physical activity manifests advantages for cerebral integrity and neurocognition (Archer, 2012)
- Aerobic exercise enhances the production of brain-derived neurotrophic factor (BDNF) which is a key facilitator of neuroplasticity leading to cognitive and motor recovery (Lilliecreutz, Felixson, Lundqvist, & Samuelsson, 2017)



Key Principles: Movement

How we defined Movement:

- Move or stretch your body
- With the intention of doing something more than you normally would.
- *Ideally* for at least 10+ heart-rate-increased minutes daily.
- But really, just start by purposefully and thoughtfully moving every day.



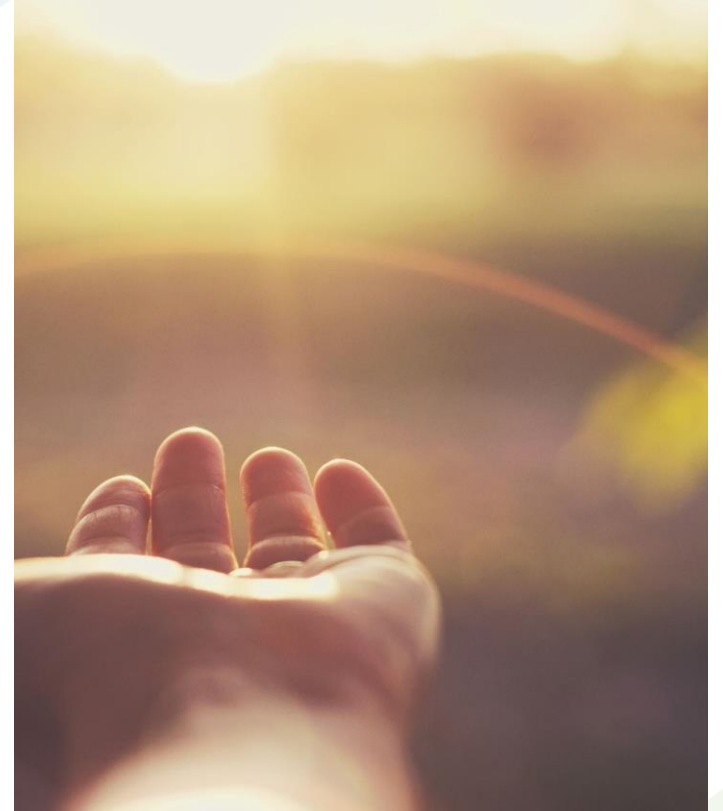
Movement: In the Group Sessions

- Some participants who liked the gym in the past were not as eager to return (Covid concerns) or lost momentum/motivation.
- Not everyone likes to work out or lift weights
 - We brainstormed other ways to exercise and looked for ways that each client found enjoyable
 - E.g., walking, gardening, sports, seated exercises, squats while drying dishes
- What about physical limitations?
 - Barriers to exercise were discussed and problem solved
 - E.g., modifying exercises to suit clients' needs, reminders that things like cleaning the house are considered exercise

Key Principles: Mindfulness

Mindfulness is the **awareness** that arises from **paying attention** to the present moment **on purpose** and **non-judgmentally**.

- Jon Kabat-Zin



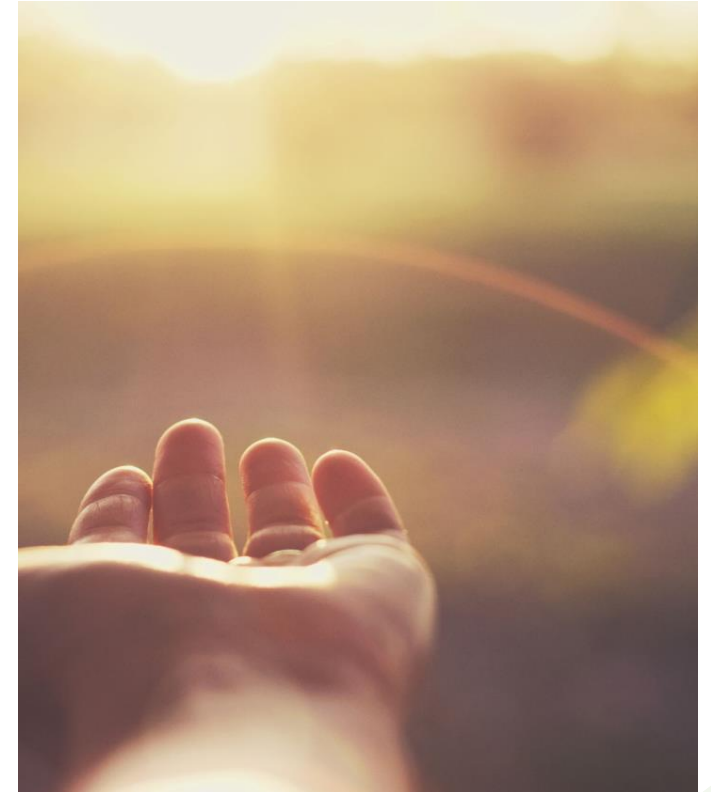
Evidence for Benefits of **Mindfulness** Based Stress Reduction Programs

Study: ABI participants in 8-week group, 2.5 hours per week, 1 silent retreat day, + 45 minutes, 6 days a week at home practice

- Improved mental fatigue
- Improved information processing speed

Repeated study three years later with same results, except some had issues with people staying awake while meditating

