

Episode 5: Mental Health in Rehabilitation Science [RSI Speaker Series Event Recap]

SUMMARY KEYWORDS

burnout, patients, people, feeling, person, day, lindsay, coping, important, mental health, hear, behavior, life, motivation, clinicians, engaged, improve, stress, doctor, type

SPEAKERS

Bernice Lau, Anna Huynh, Lindsay Kudlow, Dr. Andrea Iaboni, Anita Kaiser

[intro chime]

Bernice Lau 00:14

Hi, and welcome to another episode of the rehabINK podcast. Today we're going to be recapping and discussing the Speaker Series event which focused on mental health. My name is Bernice and I'm a second year physiotherapy student at the University of Toronto.

Anna Huynh 00:32

Hi, and my name is Anna and I'm a first year PhD student at the University of Toronto. I'm a person who stutters, so sometimes it might take me a little bit longer just to speak.

Bernice Lau 00:45

Speaker Series event took place in December 2019 as a part of a series of talks on rehabilitation research and clinical care. So this event focused on understanding the importance of mental health on well-being and clinical outcomes and ways to manage stress. So there are three main speakers Dr. Andrea Iaboni, Lindsay Kudlow, and Anita Kaiser.

Anna Huynh 01:09

Mental health is a topic that has been receiving lots of attention from the media, especially in today's times when we consider the effect of the pandemic at work, school, research, and our daily lives. Mental health is a forefront of conversation and a health care priority.

Bernice Lau 01:25

So to get us started, we'll be discussing Lindsay Kudlow's talk. Dr. Lindsay Kudlow is a registered psychotherapist, counselor and yoga or mindfulness instructor. And her talk was regarding burnout prevention, managing work life balance and prioritizing mental health, which are all topics I'm sure our listeners are familiar with. Regardless if you're a student working professional, or just someone trying to navigate life during a pandemic. So she introduces her talk with defining what burnout is. So before we go into that, Anna, what is your definition of burnout, because mine was a little bit different than what she said. So I was kind of surprised.

Anna Huynh 02:04

Well, I experience burnout a lot. And to me, I feel like it's that feeling when you wake up in the morning, and you honestly just can't get out of bed, you likely have a to do list that's super duper long. Because I know I always do, but you just can't bring yourself to go and work on it, even though it's something that you are truly passionate about. But for some reason, maybe it's because you've been working on a project for like, day in day out, morning to night, you just can't do anything anymore. You don't have the time to spend to workout, and you're just kind of letting things play play out. At least that's how it's like for me, how about you Bernice?

Bernice Lau 02:51

Yeah, I think it was kind of similar, like the whole feeling of being dissociated or kind of like auto piloting through your day. Yeah, like you're not really engaged, you don't, you're kind of just not present anymore. So Lindsay talks about differentiating burnout from stress, which I thought was really important, because, for me, I always kind of lump the two together, I thought they're kind of the same thing. But from her definition, she says that burnout is the result of prolonged stress, the stress may be due to taking on too much. So having that endless To Do List, doing more things than we think we can handle, not having enough downtime. And then if we're kind of like stuck in this mental state for too long, that's what leads to burnout, which involves the feelings of feeling exhausted all the time and like disengaged, and just not present with the tasks and the days that we're faced with. And definitely the feeling of like not feeling fulfillment, even if it's something that we really wanted to do. And Lindsay elaborates further on those signs and symptoms, so we can hear what she has to say.

Lindsay Kudlow 03:55

So you can kind of break down those signs or symptoms into different components, right? There's physical, there's behavioural, there's emotional. Again, in terms of the physical, it's really those physical health symptoms that can start to show up changes in sleeping, diet, immunity, those feelings of exhaustion, behavioral, there can be a sense of withdrawing or isolating, maybe using substances or other coping strategies that are less healthy to cope. Or can start to develop relationship challenges... So again, these are some of the signs and things just to be aware of. Sometimes we can find ourselves or clients or patients starting to slip into some of these behaviours or these patterns or mentioning some of these symptoms and they're things just to kind of pay attention to, you know, what's going on? Does this have to do with a lack of work life balance does it have to do with other elements of mental health that we can explore a little bit more?

