How Neuromodulation Coaching Affects Occupational Performance of Persons with Wrist Pain Lisa Kozden, Ph.D. OTR/L, CHT, COMT Faculty Specialist The University of Scranton Adapted from Doctoral Dissertation by Lisa Kozden and committee members: Jacqueline Reese Walter, Ph.D., OTR/L, CHT, Associate Professor of Occupational Therapy Jacksonville University, Mariana D'Amico, EdD,

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"Everything is either an opportunity to grow, or an obstacle to keep you from growing. You get to choose"

-Wayne Dyer

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Objectives

- Define Neuromodulation Coaching within the context of upper extremity rehabilitation.
- Explain The Triangles Model and characteristics of each archetype.
- Review results of a Triangle Model Assessment (TMA-o) and identify how it applies to treatment of a patient with wrist pain.
- Create and implement treatment approaches based on a patient's archetype to improve occupational performance.

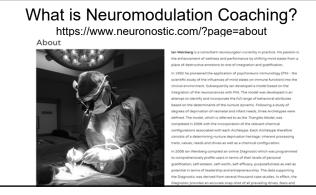
What is Neuromodulation Coaching?

• **Neuromodulation Coaching (NMC)** is a unique form of coaching developed in 1992 by Dr. Ian Weinberg, a neurosurgeon from South Africa, as a way to operationalize principles of

Psychoneuroimmunology (PNI) in patient care.

 The aim of NMC is to reverse and/or restore a healthier neuro-chemistry and promote positive emotional and cognitive changes to support the immune system and promote optimal wellness and performance.

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What is Neuromodulation Coaching? • As a client-centered intervention, neuromodulation coaching is designed to raise client awareness of how gratification levels relate to work, personal/interpersonal life, and recreation

- Neuromodulation coaching is also designed to raise awareness about a client's specific neurochemistry and how it is affected by <u>what they do!</u>
- In order for neuromodulation coaching to support occupational performance, a person must engage in client-selected and goal-directed action that provides a meaningful perception of the experience

What is Neuromodulation Coaching?	Candidates must be in the medical or para-medical professions and complete the Neuromodulation Accreditation Course offered by Dr. Weinberg. This course is accredited by the Health Professional Council of South Africa (HPCSA), and certified clinicians have successfully used this program within clinical and corporate environments. Neuromodulation coaching requires review of comprehensive online modules , completion of ten case studies (involving written interpretations of
https://www.neuron ostic.com/?page=c ourse_neuromodul ation_accreditation	online diagnostic assessments), and passing an online written examination administered by Dr. Weinberg

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What is Psychoneuroimmunology (PNI) (Ader,

- PNI is the study of how the nervous system interacts with the brain, body, and immune system to support human health
- Chronic symptoms can act as both acute and perceived threats, thereby inciting fluctuations of cortisol, adrenalin, and pro-inflammatory cytokines (PICs) throughout the body.
- Chronic state of inflammation can impact the physical, cognitive, emotional, and psychosocial functions a person needs to engage in meaningful occupations.

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Psychoneuroimmunology

- (Berna et al., 2019; Darna, 2012; Freeman, 1995, 2000; Lazzeri, 2004; Raphael-Greenfield, 2014; Skarda, 1999; Weinberg, 2014)
 PNI focuses on the role of the nervous system and how improving a client's state of mind can promote a healthier mind and body
- Healthcare professionals do not often emphasize how neurophysiology and immunity contribute to improving occupational performance and health.
- Therapists who are certified to offer clients a PNIbased intervention may further enhance a client's occupational performance and health.

What is The Triangles Model (MG)? (Weinberg, 2014)

- TM© is comprehensive framework which supports NMC and considers clients as unique individuals with behavioral archetypes and neurochemical profiles, which can be described and quantified within the context of daily life environments.
- This model was created by Dr. Weinberg as a result of an in-depth examination of the neuro-physiological processes of the visual cortex, which is where wellness and performance can be chemically enhanced
- Dr. Weinberg operationalized TM© by creating a comprehensive online diagnostic assessment, known as Triangles Model Assessment (TMA-o).

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What is the Triangles Model Assessment (TMA-o)?