(Johannsson, Bjuhr, & Ronnback, 2012;
Johansson, Bjuhr, & Ronnback, 2015)





Mindfulness: In the Group Sessions

- Each week the length of practice was increased
- Each week a new type of mindfulness practice was tried
- Not everyone enjoys meditations
- Clients and staff reported that it was harder to meditate while experiencing increased stress levels and with distractions at home

Key Principles: **Mastery**

- Research shows that when you take time to do activities that make you happy, it helps improve mental health. Hobbies can help your overall well-being, and reduce stress, and improve relationships. –WedMD
- Mastery was discussed more in the context of hobbies



Evidence for Benefits of Mastery

“Participation in [recreation and leisure] activities is a complementary treatment intervention that can be a meaningful rehabilitation tool to help promote functional skill-building and overall well-being (Mitchell, Veitch, & Passey, 2014; Wilhite & Shank, 2009; Wise et al., 2010).”

Participating in recreation and leisure activities that one feels they have control of or strong skills to complete, can boost confidence and increase positive affect in other areas of life, e.g., confidence to return to work, practice with overcoming mistakes, may lead to trying new things and being open to compensation strategies (Thomas, Burker, & Lazukauskas, 2015).



Mastery: In the Group Sessions

- Spending about 15-20 minutes doing it will help engage the brain and help get your mind out of a ruminating cycle
- Explored hobbies/practices in categories of: Physical, Creative/Crafts, Mental, Musical , Food and Drink, Games/Puzzles, Collecting
- Spent one week discussing barriers to completing hobbies/activities and how to overcome them
 - E.g., cost, scheduling, stick-to-it-ness, mobility, fine and gross motor impairments

Key Principles: Meaningful Engagement

“Roles and Goals”

Meaning: Fitting into a larger context and finding significance in it, life experiences “make sense”

Purpose: Sense of goals, aims, direction, mission, function – typically a future focused attitude often with enthusiasm and optimism that actions are leading to a positive future state



Evidence for Benefits of Meaningful Engagement

People with a strong sense of meaning prior to a traumatic event will have an easier time making sense of it in their lives

People with a higher level of optimism, sense of goals and direction are more likely to feel they have purpose

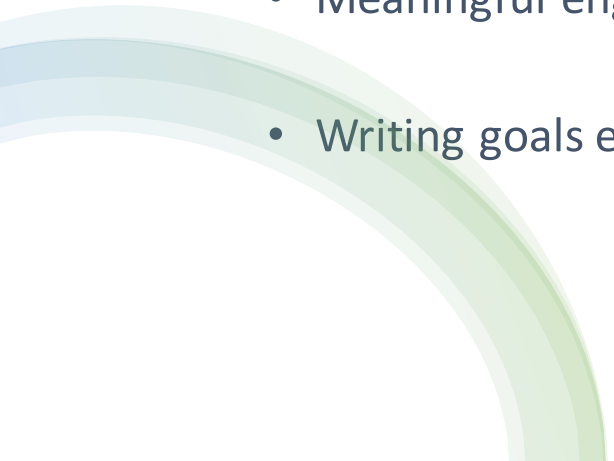
People who are pessimistic generally have negative expectations about goal outcomes and are more likely to disengage from goals, which results in feeling less of a sense of purpose

(George & Park, 2013)



