

# Cognitive Group Therapy: Healing Better, Together



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*Where Children Go to Heal and Grow*

*Est. 1922*

An affiliate of University of Maryland Medical System and Johns Hopkins Medicine

# Disclosure Statement

The presenters have no relevant financial relationships or conflicts of interest to disclose.

# Objectives

- **Objective 1:** Participants will understand the tenets of an interdisciplinary approach to cognitive rehabilitation.
- **Objective 2:** Participants will understand the benefits of group intervention for peer modeling and naturalistic feedback/learning.
- **Objective 3:** Participants will understand the psychosocial elements and group dynamics involved when working with a cohort.
- **Objective 4:** Participants will leave the presentation with an understanding of how to facilitate group intervention across ages, diagnoses, and settings.

# Overview of Pediatric Brain Development and Traumatic Brain Injury

# Pediatric Brain Development

- Children's brains do not reach their adult weight until they are 12 years old.
- The brain, and most importantly the brain's frontal lobe region does not reach its full cognitive maturity until individuals reach their mid-twenties.
- The pediatric brain has fewer experiences to help formulate strategies to understand and navigate different situations.
- Changes and/or difficulties following a TBI are not often identified in youths until much later after the injury.



# Recovery Stages for Children Status-Post ABI

Target sensory and motor stimulation, focusing on the child's awareness of changes their responses to stimulation.

## ACUTE STAGE



Focus on the promotion of recovery and compensating impairments (e.g. equipment for ambulation/ADL's), continue developmental skills training

## SUBACUTE STAGE



*Re-integration with family, friends, school, and community. Involves adaptations to the environment (e.g. educational support, navigating "new" friendships, employment*

## CHRONIC STAGE



# Multi-Faceted Challenges

## Physical

- Difficulty independently completing ADL's
- Need for consistent therapies

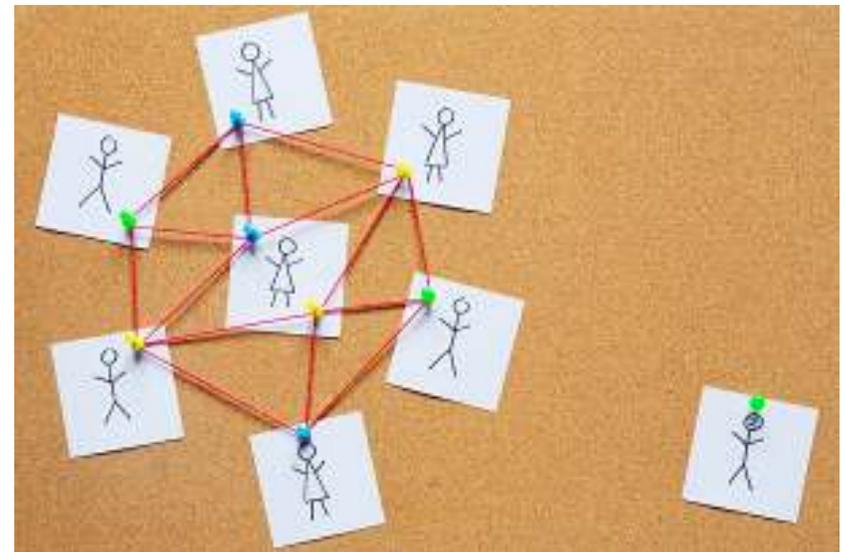
## Social

- Feeling isolated from friends and family
- Difficulty participating in activities (e.g., sports) that once brought joy
- May be unable to attend school

## Emotional

- Depression
- Lack of motivation
- Diminished coping skills
- Loss of self image, role

## Family stressors



# Introduction to the Multi-disciplinary Group Treatment Model

# Group Treatment: When is it appropriate for the patient?

Level I	No Response: Total Assistance
Level II	Generalized Response: Total Assistance
Level III	Localized Response: Total
Level IV	Confused/Agitated: Maximal Assistance
Level V	Confused, Inappropriate Non-Agitated: Maximal Assistance
Level VI	Confused, Appropriate: Moderate Assistance
Level VII	Automatic, Appropriate: Minimal Assistance for Daily Living Skills
Level VIII	Purposeful, Appropriate: Stand-By Assistance
Level IX	Purposeful, Appropriate: Stand-By Assistance on Request
Level X	Purposeful, Appropriate: Modified Independent