Bernice Lau 04:55

So I guess as a summary, what Lindsay is saying she kind of differentiates between the two by saying that stress is linked more to anxiety, whereas burnout could be linked to depression, so kind of a more like chronic long term thing. And her talk actually connects really well with a book that I'm reading right now called "Burnout: Unlocking the Stress Cycle", and it's by Amelia and Emily Nagoski. And they kind of explained stress or any kind of emotion, as a tunnel. So in order to feel better, and finish the emotion, or stress, if you will, is you have to enter the tunnel and then go through it and then exit. So what happens with burnout is that we enter the tunnel, but then we get stuck in it. So we're never actually able to exit. And that's where that that feeling of exhaustion can really happen. And then they also give

us some tips about how to prevent burnout, which I'm sure we'd all love during this time of intensive work and COVID and everything. So personally, what I try and do is exercise. And also I try and connect with people as much as I can, just because it's shown that having that social interaction can really help uplift your mood. Anna, is there anything else that you do?

Anna Huynh 06:12

I'm pretty into the practice of meditation and mindfulness. So I have an app that I use frequently to try to practice being present in the moment. Because I find that because I'm the type of person to always be thinking a lot, I think about the past, think about the future, what's coming up next, what should I do? Now I'm just like planning, planning, planning, planning, that I really have to sit there. And I think mindfulness really helps center me in that way. And that's sort of something that I try to incorporate in my daily routines to take care of myself, and I'm a big fan of sleep. I am the type of person that can fall asleep anywhere, at any time.

Bernice Lau 07:02

That's actually very good, in terms of like sleep hygiene.

Anna Huynh 07:06

Yeah, I get a lot of comments about the amount of alarms I have, my partner always makes fun of me. Because sometimes we would be playing a game or watching a show, or taking a walk, trying to get some groceries and it'll be quiet and somehow my phone will start ringing and it'll be, you know, time to work out or whatever it may be for the day.

Bernice Lau 07:41

Yeah, I mean, you got to do what you got to do. Right?

Anna Huynh 07:44

Yeah, just a fun thing that I started doing recently is I spent an alarm to be reflective and to practice gratitude. I learned about that in a webinar recently.

Bernice Lau 07:59

Definitely, yeah, all these activities are important for preventing burnout. And in the stress cycle book, the reason why it can help to prevent burnout, it's because it kind of it's like a signal to our body that the stressor or the negative emotion is like finished, like physically with our body. Like just because we wrote an exam or something, brain doesn't compute the fact that the stressor is gone, we're still kind of stuck in that stressed state. So doing this other activity, like the mindfulness or people who like journal or like exercise and stuff, it's like a switch to signal to yourself that okay, like, I'm okay, I can relax now, like the stressors not here anymore. So that's really important.

Anna Huynh 08:40

Yes, for sure. I think especially during times of stress, it's important to take a step back, it could be a minute, it could be two minute, three minute as long or as short as you need to just sit with the person you are right now, and breathe.

Bernice Lau 08:58

We always hear about self care tasks being essentially like a structured activity of their own. Oh, it's gonna be it has to be like five minutes of meditation, and then 15 minutes of journaling, and then I'm going to do yoga. I think in that way, it does intimidate people to do it, because it's like another thing to add to their to do list, so it could become a barrier, Lindsay kind of emphasizes but it's important to focus on the individual. And focus on really in that moment, what you think you need, and it doesn't have to be the same thing all the time.

Lindsay Kudlow 09:28

So this is just the last piece here I'll share which is you know, how to figure out what what it is that you need. And when we're talking about like lack of balance, or burnout, mental health, all of these things is so much related to our needs. So it's just being able to sit you know, with ourselves or be with ourselves for long enough to figure out what is going on for me, right, "What am I feeling or how am I feeling and what might I need in this moment", right? So in that whole list, 50 different ways to take care of ourselves, maybe in this moment, I need to go outside or I need to call a friend. And it will, it can be different. So giving ourselves permission and that space to pay attention individually to what's going on, what we need, and then put that into plan.