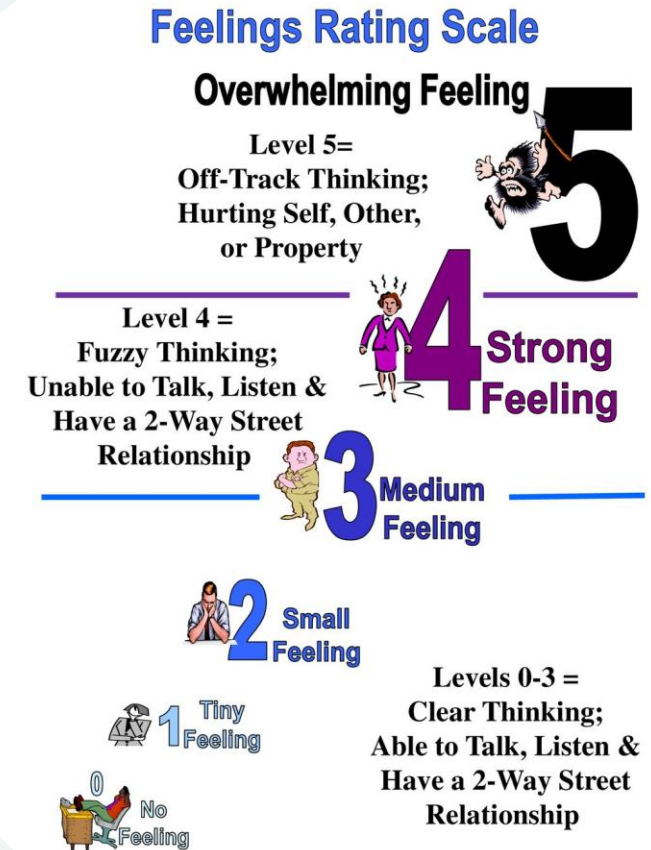


Meaningful Engagement: In the Group Sessions

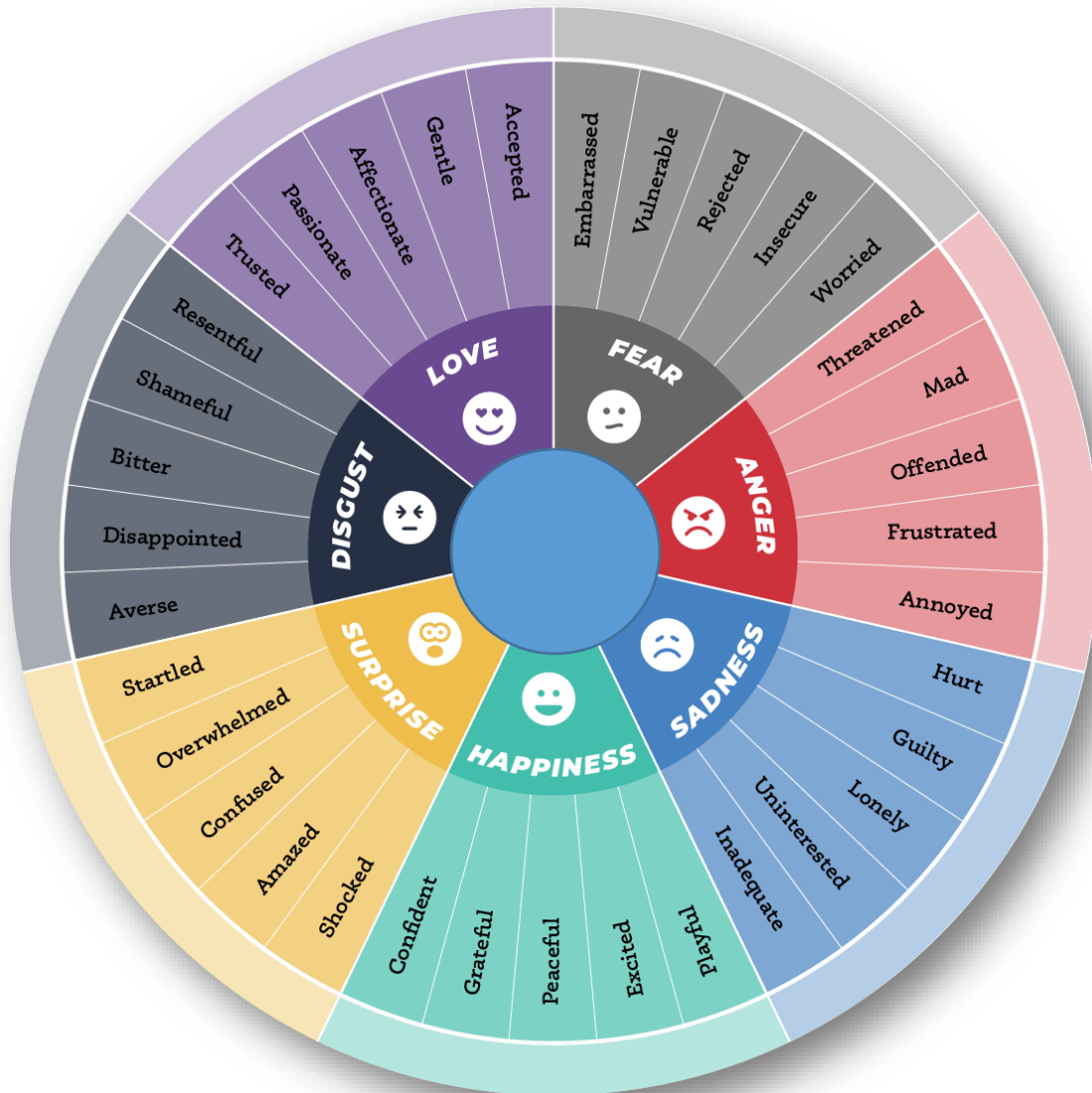
- Focus on current or past roles
 - Focus on identity - strengths and values, who I am now
 - Meaningful engagement around the house and/or volunteering
 - Writing goals each week
- 

Feelings Rating Scale

- Taken from Julie Brown's DBT program for Cognitively Challenged Individuals
- Used in combination with a wheel of emotions
- Clients label and rate their emotions every session



Feelings Rating Scale



The skill of labelling and rating emotions is being taught in multiple groups at CHIRS.

SMART Goals

S pecific	Very clearly worded. Not a broad or general goal. Often steps towards a bigger goal. It's obvious by the definition of the goal when the goal has been achieved.
M easurable	Easy to count, track or take data of some kind so you know when you are making progress or not. (E.g., counting steps, number of resumes sent out, minutes you worked on the goal, etc.)
A ttainable	The goal is within your reach in a reasonable amount of time, with a reasonable amount of effort/expectations.
R elevant	The goal is something that YOU want to work on or achieve. You're willing to put in the effort because the outcomes or gains are important to you. You're motivated.
T imely	Timely – you're ready to start now or within a short period of time. Time-bound – the goal won't last forever, there's a clear end to the goal or at least a step towards a bigger goal.