## Important Considerations:

- Ages of patients
- Injury types
- Severity of Injury
- Participation level in individual sessions
- Group size
- Tolerance to intervention
- Accessibility

# Common Group Characteristics Over Time

**>5  
YEARS**

- Fun and reliable playmates
- Typically who they are around regularly (e.g., home, daycare)
- Shared understanding through play
- Play is typically set up and modeled by adult

**5-11  
YEARS**

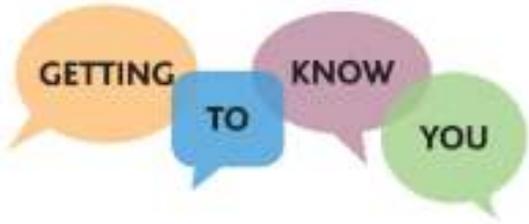
- Helping, loyalty, and commitment.
- Fun and affection
- Wanting to fit in and belong
- Start to understand different types and levels of friendship
- Begin to gravitate towards others with similar interests

**12-18+  
YEARS**

- Self disclosure, people to confide in, closeness
- Wanting to be close to people who understand them on multiple levels
- More sophisticated relationships
- Wanting to feel supported and be a support to others

# Group Treatment Ideas

# Introduction of New Group Members

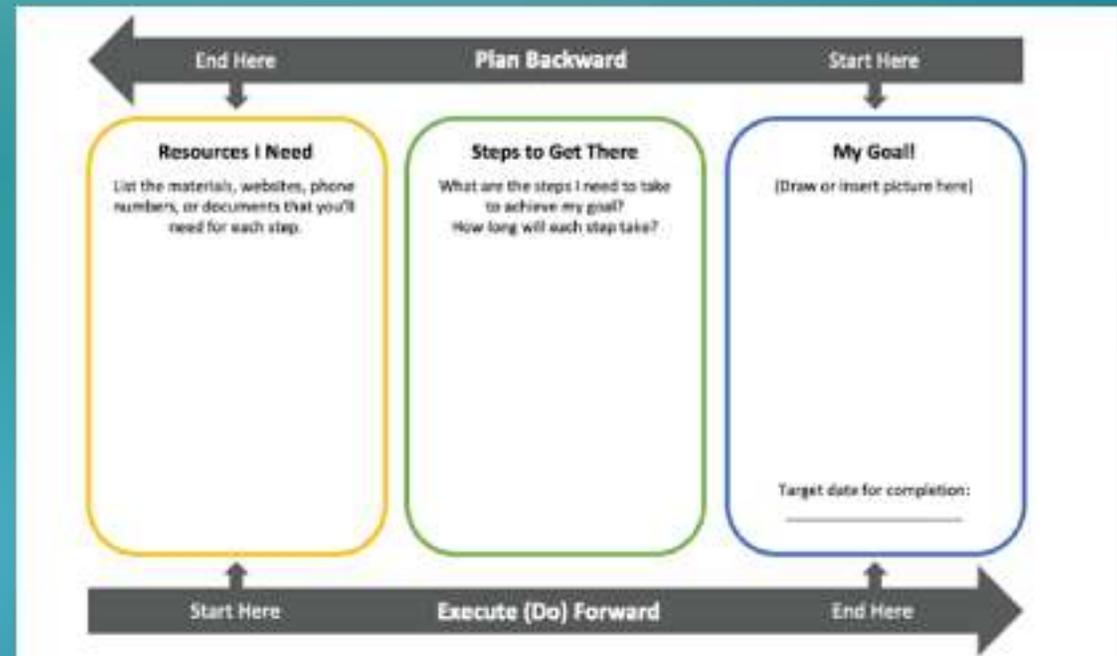


- Complete agenda with emphasis on discussing what each patient has in common
- Complete Group Member Goal sheet
- Incorporating 'ice-breaker' or 'get-to-know-you' games

***Goal is to facilitate ownership and awareness of injury and improve motivation for rehabilitation***

# Goal-Plan-Do-Review Tasks

<b>GOAL</b> meaningful, challenging, feasible	Write down the goal you'd like to achieve  This is why it's important to me:  Visualize achieving it. Draw it if you'd like
<b>PLAN</b> steps, resources, obstacles and solutions	Steps I'll take:  What might get in the way?:  If...then...
<b>DO</b> when, where, how and with whom	When will I do it?  Where will I do it?  How will I get there?  With whom will I share what I achieved?
<b>REVIEW</b> how did it go?	Did I achieve it?  What got in the way? How did I respond?  What did I learn?