Bernice Lau 10:19

So she really emphasizes the idea of taking care of one's mental health, it can be like an unstructured thing, which I find quite liberating. And I'm sure many other people will too.

Lindsay Kudlow 10:30

So as we kind of continue along, looking at prevention and management of burnout, there are things other things to keep in mind. Again, how do you take care of yourself? That's really the main question. And when I'm working with clients, that's, you know, I start there, right, I start with them, you know, it's really, I might have my own strategies that work for me, but we can't assume that that will work for other people. Again, we do know that there are certain things like relaxation techniques, yoga, meditation, these things are known to be very calming, really good for us, reduce stress levels. But for some people, there are other things that they enjoy doing. And as long as it gives them that sense of kind of release or connection, and it's not, you know, what, kind of causing a decline in their health in one way or another, then that's all welcome.

Bernice Lau 11:21

So I think what she's saying is that waking up early and going running, or sleeping until 11, or 12pm, can both be considered acts of self care. And it really just depends on what you need to do during that time, which I resonate with, because on the weekend, I slept until 12, for like, three days straight.

Anna Huynh 11:39

That sounds amazing.

Bernice Lau 11:41

So Lindsey said a lot of insightful things about preventing burnout. But I think most people are aware of these tools, I think we've all heard about the importance of having social interactions, like exercising

mindfulness, gratitude, but why don't we do that? Especially sleep, how come if I'm done my work at 10pm, I don't go to bed automatically? And I just kind of lay in my bed and degenerate for like two to three hours, when I really could have been sleeping.

Anna Huynh 12:12

There's so many little things that we had to do in the night, and you don't necessarily realize it until it's 11:30pm. And you have to go to work, you have to go to school at like 9am in the morning. But it's just so hard. Like, I feel like we really need some time to just unwind or, you know, just do absolutely nothing for a while before we can go back to our usual scheduled programming.

Bernice Lau 12:39

Yeah, apparently that feeling of wanting to do nothing, even though we have so much extra time to like, rejuvenate and sleep. Apparently, that's something called revenge bedtime procrastination. So they talked about it in this article called "Psychologists are trying to figure out why we don't go to sleep even when we want to". It's not because we're just lazy people, apparently, your mind needs that time to not exert willpower. So throughout the entire day, we're always like exerting willpower, doing things that we have to do, like work school, when we get home, we have to cook clean, and all that stuff. So what our brain really wants to do at the end of the day, is not have to make any of those decisions, not having to use that discipline and force ourselves to do things that we know are good. So it's just a really good way to let ourselves unwind. Anyone who's listening, make sure you don't feel guilty when you do need that two to three hours. If you just spend scrolling through your phone, or kind of just watching random videos on YouTube, it's totally normal.

Anna Huynh 13:42

That's really reassuring, because I can confidently say that I am that person that needs like two, three hours to just do nothing, watch, you know, cat and dog videos, sometimes scroll through social media, whatever it may be. And it's nice to just consume media and not have to take action.

Bernice Lau 14:06

Yeah, consuming without taking action. I like that. It sounds good. Alright, so that kind of concludes Lindsay's talk, it was really eye opening, learning about tactics to prevent burnout, but also having that article in there, it puts everything into perspective that we don't have to be perfect at self care activities. It really is dependent on each individual and what they feel that they need in that moment. And the whole idea of revenge bedtime procrastination, it definitely serves a psychological purpose for us to unwind so don't feel guilty if you just need to be a blob in your bed on the couch. It's all part of the self care and preventing burnout process.

[chime]

Anna Huynh 14:50

The second presenter at the Speaker Series event was Dr. Andrea Iaboni, who is a geriatric psychiatrist researcher at the Toronto Rehabilitation Institute, working with patients living with dementia and improving technology uptake in the population. Dr. Iaboni brings to the scene, the way that clinicians may think about patients respond to treatment according to their motivation and engagement.