SMART Goals & 4Ms

- Individualized weekly SMART goals
 - Tied to an M
- Creation of a tool kit over time
- Evaluation of the SMART goals
- Peer pressure

Examples of Goals

Movement

- Participate in virtual programs
- Increase number of times participating in activity they already do

Meaning

- Family related goals
- Participating in blogging or journaling
- Participating in mentorship role activities at CHIRS
- Trying to bring some positivity to others during groups by asking how people are doing and making them smile

Mastery

- Create a rhyme/song lyrics to perform for the group the next week (and they did!)
- Practicing new healthy recipes (rather than relying on microwave dinners)
- Cooking with primary worker and taking professional photos to blog

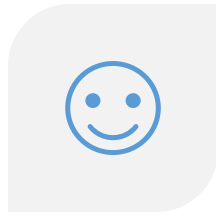
Mindfulness

- Keep track of how often participates in yoga, deep breathing, listening to music mindfully or any other mindful practice, tracking on her phone to see how often she is actually doing it.

4 M's Group Session Breakdown



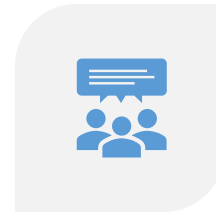
HOMEWORK/GOALS CHECK-
IN



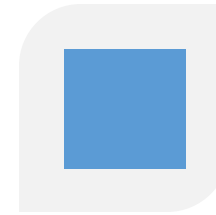
FEELINGS RATING SCALE



MINDFUL ACTIVITY



INTRO TO AN M



PRESENTATION AND
CONVERSATION ABOUT
WAYS TO PRACTICE THAT M



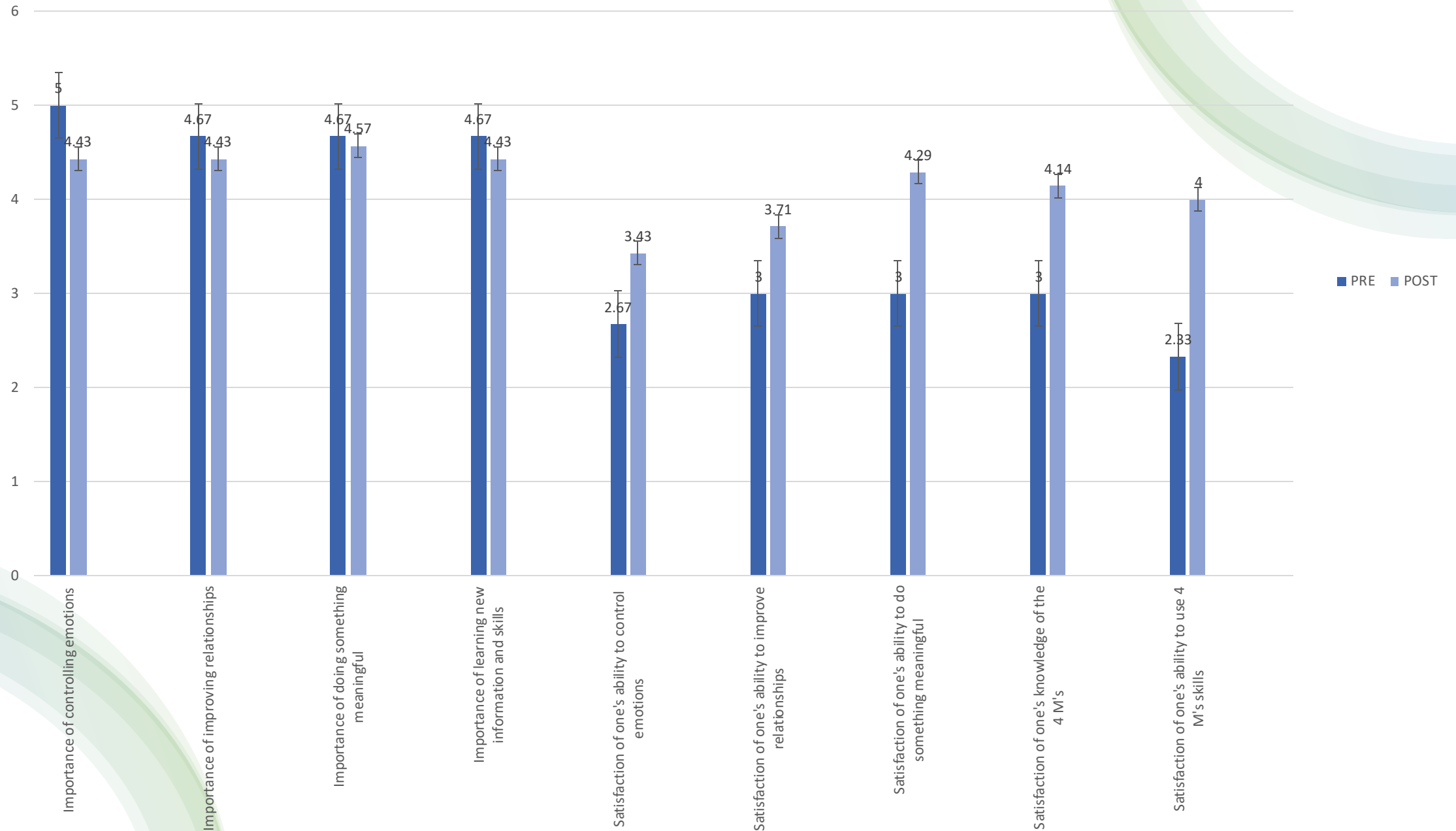
SMART GOALS
DEVELOPMENT



Try it Together

- Guest staff facilitate an activity, e.g., seated yoga, seated exercise, dance, longer or new meditation
- Showcase your chosen activity to the group, and included a Q & A session after each showcase
- Used this session to firm up more SMART goals and try things from any of the 4 M's that we hadn't tried before

Outcome Measures of the 4 M's of Mental Health Group





Considerations for Transitioning from In-Person to Virtual Clinical Groups

Informed Consent

- Addresses risks/benefits of remote services
- Maintaining privacy and confidentiality issues
- Anticipating crisis management
- Communication policies outside of sessions
- Clarifying technology needs, issues, and alternatives

Virtual Group Consent Review



COMMUNITY HEAD INJURY RESOURCE SERVICES
OF TORONTO

**Virtual Clinical Groups
Informed Consent**

What are Virtual Clinical Groups?