Created by Laura DiRusso From Ylvisaker, Szekeres, & Feeney, 1998

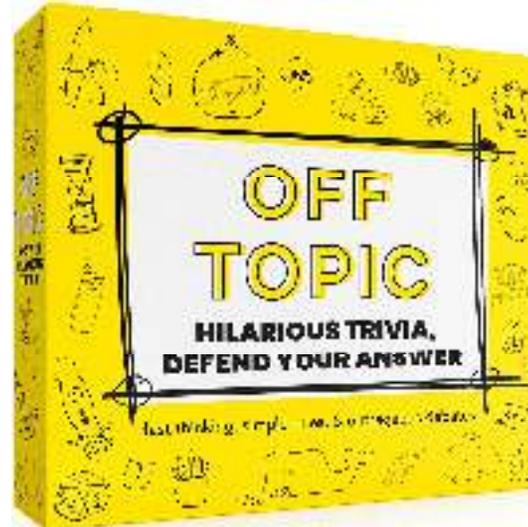
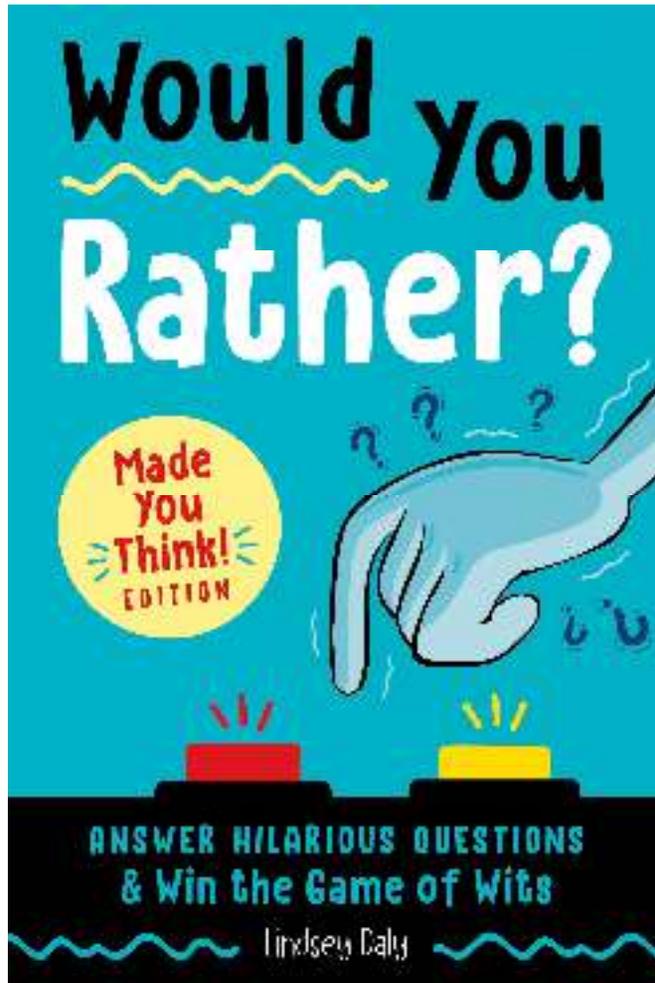
# Group Activities-Orientation Tasks

- **Reviewing orientation information**
  - Date, year, month
  - Recall names of peers and clinicians
  - Review/recall of past session activities
  - Recalling important dates
    - birthdays, holidays
  - Current events topics
    - News articles
    - Current events that are patient specific



**Fun Fact:** These orientation tasks often lead to informal discussion between peers that might not happen naturally in 1:1 intervention!

