

Brain injury survivors and their caregivers can benefit from a resiliency program

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An early resiliency intervention program for survivors of acute brain injury and their caregivers has shown clinically significant improvement in emotional distress, according to a study conducted at Massachusetts



General Hospital (MGH). Published in *JAMA Network Open*, the study found that the program, known as Recovering Together, achieved measurable reductions in depression, anxiety and post-traumatic stress (PTS) among individuals with acute neurologic illness who had been hospitalized in the intensive care unit (ICU), and their caregivers.

"Survival alone is no longer an acceptable outcome for patients with lifethreatening acute neurologic injury who have been admitted to and discharged from the neuroscience ICU," says Ana-Maria Vranceanu, Ph.D., investigator in the Department of Psychiatry at MGH and lead author of the study. "We are learning that many patients who survive their hospital stays develop emotional distress which, if untreated, becomes chronic. Moreover, caregiver families and friends experience emotional distress at rates similar to their loved ones. Recovering Together is the first interventional program to show major improvements in the emotional recovery of both patients and caregivers over a prolonged period."

Six years ago Vranceanu created an interdisciplinary team of MGH neurointensivists, nurses, social workers and <u>clinical psychologists</u> who conducted research in the Neuroscience Intensive Care Unit (Neuro-ICU). The team found high rates of anxiety, depression and PTS upon hospitalization in both survivors of acute neurological injury and their caregivers, which remained high three to six months later. The team further learned that resiliency factors like mindfulness and adaptive coping strategies were key to helping patients and caregivers adjust. This seminal work led to the creation of Recovering Together, the first dyad (treating survivors and caregivers jointly) aimed at preventing chronic <u>emotional distress</u> in this population.

Recovering Together begins at bedside in the Neuro-ICU with two visits from a clinical psychologist and offers support throughout the transition to rehabilitation or home through four secure live video sessions. "We



take advantage of the ICU stay to teach simple skills like diaphragmatic breathing to cope with intense panic, and dialectics where the patient can hold opposite emotions, like anger for being in the Neuro-ICU and gratefulness for having survived, as being true at the same time," explains Vranceanu, a clinical psychologist. "Once the patient is discharged and doing better, we can teach more complex skills that help decrease the fear of recurrence, which is common after a stroke, and improve interpersonal communication skills to enable the dyad partners to negotiate and resolve any challenges that might arise during recovery."

Findings from the study show that among the 58 survivor-caregiver dyads, those randomized to Recovering Together experienced significant improvements in depression, anxiety and PTS, which were sustained through a 12-week follow-up. In addition, participating patients and families were highly satisfied with the program.

"We're very encouraged by the results," says Jonathan Rosand, MD, neurocritical care specialist and co-founder of the Henry and Allison McCance Center for Brain Health at MGH, and senior author of the study. "As we're demonstrating, Recovering Together is an incredible opportunity to improve the quality of life beyond survival for this vulnerable population. I look forward to the day when this type of program can be part of all neuro-ICUs across the country."

Vranceanu is Associate Professor of Psychology, Harvard Medical School, and founding director of the Integrated Brain Health Clinical and Research Program (IBCHRP), MGH. Rosand is professor of Neurology at Harvard and an associate member of the Broad Institute of MIT and Harvard. Co-authors include Tara Tehan, RN, director of the Neuro Intensive Care Unit, MGH, and Danielle Salgueiro, RN, staff nurse in the Neuro Intensive Care Unit, MGH. Tehan and Salgueiro helped develop the Recovering Together program and were instrumental in referring patients and families to the study. Other co-authors are Ethan



Lester, Ph.D., Ryan Mace, Sarah Bannon and Emma Meyers from the IBCHRP.

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