It means using video-conferencing software, including a webcam and audio speaker, to do a clinical group.

Benefits and Risks of Online Clinical Groups

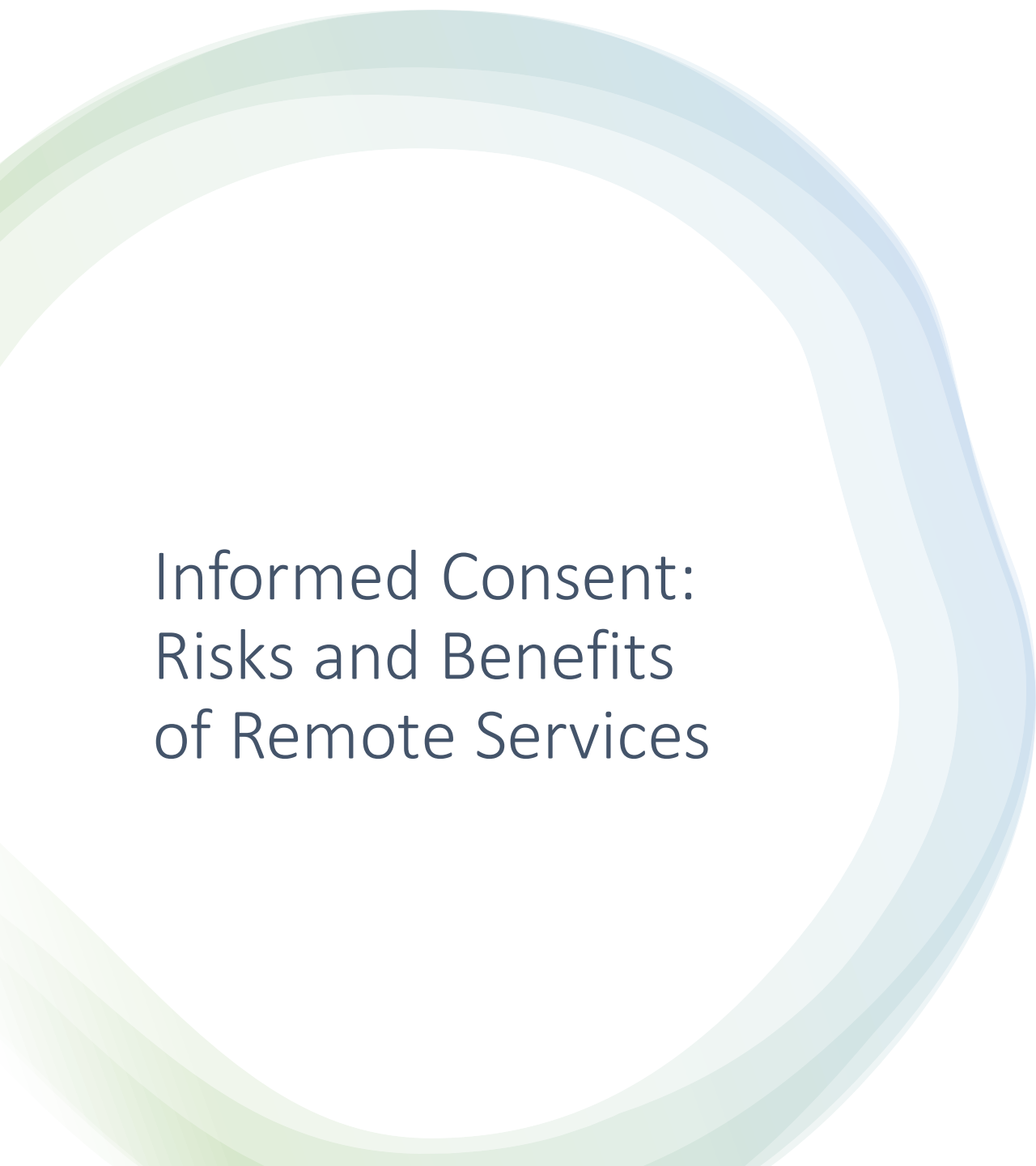
A main benefit of a virtual clinical group is that it allows us to continue to run clinical groups at a time when we cannot be in the same place together. It also makes it easier for participants to join a clinical group as it eliminates the need for travel. Confidentiality still applies to virtual clinical groups and as such, nobody will record the session without permission and all sessions are kept confidential. It is important to note that there are some risks of a virtual clinical group. For example:

Risks to
Confidentiality

Problems with
Technology

What if I have
a crisis?