# Group Activities- Social Games



## Getting to Know You BINGO

Traveled by train.	Has no older siblings.	Plays baseball.	Wears glasses.	Is wearing something blue.
Has curly hair.	Traveled to another country.	Can speak two languages.	Has a family member in the medical field.	Has 3 or more pets.
Can play a musical instrument.	Plays football.	Enjoys science!	Likes to swim.	Has lived in another state.
Never flown in an airplane.	Likes to dance.	Is an only child.	Plays soccer.	Enjoys math!
Has younger siblings.	Enjoys history!	Likes to read.	Has a family member in education.	Is a wrestler.



# Group Activities-Board/Table-Top Games

- **Learning the game**
  - Reading directions
  - Interpreting directions/objective
  - Taking notes (i.e., cheat sheet)
- **Social factors**
  - Who sets up the game?
  - Who goes first? How do we decide?
  - Who gets what color game piece?
- **Designating jobs/duties**
  - For example: Banker/Realtor in Monopoly
  - Score keeper
- **Observing/implementing strategies**

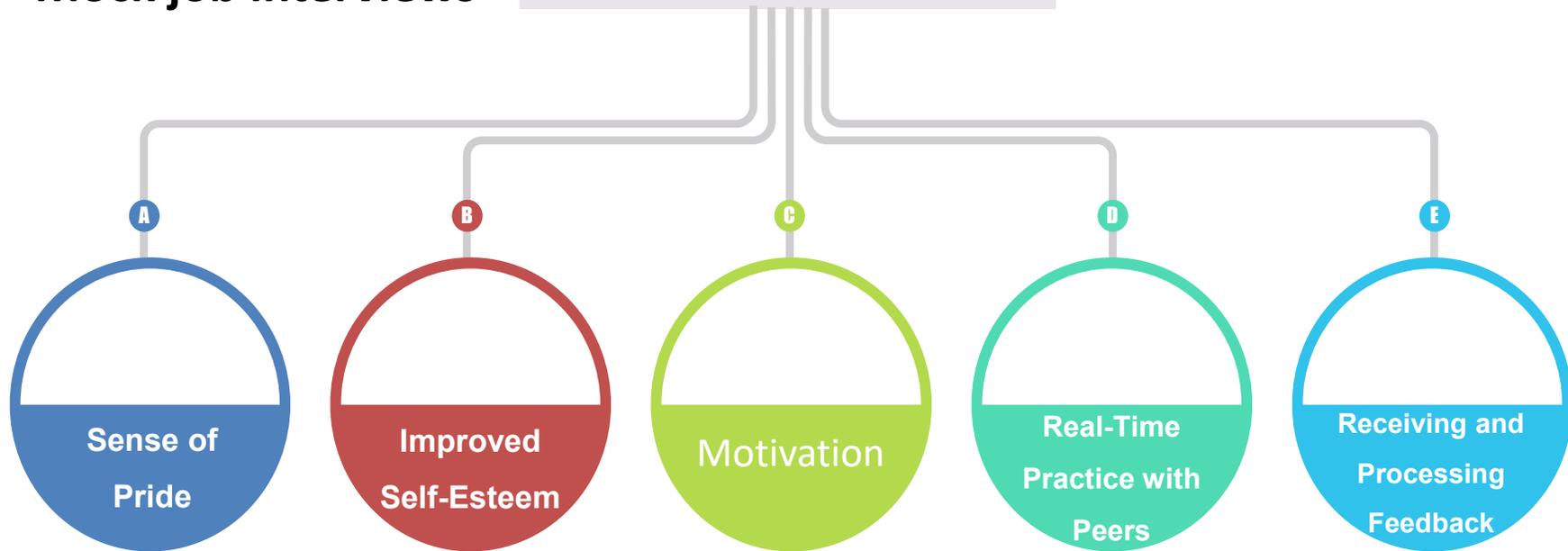


# Group Activities-Pre Vocational Tasks

- **Mock job interviews**
  - Verbal and non-verbal communication
- **Planning trip (to job)**
  - Organization
  - Delegation
- **Reviewing each others applications and resumes**
- **Mock job interviews**



## Benefits of group-based pre-vocational activities



# Activities of Daily Living Tasks

- **Mock (or real) grocery shopping**
  - Making list of items
  - Budget
- **Making a meal**
  - Preparation/gathering items
  - Reading of directions
  - Designating jobs
- **Outings**
  - Planning
  - Time management
  - Community safety
- **Money Management**
- **Time Management**
  - Use of compensatory strategies/devices