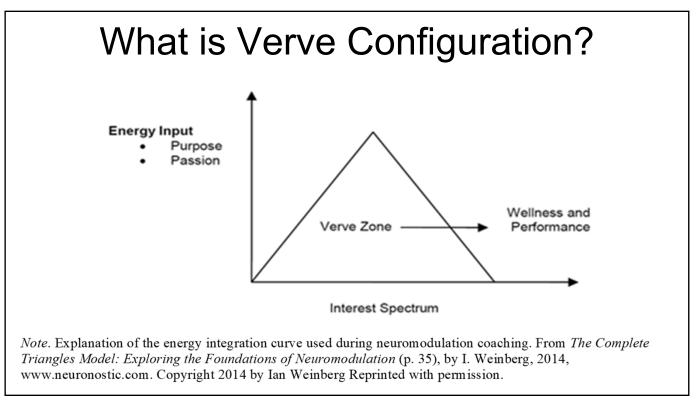
- The Triangles Model Assessment (TMA-o) is an online assessment which takes approximately 20-minutes to complete and is administered to clients by health professionals certified in neuromodulation coaching as the initial stage of the neuromodulation coaching intervention.
- The purpose of the TMA-o is to **measure how a client's state**
- of mind affects their overall health and well-being
- At the completion of this assessment, clinicians receive a comprehensive report which they review with the client during the first coaching session.

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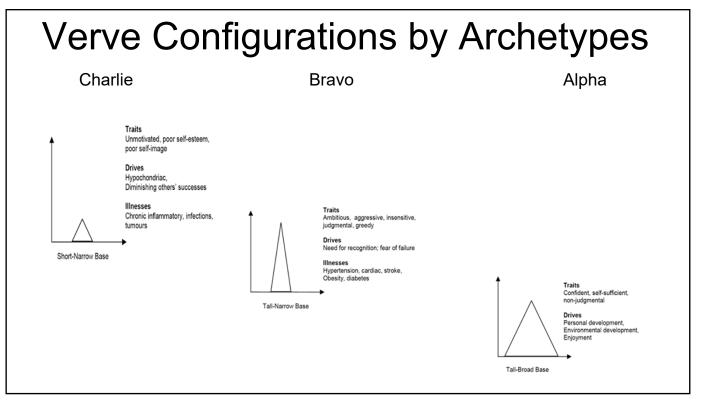
What is the Triangles Model Assessment?

This comprehensive report contains **four separate sections** including:

- <u>Verve Configuration of work, personal/interpersonal, and</u>
 recreational environments
- <u>Verve Category</u> as a neurochemical archetypes of:
 Alpha, Alpha-Bravo, Bravo, Bravo-Charlie or Charlie
- <u>Cardiac Risk Index</u> based on the Framingham Index (www.framinghamheartstudy.org)
- Corporate Application Profile, if needed for use by corporate clientele



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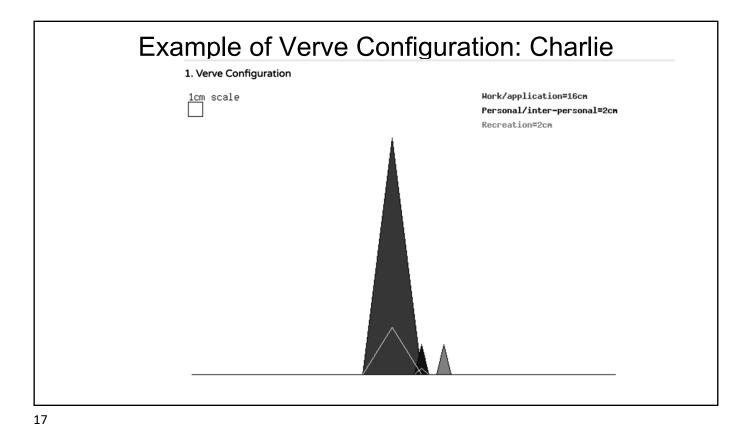
The Archetype of Charlie (Weinberg, 2014)
A Charlie has most likely suffered significant nurture deprivation

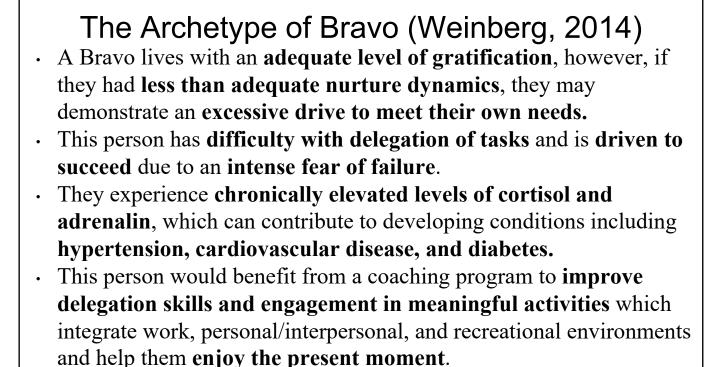
- A Charlie has most likely suffered significant nurture deprivation as a child with low levels of gratification. This person typically falls into a "hopeless-helpless" mind state fueled by high levels of cortisol and adrenalin.
- This immunosuppressive response of the mind and body can contribute to developing conditions such **obesity**, **infections**, **autoimmune disease**, **and tumors**.
- People in this archetype tend to **react with fear, anger, panic, or rage** when faced with challenging life situations.
- Because they commonly possess a **special talent or skill set**, a coaching program focused on are recommended to promote positive neurochemistry. **engaging these talents in meaningful activities**