Requirements
for Zoom



Informed Consent: Risks and Benefits of Remote Services

Benefits

Allows us to continue to run clinical groups at a time when we cannot be in the same place together

It's easier for participants to join a clinical group as it eliminates the need for travel

All sessions are kept confidential (no recording allowed)

Risks

Privacy and confidentiality

Problems with technology

Crisis situations



Informed Consent: Privacy Issues

Ask the client to treat the session as if they are in-person

Ensuring privacy by using a space where you are not being overheard or feel you can share freely

Group facilitators take reasonable steps to ensure clients privacy

Find a private, quiet place for the session where you will not be interrupted

The place also should be free of distractions



Informed Consent: Anticipating Crisis Management

Pre-screening of clients

- Are they currently in crisis?
- What is their level of needs for supports?


Develop a crisis response plan

- Gather personal contact information and location
- Collect alternate contact information, or emergency contact information

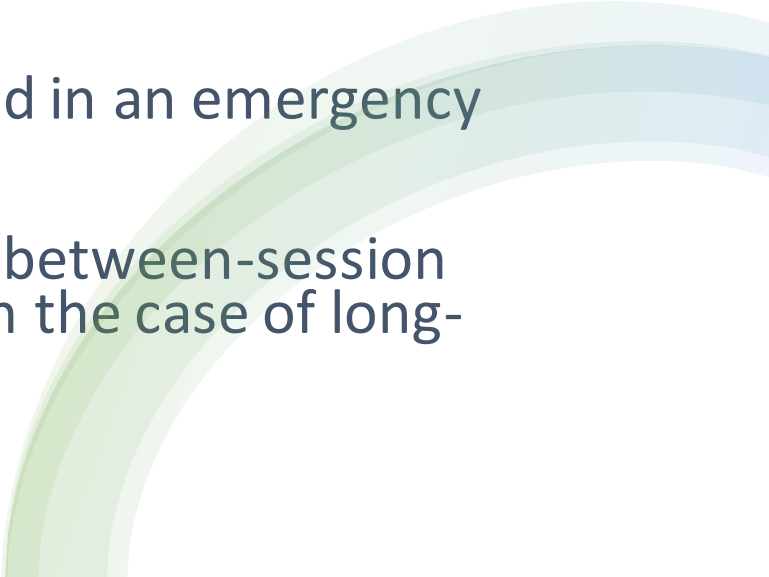


Informed Consent: Clarifying Technology Needs

- Problems with technology (e.g., audio, video, Wi-Fi connections)
- Privacy protection: "locked" sessions or ended immediately if hacked
- Zoom video-conferencing platform is used because it complies with Canadian Data Protection regulations
- Desktop/laptop/tablet with video and audio speaker capabilities
- Secure internet connection rather than public/free Wi-Fi
- Back-up plan (e.g., phone number where you can be reached) to restart or reschedule
- Virtual clinical group appointment invitations cannot be shared



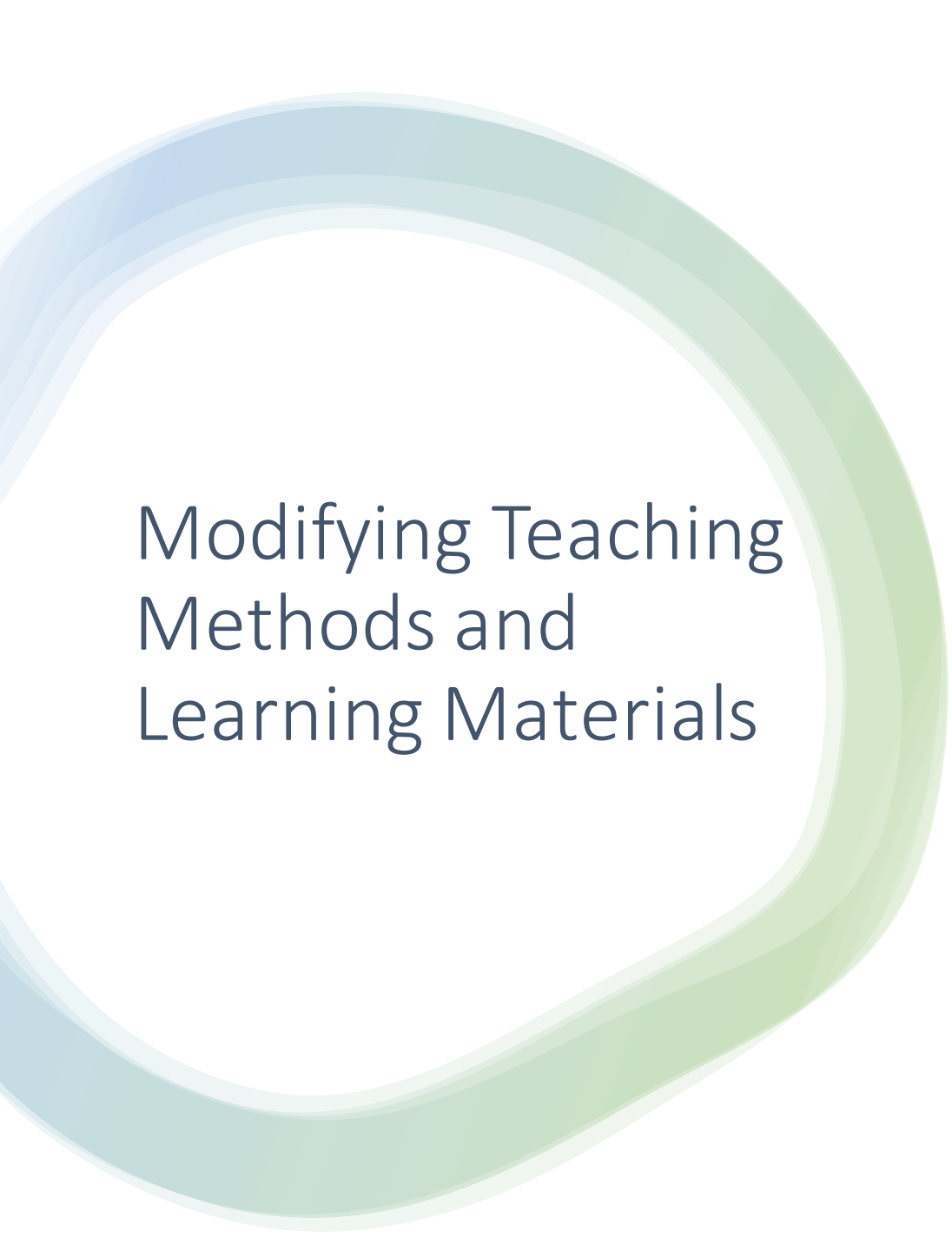
Informed Consent: Communicating Outside of Session