# Benefits of Group-Based Intervention

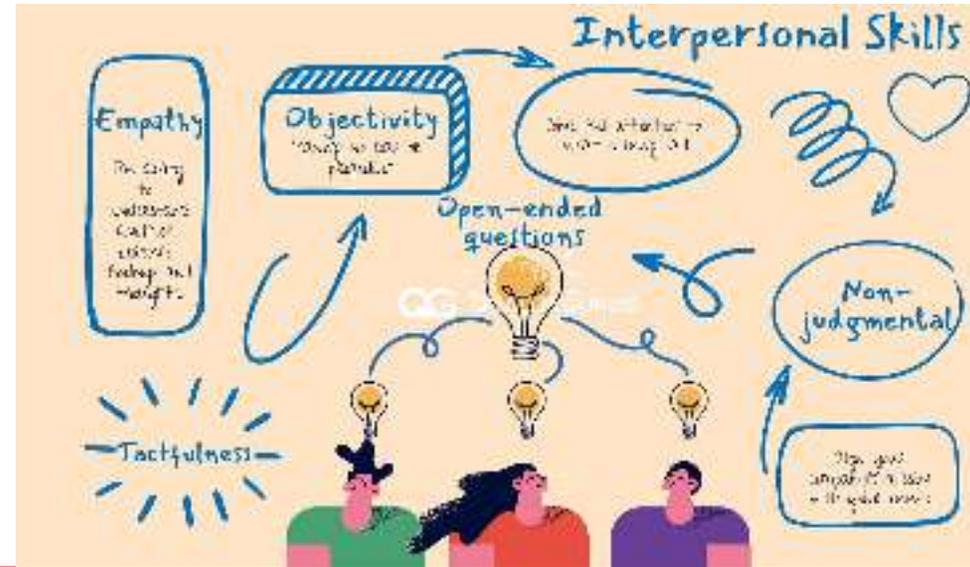
# Benefits of Group Intervention

## Interpersonal Skills

- Elicit behaviors that are not always apparent in 1:1 setting
  - Increased distraction
  - Increased level of unpredictability
  - as well as different strengths

## Functional Experiences

- Collaboration
  - Positive collaboration
  - Trouble shooting breakdowns
- Naturalistic problem solving opportunities



# Benefits of Group Intervention

## Continued

### Modeling

- Facilitators and participants
  - Less fear of adult judgement
  - Reinforcement of appropriate behaviors
  - Opportunity to adapt behaviors through observation

### Feedback

- Naturalistic feedback
  - May be more acceptable/valid than coming from therapist, less predictable (as is the world)
  - Face to face feedback
  - Video replay feedback



# Benefits of Group Intervention

Continued

## Emotional relatability

- Allow patients to identify with one another
  - Peer support can help with coping
- Safely process relatable emotions, invisible bond of shared experiences
  - Sharing stories
  - Asking questions



## Trial learning

- Learning through multiple practice trials
  - Different partners and same activity
  - Different activities with same partners
    - Aids in more efficient community integration

# Return To Community

- **Acquired skills “toolbox”**
  - Social skills
  - Community safety
- **Transition to school**
  - Increased confidence for school
  - Increased level of independence
- **Transition to job and/or vocational training**
  - Utilizing skills learned in group treatment
- **Community outings**
  - Abilities Adventures
  - Local events (i.e., Downtown Sailing Center)
  - Continuing to meet with peers outside of facility
  - Becoming a peer mentor for local and national events
- **Caregiver relief**
  - Able to return to work and other activities
  - Decreased worry over future for their child



# “My Healing Journey”

## My Story

- I was waiting for the bus then a car crashed into another. the second car hit me and three more.
- I remember talking to my friends before getting hit but don't remember getting hit.
- After getting I had a one cracked hip and internal bleeding.
- Once I was stable I came to Mt Washington for rehab.