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Occupational Profiles: Clinical Example Participant C – "Charlie"

- **56** yo female with wrist/hand pain
- Full-time caregiver for 24 yo son with ASD (non-verbal with aggressive behavior)
- · Diagnosed with RA two years ago
- Main goal is to learn more about how to best care for her son.
- COPM goals: improving time management skills, increasing engagement in self-care activities, such as traveling, socializing, and sleeping; improving self-affirmation activities, such as completing or not completing to-do lists without self-judgement; engaging in stress management activities, such as meditation; and completing financial management tasks.
- "Aha" moment was being able to take care of herself after initial admission to having poor time and stress management skills



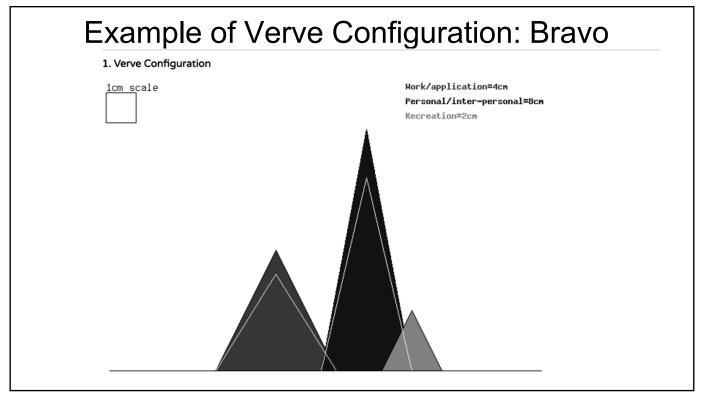


Occupational Profiles: Clinical Example

Participant A – "Bravo"

- 60 yo male with wrist/hand pain
- **Retired two years** from environmental coordinator for power plant (now works part-time)
- Dx with RA 10 years ago
- Main goal-reduce pain level
- Most focused on physical health (no interest in emotional/spiritual health issues)
- COPM goals: improve golfing/exercising/gardening/home improvement/breathing techniques
- Most important "aha" moment learning about heart rate variability (HRV) to monitor nervous system health

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The Archetype of Alpha (Weinberg, 2014)

- A person with this archetype views the world as an integration of work, personal/interpersonal, and recreational environments.
- They experience high levels of gratification and have a positive, broad-based view of the world in which most of their needs are met.
- Although dopamine and serotonin are at optimal levels, low noradrenalin may contribute to decreased motivation in this person.
- Coaching this person would include engagement in meaningful activities to keep them motivated and to avoid a state of complacency

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Participant B – "Alpha-Bravo"

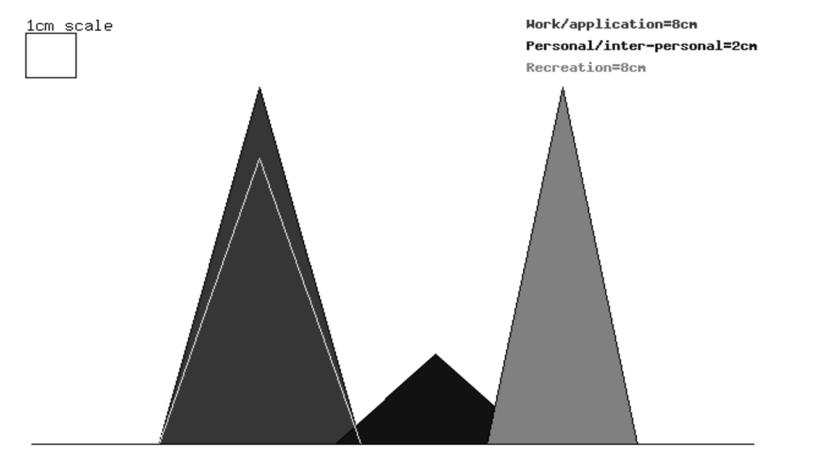
• **58** yo female with hand/wrist pain

Occupational Profiles:

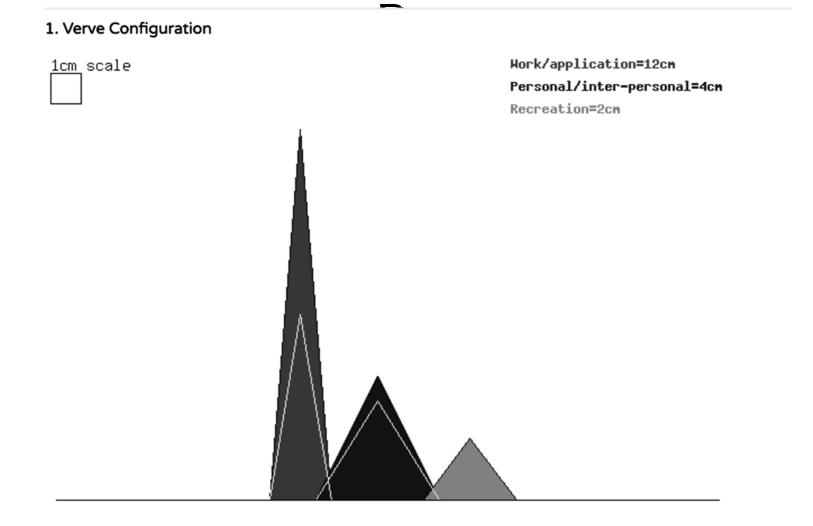
- **Clinical Example** Retired within current year from special education administration (now works part-time)
- Dx with RA **10 years** ago
- Main goal-learn about how nervous system supports mental and physical health
- COPM goals: improve walking outdoors, improve climbing and descending stairs in home; improve ability to squat to lift household items; opening jars and small containers; improve endurance for **doing** yardwork.
- "Aha" moment was increased awareness of how integration of and engagement in work, self-care and leisure occupations influence overall health.

Example of Verve Configuration: Alpha

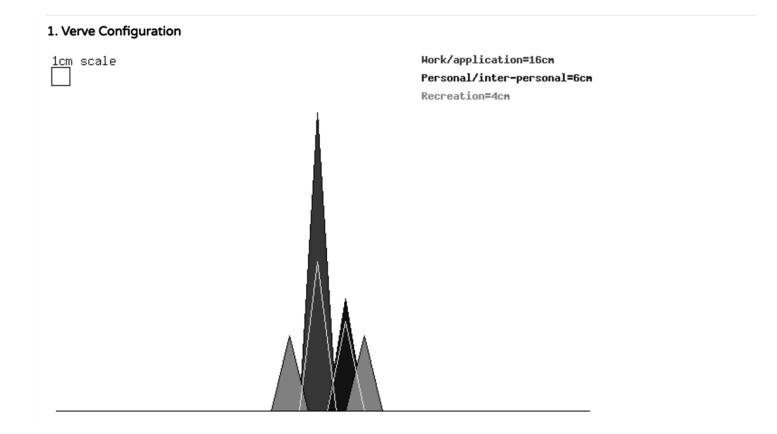
1. Verve Configuration



Example of Verve Configuration: Alpha-



Example of Verve Configuration: Bravo-Charlie



Archetype	Typical Mindset with Example	Encouraged Behavior
<u>Charlie:</u> Participant C	Report or demonstrate behaviors consistent with <u>a hopeless-helpless mind state</u> . This client experiences a lack of meaning and purpose in their lives as well as <u>low</u> <u>levels of gratification, self-esteem, and sense of belonging within their</u> <u>environments</u> . C: " <u>I do not know how to care for myself</u> , everything I do is for my son who has ASD"	Focus on occupations which <u>accentuate the</u> <u>client's special skill or talent.</u> OT: <u>Encourage networking activities</u> with other parents which can promote the positive neurochemistry that is needed to coach a Charlie into a healthier mind state
	C: " <u>I am a great mentor f</u> or other parents when it comes to finding new treatment options for persons living with ASD"	
<u>Bravo:</u> Participant A	 Report or demonstrate behaviors consistent with a <u>fear of failure or loss of control and has an excessive need to complete tasks.</u> A: "I have to finish a project once I start, even if I don't feel well. <u>I push myself to do it."</u> A: "<u>I like to track the physical measurements of my health using the app on my watch.</u>" A: "I had no pain when I went to visit my new grandson" 	Encourage delegation of tasks and building <u>trust in others</u> to help achieve goals and <u>focus</u> <u>on occupations which promote a sense of</u> <u>calm and relaxation in the present moment.</u> OT: Focus on measuring health measurements <u>after engagement in relaxing</u> <u>occupations</u> such as spending time with new grandson.
<u>Alpha-</u> <u>Bravo:</u> Participant B	 <u>Alphas can become complacent</u> with lack of opportunities which continue to encourage motivation/gratification. B: "I <u>want to learn more about how to calm the nervous system</u> and learn more about how the brain and body interact." 	Encourage novel activities which <u>provide</u> <u>continued experience of gratification</u> OT: Focus on role of nervous system to guide client to <u>select activities which keep</u> <u>her motivated and gratified</u> , such as part-time working with children in need