- Only email is used between session **with permission of client**
 - Email is only for administrative purposes
 - Explicitly communicate that confidentiality of any information sent via email cannot be guaranteed.
 - Email should not be used in an emergency
 - Provide alternatives for between-session crisis management, or in the case of long-term absence
- 



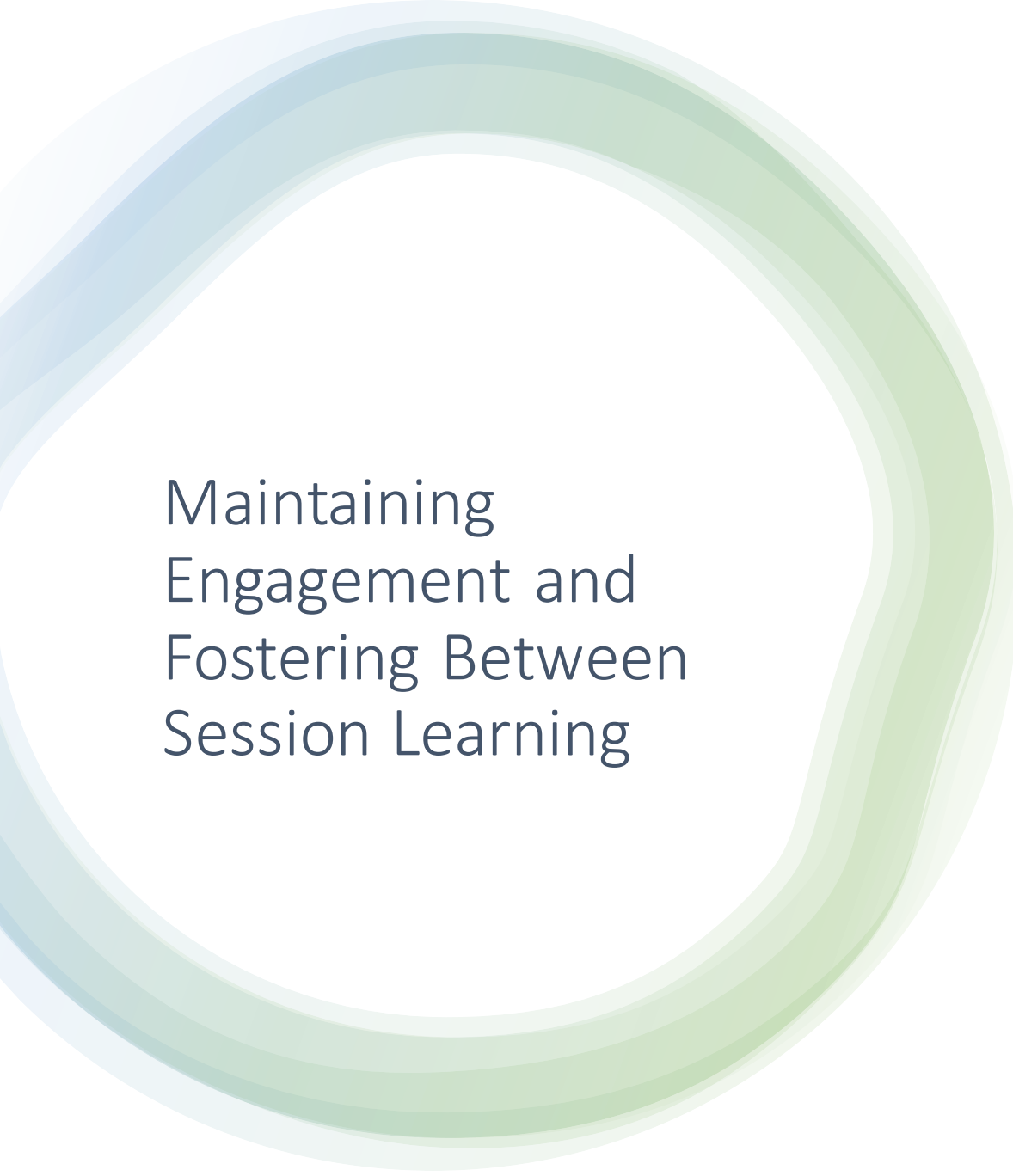
Zoom Group Courtesies

- Come as you would to an in-person group
 - Maintain respectful language and behaviour
 - Be open to other's ideas and opinions
 - Refrain from substance use during the group
- Zoom considerations
 - Security and potential hackers
 - Turn-taking; using mute/unmute?
 - Remember, you're on camera!
 - Refrain from offensive images or phrases and avoid nudity in Zoom background
- Maintain confidentiality at all times
- If you need additional support let the facilitators know



