

# Feasibility of a Mindfulness-Based Group within a Spinal Cord Injury Center

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## Background:

- Prior research on individuals with spinal cord injuries (SCI) have demonstrated that this population often faces psychological challenges, such as depression, anxiety, and chronic pain, in addition to obstacles in accessing appropriate, evidence-based care (Hearn & Finlay, 2018).
- Recent research has highlighted the benefits of mindfulness-based interventions (MBIs) to manage psychological distress and chronic pain, with some research demonstrating improved mood and decreased experiential avoidance specifically in SCI populations (Skinner et al., 2010).

## Objectives:

- 1) Evaluate feasibility and effectiveness of SCI mindfulness group via pre/post self-report and qualitative measures.
- 2) Assess barriers to attending mindfulness group for both outpatient and inpatient Veterans
- 3) Assess barriers to engaging in at-home mindfulness practice
- 4) Use project data to inform and adapt future mindfulness groups for SCI population.

## Group Characteristics

- Six (6) weekly, one-hour long sessions.
- n=4 outpatient Veterans (1 female, 3 male)
- Offered to both inpatient and outpatient Veterans

## Measures

- Patient Health Questionnaire-9 (PHQ-9)
- Five Facet Mindfulness Questionnaire (FFMQ)
- Pre- and Post-Qualitative Questions

## Analyses

- No formal statistics due to small n
- Qualitative data was reviewed to address limitations and obstacles for group members in attending mindfulness group and completing home practice

## Group Session Topics:

Session 1- Grounding Meditation



Session 2- Mindful Eating



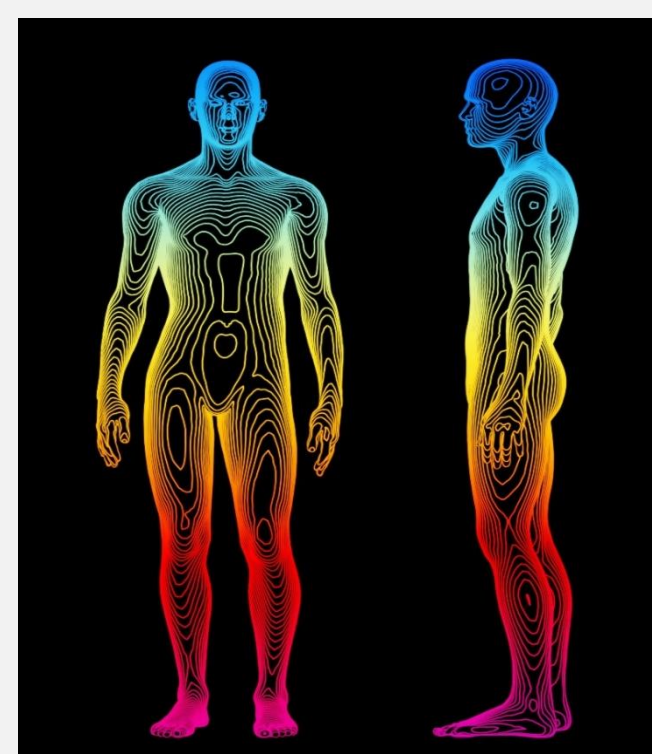
Session 3- Mindful Movement



Session 4- Cultivating Kindness



Session 5- Body Scan



Session 6- Moving Forward



## Perceived Barriers:

- Transportation
  - Had to schedule transportation at least 24 hours ahead of time
  - Transportation often fell through due to circumstances outside of Veterans' control
- Sickness/Hospitalization
  - SCI population more susceptible to illness
  - Facilitator offered 1:1 session to make-up for missed group session
- Medical appointments
  - Especially impacted inpatient Veterans ability to attend group (PT/OT sessions)
- Group time
  - Due to increased time it takes to get ready in morning (bowel program, functional limitations, etc.), Veterans preferred afternoon group

## Veteran Feedback:

What did you gain from this group?

- "I learned how to channel emotions."
- "The more I try the easier it becomes."

In your own words, what is mindfulness?

- "Being attuned with my emotions, breathing."
- "Stopping yourself to be with yourself for the moment; to be aware of self and surroundings."
- "Getting rid of the clutter and being here now."

On a scale of 1-10, rate your agreement with the following: This group improved my quality of life.

- 7.5/10 (1=strongly disagree; 10=strongly agree)

## Implications:

- Transportation was the most reported barrier to attending group; therefore, future groups should aid Veterans in ensuring they have transportation and brainstorming a back-up plan
- Groups might be better attended if scheduled in the afternoon to allow for morning medical appts and account for morning routines/bowel programs
- Feedback from group members suggested increasing group session from 1 hr to 1.5hrs allowing for more experiential practice.
- Due to sample size, no analyses could be completed, yet overall PHQ-9 scores stayed relatively the same, if not slightly decreased, and FFMQ scores increased (indicating increased mindfulness) from pre- to post-scores
- Mindfulness practices, such as mindful body scan, were adapted in a way as to be inclusive for all group members despite sensory impairments
- Overall, mindfulness group was perceived to be feasible and effective, yet would likely benefit with addressing barriers and/or making slight changes to increase session times

## References:

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