So instead of asking how can we motivate patients, it will be "How can I better engage the patient?" So Bernice, I know you have completed some placements - what is your take on this? Have you ever felt the same way?

Bernice Lau 15:27

Yeah, that's actually a really good topic to bring up, especially for anyone working in the clinical field, I definitely felt the same way. A lot of what we learned at school is also how to instigate like behaviour change, because in physio, exercise might not be something that the patient or client is used to incorporating in their lives. So just like having to get them to understand the value of it, or even the importance of incorporating just a little bit in their daily lives. That's kind of difficult if someone hasn't done it before. So it can be easy to write off patients, "Oh, they just don't adhere to the plan, because they're just like, unmotivated to do like, complete the exercises". So we do that a lot, instead of just kind of asking ourselves like, "What could we have done different?" instead of "What's going on? Like, why aren't they just following our plan?". That's been my experience. So far, I haven't done any placements in like private practice yet where I can see this becoming more of an issue. But that's going to be in the future. So I'm glad we're having this talk now.

Anna Huynh 16:24

Definitely. And I think you've proposed a very interesting points, because the difference between the two is that motivation to a lot of clinicians seems to be an inherent trait. While engagement, as Dr. laboni puts it is more under the patient's control. And she says this really lovely quote.

Dr. Andrea laboni 16:46

So motivation is defined as willingness or enthusiasm for doing something. And so that there is an element of dive of interest of, you know, the problem with the idea of motivation is that it's very much dependent on what you're seeing, you're making a call based on the person's behaviour in that moment. So this is a motivated patient, because they look like they're trying hard. And this is an unmotivated patient, because they look like they're not trying so hard. And so that there's actually motivation, in many ways. In this study that was done in 2002, when they asked a whole bunch of clinicians about this, there was something that was that was very intrinsic in the patient about motivation, like they were a motivated person, or they are unmotivated, like it's a trait in some way of their personality. And this is actually problematic, because it can be quite negative therapeutically. So if you hear from your colleague, "Oh yeah, Mr. Smith, he's really unmotivated.". That obviously influences in a way what you think about this person, and their likelihood of participating actively in the therapy you're going to do with them. And so actually, even though I started off talking about motivation, in part, because it's the way we think about this most commonly, I'm actually going to introduce the term engagement to you now because I think engagement is a much better way of thinking about this. And so engagement is the state of being involved or committed in a task or in an activity or a goal. And what's great about engagement versus motivation is that it's not meant to be inherent traits, it's actually a state, you can move from being engaged and engaged quite quickly.

Anna Huynh 18:14

So this really does free up how we can position ourselves to better support patients in the clinic from a mental health perspective, and really introduces this idea of coping and the fact that engagement is

more of a fluid type of state. And for clinicians, we don't see the entire picture. I'm not sure if you noticed this, in your experiences Bernice?

Bernice Lau 18:41

Oh, yeah, like 100%. I think even us as individuals throughout the day, we have different feelings and emotions. So how could I expect our patients or clients that we're seeing for just like, maybe a half an hour to an hour of like this whole day? How can I expect that one moment for them to be like totally engaged or totally motivated in what we're doing. Whereas there's all this other stuff happening in their lives. So it's definitely something that I've had to learn and just be more cognizant of whenever I'm talking to people because that they might just be having like a bad hour in their day. And we can't really generalize that to who they are as a person, or how they'll perform later on in their rehab program.

Anna Huynh 19:23

Such a good point, you've brought up Bernice, as an example because oftentimes, I walk into a room and kind of notice how a person is responding to my general questions like "How are you doing today?", because that can often give you a sense of what someone is feeling in a certain day. And that can help guide you in to figuring out what might be going on in someone's day when you realize that their behaviour may be a result of how they're coping with the condition or life in general, rather than how receptive one may be in treatment, that can really make a difference in treatment outcomes. And this change in thinking really does highlight the significant implications on rehabilitation care, and the level of work that clinicians do on a day to day basis to try to stay in tune with the status of the person. And as a Dr. laboni puts it...