- The Cardiac Risk Index The Cardiac Risk Index is the third section of the TMA-o where clients can input personal medical information including: weight, waist circumference (girth), height, diabetic status, smoking status, cholesterol level, and blood pressure
- This information represents the original Framingham Index, which was part of the Framingham Heart Study of 1948. This longitudinal study was started by United States Public Health Service in 1948 and researchers have been gathering data on numerous types of disease outcomes across multiple generations of participants (Boston Medical Center, 2022; Vasan et al., 2002).
- The original aim of this study was to identify health factors contributing to cardiovascular disease (CVD). This study also highlighted how other factors, including psychosocial issues, affected cardiovascular health (Dembroski & Costa, 1987; Perini, et al., 1991).

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The Corporate Profile

- The Corporate Profile is the fourth and final section of the TMA-o in which clients input data about their organizations or teams if they are participating as part of a corporate coaching program.
- This information is necessary to complete the TMA-o as it is relevant when providing coaching programs for corporations. The coaching promotes healthy relationships among employees of various archetypes.

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The Five Core Elements of Neuroplasticity

According to TM©, the five core elements of neuroplasticity are essential to promoting a healthy **neurochemical profile** and include the following:

- · Meaning and Purpose
- · Self-esteem and Self-efficacy
- · Personal gratification
- · Achievement
- · Value contribution to self and surrounding environments



How Can We Help Encourage Clients?

Which assessments **do we already administer** that may help therapists to determine the mostly likely archetypes of clients and how promote neuroplasticity?

- Evaluation/Interview (Injury/Illness/Medical & Social History)
- · DASH/QDASH
- · Promote Therapeutic Rapport/Sense of Safety
 - ask questions <u>about their goals</u> and engage in <u>active</u> <u>listening</u>!

We have more time with clients than most other clinicians, so remember...

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In the Words of Paul Brand, MD...

..."We may be specialists treating a single limb with a scientific instrument, but we must be guided by the **whole individual – body, mind** and spirit – who has to decide the extent to which he or she is prepared to place the whole person at the service of one of the digits and restrict his or her whole freedom and activity to improve a single joint. The art of a therapist is to remain poised, flexible and responsive to the

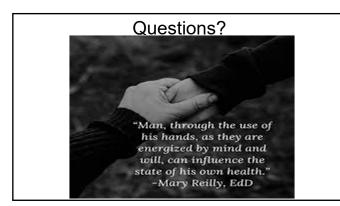
The art of a therapist is to remain **poised**, flexible and responsive to the input of science and technology on one hand and to the human values of a patient on the other.

This is a **challenge** that is **constantly different** and that keeps us **constantly alert.**

You are a hand therapist and spend your time adjusting rubber bands? Look higher!

You are in the business of rebuilding human lives."