Modifying Teaching Methods and Learning Materials

- Create PowerPoint slide decks
- Modifying exercises to be done virtually
- Accommodating various disabilities
- Strategies to support clients who are not technologically savvy



Maintaining Engagement and Fostering Between Session Learning

- Support worker assistance
- Discussing the application of techniques/skills to everyday life
- Sending out hard copies and electronic copies of materials
- Email reminders
- Sending out resources from the group
- Creation of online social groups at the end of a group



Unintended Benefits of Virtual Clinical Groups

A safe way to gain support during COVID-19

Eliminating the need for travel

Opportunity to work with new clients

Condensed and focused sessions

Using technology in a beneficial way

Easier to utilize a support person

Less distractions from extraneous factors

Easier to manage distractions

Clients more willing to share

More flexibility





Pitfalls of Virtual Clinical Groups

Variable internet connections and accessibility issues

Missing the in-person group energy and feeling of connection

Lack of physical and social cues

Harder to develop rapport with new clients

More distractions and less attentive

Boundary and confidentiality issues

Intimidating to pivot to something unfamiliar

Harder to assess potential crisis situations



Questions?

References

- American Psychological Association (March 2020). *Informed consent checklist for telepsychological services*. <https://www.apa.org/practice/programs/dmhi/research-information/informed-consent-checklist>
- Archer, T. (2012). Influence of Physical Exercise on Traumatic Brain Injury Deficits: Scaffolding Effect. *Neurotox Res*, 21, 418-434. doi:10.1007/s12640-011-9297-0
- Carroll, E., and Coetzer, R. (2011). Identity, grief and self-awareness after traumatic brain injury. *Neuropsychol. Rehabil.* 21, 289–305. doi: 10.1080/09602011.2011.
- George, L. S., & Park, C. L. (2013). Are meaning and purpose distinct? An examination of correlates and predictors. *The Journal of Positive Psychology*, 8(5), 365-375.
- Gracey, F., Evans, J. J., and Malley, D. (2009). Capturing process and outcome in complex rehabilitation interventions: a “Y-shaped” model. *Neuropsychol. Rehabil.* 19, 867–890. doi: 10.1080/09602010903027763
- Johansson, B., Bjuhr, H., & Ronnback, L. (2012, December). Mindfulness-based stress reduction (MBSR) improves long-term mental fatigue after stroke or traumatic brain injury. *Brain Injury*, 26(13-14), 1621-1628.
- Johansson, B., Bjuhr, H., & Ronnback, L. (2015). Evaluation of an Advanced Mindfulness Program Following a Mindfulness-Based Stress Reduction Program for Participants Suffering from Mental Fatigue After Acquired Brain Injury. *Mindfulness*, 227-233.

References

- Lilliecreutz, E. K., Felixson, B., Lundqvist, A., & Samuelsson, K. (2017). Effects of guided aerobic exercise and mindfulness after acquired brain injury: a pilot. *European Journal of Physiotherapy*, 19(4), 229-236. doi:<https://doi.org/10.1080/21679169.2017.1337220>
- McCord, C., Bernhard, P., Walsh, M., Rosner, C., Console, K. (2020). A consolidated model for telepsychology practice. *Journal of Clinical Psychology*, 76, 1060–1082. <https://doi.org/10.1002/jclp.22954>
- Ownsworth, T., and Haslam, C. (2014). Impact of rehabilitation on selfconcept following traumatic brain injury: an exploratory systematic review of intervention methodology and efficacy. *Neuropsychol. Rehabil.* 26, 1–35. doi: 10.1080/09602011.2014.977924
- Thomas, L. C., Burkner, E. J., & Lazukauskas, K. A. (2015). Thinking Outside the Box: Maximizing Vocational Outcomes in Post-Traumatic Brain Injury through Rehabilitation Counseling and Recreation/Leisure Activities. *Journal of Applied Rehabilitation Counseling*, 46(4), 37-44.
- Tyerman, A. (2020). *The Impact of Lockdown On Brain Injury Survivors And Their Families*. Available online at: <https://www.headway.org.uk/media/8564/the-impact-of-lockdown-on-brain-injury-survivors-and-their-families.pdf> (accessed December 29, 2020).
- Weisenmuller, C. M., & Luzier, J. L. (2022, September 1). Technology Is a Core Competency in Professional Psychology. Training and Education in Professional Psychology. Advance online publication. <http://dx.doi.org/10.1037/tep0000423>
- Wilkie, L., Arroyo, P., Conibeer, H., Kemp, A., Fisher, Z. (2021). The impact of psycho-social interventions on the wellbeing of individuals with acquired brain injury during the COVID-19 pandemic. *Frontiers in Psychology*, 12:648286. doi: 10.3389/fpsyg.2021.648286