Dr. Andrea laboni 20:23

It's about behaviour change fundamentally. And it's one thing to know that doing this is good for you doing exercise is good for you, it's another thing to actually do exercise. And so this is what I think this is really important, like, so as a doctor, you can't sit in front of your patient and say, "Do this, this and this, goodbye!". You have to give people the behaviour change tools that they need to actually do this, this and this, and then then the continuity is within the person is empowered to do that continuity themselves, right. So this is what is really important for you to be able to sustain this benefit that you've had, this is what you need to be able to achieve your goals, and how am I going to help you do this? And what kind of behaviour changes are necessary. People say that 99% of medicine is behaviour change, and I think that that, like, that's probably true, right? How do you get people to stop smoking? How do you get people to eat healthy? How do you and so so that's why I like some of these techniques, and these behaviour change strategies are really worth learning, like, they're not part of the curriculum, but if you really want to affect change in your clients and your patients, then you, you have to know how to help them make changes.

Anna Huynh 21:29

Dr. laboni discusses three really relevant principles where we have the patient be the boss, and we really do try to link every activity, we have a goal, and try to optimize the intensity of this therapy. Have you ever tried using similar types of principles, Bernice, in your practice?

Bernice Lau 21:52

The ones that I consciously tried to do is definitely like linking it to their personal goals. So like, a lot of the times in the placement that I just had back in like Winter/Fall, I was in acute care. So in the hospital, so obviously, like, the overarching goal for everyone is like, okay, like the goal is to get you home. But that's not really what their actual goal is. Maybe their goal is to go play golf when they go home, like not necessarily just the act of arriving into their house. So it's really about like trying to get to know the person and figure out what's important to them, which is something that they also do hammer into us in class, but obviously it makes a lot more sense when you see in person. So yes, I agree with her three principles there.

Anna Huynh 22:33

Yes, definitely, we would like to spend some time discussing this thought. So let me imagine ourselves sailing through a sea of unknown. We want to try to control what's happening in our situation in different ways. So this is how the idea of coping comes in. And coping will differ depending on how you're feeling about the situation. So when we picture it in the context of mental health, these changes that are happening on a day to day basis is kind of like the what, sometimes it will be sunny, sometimes it will be windy, with rain, or even hail perhaps and how we deal with and cope with these changes in the weather will impact how people can perceive our behaviours at a certain time. So again, bring it back to patient. Patients aim to control their situation by engaging more or engaging less in a specific type of activity. For clinicians, who are also a part of this picture, they control the situation through goal setting. So given their perception that may involve trying to motivate someone and that's not successful, they can then try to move forward in the goals through goal setting. And for our patients who are possibly losing control in different parts of their lives, such as loss of functioning and loss of relationships, and so on. Patients can approach it in two different ways. So they can approach it through a problem based or a task oriented type of coping, where they try to solve and restructure the problem. Whereas someone who may be using more of an avoidance space type of coping approach, someone might disengage mentally, by not paying attention, or to disengage behaviourally by not participating. Bernice, I'm not sure if you notice these types of coping behaviours while you are in the clinic?

Bernice Lau 24:51

I think I've probably noticed it as we're working with them. Like if we notice if they're like avoidance based or problem based, it could also lead to kind of like a self fulfilling prophecy. So I noticed that sometimes if the patient is not as engaged with what I'm doing, then it kind of affects my own mood. And then I'm kind of like less engaged with the session that I'm having with them. So it's kind of turns into this vortex or cycle and then we're not building them up anymore. We're just kind of like going around in circles. Like they're not participating, so it makes me feel like I'm going to put less effort into it as terrible as that sounds, that should not be happening at all. But that is something that I noticed that can easily happen. So that's something that I've tried to learn to be more aware of.