-Paul W. Brand, MD, Rehabilitation of the Hand and Fifth Edition, Vol. 2





References

- Ader, R., & Cohen, N. (1975). Behaviorally conditioned immunosuppression. Psychosomatic Medicine, 37(4), 333-340.
- Andrade, J. A., Brandão, M. B., Pinto, M. R. C., & Lanna, C. C. D. (2016). Factors associated with activity limitations in people with rheumatoid arthritis. The American Journal of Occupational Therapy, 70(4), 7004290030p7004290031-7004290030p7004290037. doi:10.5014/ajot.2016.017467
- Byiers, B. J., Reichle, J., & Symons, F. J. (2012). Single-subject experimental design for evidence-based practice. American Journal of Speech-Language Pathology, 21(4), 397–414. https://doi.org/10.1044/1058-0360(2012/11-0036)
- Champagne, T., Ryan, J., Saccamando, H., & Lazzarini, I. (2007). A nonlinear dynamic approach to exploring
- the spiritual dimensions of occupation. Emergence: Organization and Complexity, 9(4), 29-43.
- Christensen, L. B., Johnson, R. B. & Turner, L. A. (2014). Research methods: Design and analysis (12th ed.). Upper Saddle River, NJ: Pearson.
- Coon, J. C., & Rapp, J. T. (2018). Application of multiple baseline designs in behavior analytic research: Evidence for the influence of new guidelines. Behavioral Interventions, 33(2), 160-172. doi:https://doi.org/10.1002/bin.1510
- Daruna, J. H. (2012). Introduction to psychoneuroimmunology. Academic Press.
- Derakhshanrad, S. A., Piven, E., & Zeynalzadeh Ghoochani, B. (2017b). Adaption to stroke: A nonlinear thinking approach in occupational therapy. Occupational Therapy in Health Care, 31, 255–269. http://doi:10.1080/07380577.2017.1335922
- Derakhshanrad, S.A., & Piven, E.F. (2019). Neuro-occupation: A self-organizing approach to conflate the brain, context, and occupation. Canadian Journal of Occupational Therapy, 87, 12 20.
- Fenton, S. A. M., Veldhuijzen van Zanten, J. J., Metsios, G. S., Rouse, P. C., Yu, C.-A., Ntoumanis, N., Duda, J. L. (2021). Testing a self-determination theory-based process model of physical activity behavior change in rheumatoid arthritis: Results of a randomized controlled trial. Translational Behavioral Medicine, 11(2), 369-380. doi:10.1093/tbm/ibaa022
- Ottenbacher, K. J. (1986). Evaluating clinical change: Strategies for occupational and physical therapists. Williams & Wilkins.
- Padilla, R. & Peyton, C. G. (1997). Lesson 10: Neuro-occupation: Historical review and examples. In C. Royeen (Ed.), Neuroscience and occupation: Links to practice. (pp. 1-31). Bethseda, MD: The American Occupational Therapy Association
- Portney, L. G. & Watkins, M. P. (2015). Foundations of clinical research: Applications to practice. Philadelphia, PA: F.A. Davis.
- Fleishman, J., Kamsky, H., & Sundborg, S. (2019). Trauma-informed nursing practice. The Online Journal of Issues in Nursing, 24(2), Manuscript 3
- Gottman, J. M. & Leiblum, S. R. (1974). How to do psychotherapy and how to evaluate it. New York, NY: Holt, Rhinehart & Winston.

- Howell, D. (1999) Neuro-occupation: Linking sensory deprivation and self-care in the ICU patient. Occupational Therapy in Health Care, 11(4), 75-85, <u>http://:doi10.1080/J003v11n04_07</u>
- Kern, S., & Ziemssen, T. (2008). Review: Brain—immune communication psychoneuroimmunology of multiple sclerosis. Multiple Sclerosis, 14, 21 6.
- Lazzarini, I. (2004). Neuro-occupation: The nonlinear dynamics of intention, meaning and perception. British Journal of Occupational Therapy, 67(8), 342–352.
- Office of Disease Prevention and Health Promotion. (n.d.). Healthy People 2030 Framework. Healthy People 2030. U.S. Department of Health and Human Services. https://health.gov/healthypeople/about/healthy-people-2030-framework
- Riley-Tillman, T. C. & Burns, M. K. (2009). Single case design for measuring response to education intervention. Guilford: New York, NY
- Spine and Pain Clinics of North America (2022). Rheumatoid arthritis and osteoarthritis: What are the main differences? https://www.sapnamed.com/blog/rheumatoid-arthritis-and-osteoarthritis-what-arethe-main-differences/
- Substance Abuse and Mental Health Services Association (2014). SAMHSA's concept of trauma and guidance for a trauma-informed approach (HHS Publication No. SMA 14-4884). Rockville, MD. https://store.samhsa.gov/system/files/sma14-4884.pdf.
- Trombly, G. A. (1995). Occupation: Purposefulness and meaningfulness as therapeutic mechanisms, 1995 Eleanor Clarke Slagle lecture. American Journal of Occupational Therapy, 49, 960-972
- Weinberg, I. (2014). The complete triangles model: Exploring the foundations of neuromodulation. http://www.neuronostic.com
- Wood, W. (1998). Nationally speaking: The genius within. American Journal of Occupational Therapy, 52, 320-325.