## Things that changed as soon as the accident:

- Body temperature is different
- At first had trouble with balance but I am better now.
- My short-term memory needed help. It has improved.
- I think as I go down the line and time passes, I will keep remembering what people say and do

## Ways to Help Me

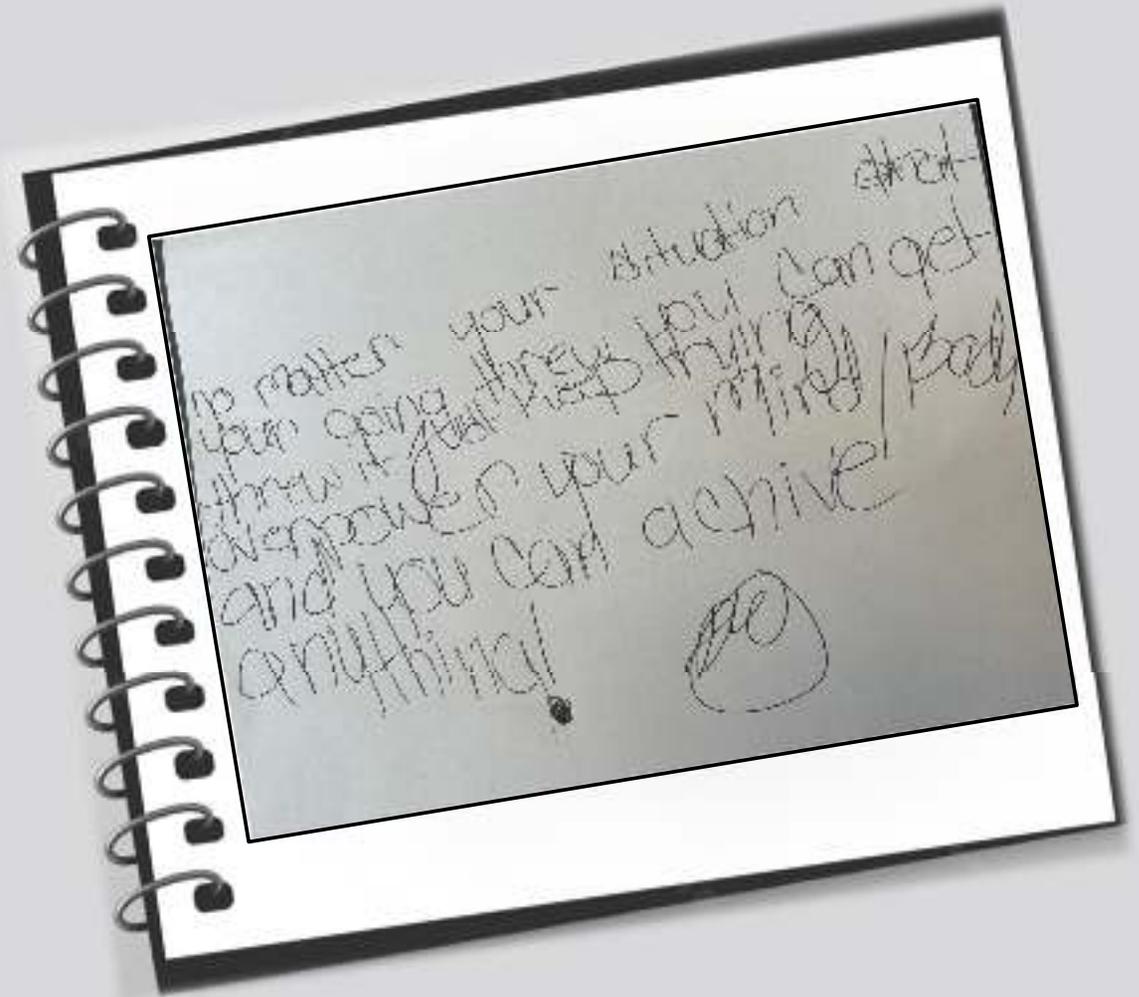
- You can ask me questions and give me clues to help me remember things.
- Be patient.
- Try not to rush me.

## Ways I am Working on Helping Myself

- Constantly working my memory.
- Trying to find different ways to maintain my balance.
- Practicing being safe in public (example: Chipotle outing).
- Letting myself get rest. I am getting TONS of rest.

# Looking At The *BIG* Picture

# Words Of Wisdom



## In Conclusion...

“  
THE STRENGTH OF THE  
TEAM IS EACH INDIVIDUAL  
MEMBER.  
THE STRENGTH OF EACH  
MEMBER IS THE TEAM.  
”

PHIL JACKSON



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