Anna Huynh 25:38

Yeah, and I think that's kind of the dangers of the concept of motivation, in thinking, right? I think the conversation that we really need to have with patients is to talk about what's important, and also figure what's happening in their lives. As Dr. Iaboni puts it, people become engaged and disengaged, and that really flows down to coping. So how they are coping with any given situation can really influence how

healthcare providers respond to their behaviours. And so with that said, how can we better support our patients? We have to start by thinking about how to improve their coping skills by talking about stress management, talking about relaxation therapy, cognitive behavioural therapy, and etc. There has been research to show that by focusing more on changing the behaviours of therapists, the research found that they were able to increase patient engagement,

Bernice Lau 26:47

Yeah interesting having a study for that. Yeah, just because when I think of it, I apply it to my own life, but totally makes sense. Like, if you were to ask me to do something, and I didn't see it as valuable or applicable to my life, I'd be definitely less engaged to what you're asking me to do.

Anna Huynh 27:05

Yeah, definitely. It really does help to put things in perspective. And I think what we hope that listeners can take away from this is to think about your mental state currently, and work towards improving your coping skills in a way that Lindsay Kudlow discussed previously, by developing all these problem based coping strategies, the hope is that you can better manage stresses in your daily lives and better optimize your ability to engage with different activities.

[chime]

Bernice Lau 27:46

So to finish off this episode, the third speaker that we had at speaker series was Anita Kaiser, a PhD student and person with lived experience, who is sharing her insights about the importance of hope after a spinal cord injury

Anna Huynh 28:01

Spinal cord injuries can often happen suddenly, and can have devastating life changing physical consequences that can affect the emotional and social well being. And Anita shares with us a personal story about her own spinal cord injury experiences, let's have a listen.

Anita Kaiser 28:19

So I want to start by telling you all a story. And as I tell the story, I want you to put yourself in this person's shoes. And imagine that it's you going to, so imagine that you're in your 20s. For some of you, you probably still are. And you just graduated from university, and you managed to get your first full time job. And it was summertime now. So when you're not working, you're out camping, rollerblading, going out dancing, and just hanging out with your friends and having a good time. And then September rolls around, and you decide one weekend to take a road trip up north with your sister and visit some friends for the weekend. And you go up and you have a great weekend. And, you know, it flies by and before you know it, it's Sunday and it's time to pack up and head back home. And as you're partway into your journey along the road, your sister pulls up behind a slow moving truck and decides to overtake it. But as she's in the middle of changing lanes, the front tire blows, and loses control of the car. And she zigzags across the highway and goes off the left shoulder rolls five times down the hill into a ditch. You pass out when the car starts to roll but you wake up when it stops. And your first reaction, you realize that you have an aching pain in your neck and you realize that you can't move and your first

reaction is "Oh my God, I think I broke both my arms and legs". And then your second reaction is this huge sigh of relief as you think, "Wow, thank God it doesn't hurt". It doesn't occur to you that it's anything worse than that. And it's not until you get airlifted to the hospital, and the doctors there do all their tests, MRIs and CAT scans and x rays, before the doctor that's in charge comes up to you, and tells you that you broke your neck and you're never gonna walk again, just like that. So I want you to take a moment and think about it. And think about what those words would mean to you, how you would react to that, how it would make you feel. Okay, now hold on to that while I walk you through some stats.

Anna Huynh 30:37

So as Anita said, hearing such words can be shocking and memorable, and it affects your outlook on the rest of your life. But Anita suggests that there are actions you can take to improve your well being, even if you can't be cured completely. Hope allows a person to be motivated to improve their condition and be confident in their ability to succeed at it. And I think that definitely resonates with me as well. So as someone who stuttered all my life, I've heard a mix of opinions. Especially when I first started to pursue a career in speech language pathology, I was met with opinions that was very against my dream and my passion, because who would want a speech therapist that has a speech impediment herself, and that's something that was a concern that was brought up by a lot of clinicians in the field. And that was very disheartening to hear when someone feels unconfident your abilities just because of how you speak. I think that really impacted how I felt about speech language pathology as a field and as a career. But on the flip side, there are also people that told me the opposite. So I heard from researchers, clinicians, and clients and patients alike that my experiences as someone with a communication disorder is something that's, that's, that's very valuable, because I bring to my sessions that implicit understanding of communication challenges and frustrations that a lot of speech language pathologists don't have, just something that they haven't experienced. So there's always two sides of the story, and I think that empowered me to think of the impact that words can have, and that is something important to consider.

Bernice Lau 32:44

Yeah, thanks for sharing that story. Anna, I was actually surprised when you mentioned that people in the field, so like actual speech language pathologists, they didn't think it'd be a good idea for you to pursue it. Just because I can't think of many other health care professionals where, for example, like if you had a doctor who was also living with some sort of chronic condition, I don't think like other people will tell them to not be a doctor, because like they themselves are, are living with a certain condition. That really surprised me, but I'm glad you decided not to listen to them, and went after being an SLP anyways, because I think you having that experience definitely adds to like building that patient rapport and really being able to connect with other people, which is like the groundwork for all of care. So building up on Dr. Iaboni's talk, Anita mentions that people can generally be categorized into three categories. So either optimists, so your glass, half full people, neutral or pessimists. So your glass, half empty people, which all influence their motivation. So is their motivation to participate based on personality traits? So specifically, how can we use our words to instill hope to improve clinical outcomes?

Anita Kaiser 34:01

And it wasn't until about five or six years ago, where I was introduced to a novel form of treatment and therapy, and all of a sudden, I had therapists around me telling me, no, there's an opportunity, there's possibility, you know, we don't know what the future is gonna hold, but there's a possibility of getting some sort of recovery. So all of a sudden, now, I wasn't, you know, this lone person on an island waving my little tiny flag of hope. I had other people with me, supporting me, and that was really empowering is to hear from other people, credible people, that there's an opportunity to improve, you know, there's, there's therapies and treatments and things that are out there that can help you. And so, all of a sudden now, I was given permission to try and it's interesting because back in the early days, I would try for a little bit to see if I could wiggle my toe or move my leg or something and get the strong electrical vibrations running through my legs. But then I would get that message in my head, but you're not going to walk again. So I'd give up, I'd stop.

Bernice Lau 35:06

She also talks about how we have this fear of giving people false hope, like we never want to promise them something that might not happen. So we'd rather them have very low expectations and be pleasantly surprised if something better happens, rather than starting off on like a higher, a more positive mental state of having this hope and then be disappointed later.

Anita Kaiser 35:29

Well, I think in medicine, we seem to have this fear of giving our patients false hope, we're afraid that if we tell them something that doesn't end up being true, they're gonna get upset and come back and blame us. So what we do instead, is we give them the worst case scenario, thinking that if they improve...well, it's an unexpected surprise for them, and then everyone's happy, right? I don't think that's the case, I think, I think what happens is by us avoiding trying to give false hope, what we inadvertently end up doing is giving no hope. And it really sets our patients up for failure right from the get go. And it has a ripple effect, right into rehab, because it translates into their therapy program that the type of treatments and therapies that are provided and the equipment that they're permitted to use.

Anna Huynh 36:24

So basically, by being comfortable with saying, I don't know, and being transparent about possible outcomes is important.

Bernice Lau 36:35

Yeah, I think you're definitely right about that. Even if we don't know what can happen, like the importance of just being honest. And having that opportunity to at least try to just really say like, "I don't know, but we can try to work towards this" and just focusing on just the small little goals in front of us. So maybe not, like going back to playing like a sport or something. But maybe today we'll focus on trying to stand up. But just having that can really impact not only how they feel physically, but mentally. So that's ultimately what we want to focus on as healthcare practitioners and researchers.

Anna Huynh 37:12

And as people in general, it's all about those tiny, tiny steps that will show progress, 5, 10 years from now.

Bernice Lau 37:23

I think the take home point of her talk was basically just to tell people, we should be giving them not false hope but realistic hope and knowing the difference between the two is very important.

Anna Huynh 37:36

And this concludes our Mental health Speaker Series event recap episode.

Bernice Lau 37:41

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[outro chime]