The Quiet Strength: Developing a Mind-Body Intervention Toolkit for Acute Care Oncology

OCCUPATIONAL THERAPY
COLORADO STATE UNIVERSITY

OTD Candidate: Sabrina Colescott
Capstone Mentor: Annie Stiver, OTR/L
Faculty Mentor: Dr. Michelle LeRoy, PhD, OTR/L, BCP
Doctoral Capstone Coordinator: Dr. Julie Silver Seidle, PhD, OTR/L

uchealth

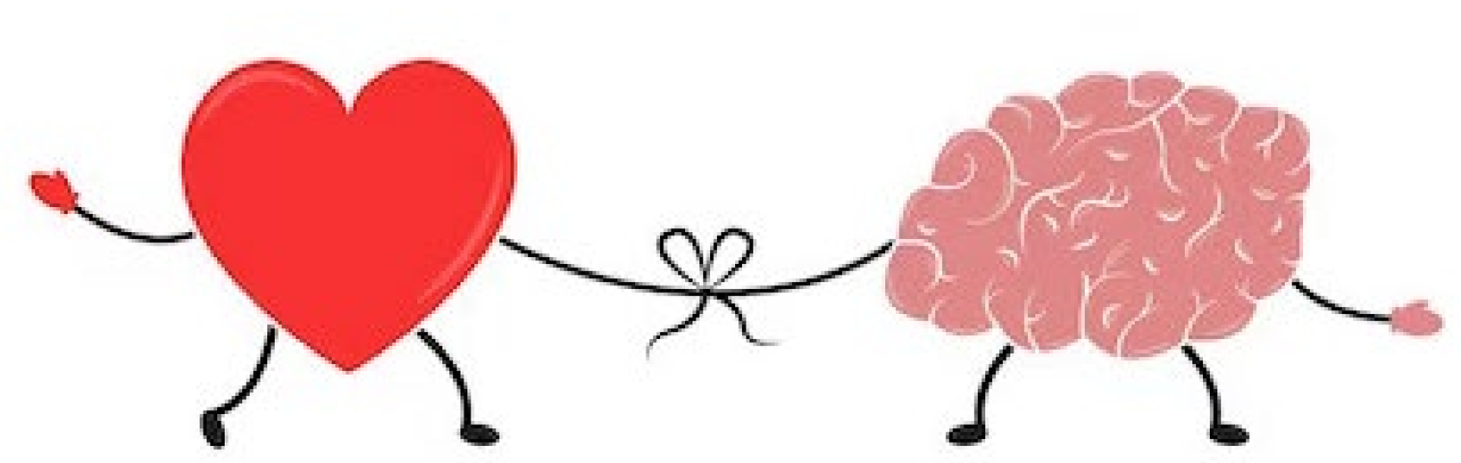
INTRODUCTION

The Need: Oncology inpatients face a severe decline in quality of life (QoL) due to multifactorial challenges: cancer-related fatigue (CRF), pain, sleep disturbances, cognition, stress, and isolation. This limits participation in meaningful activities.
The Opportunity: Occupational therapy (OT) is uniquely positioned to address these holistic needs by using mind-body interventions (MBIs) to promote nervous system regulation and engagement.
The Solution: Develop and pilot a practical, evidence-based OT MBI Toolkit for acute care oncology to enhance patient participation.

LITERATURE REVIEW

- Fatigue affects 50-90% of patients with chronic conditions, causing withdrawal and loss of agency [14, 18]
- MBIs (mindfulness, breathwork, movement) reduce anxiety, pain, and fatigue [21, 25, 29]
- MBIs regulate the nervous system & promote neuroplasticity [2, 5, 6, 22, 31, 39]

Image source: Lightning Budha (2024)



OT Gap:
- The rising incidence of cancer increases the demand for brief, holistic solutions, yet the OT role is still emerging [42].

• MBIs are still underutilized due to systemic barriers including: [9, 29, 31]
❖ limited OT confidence in using MBI → due to lack of training/resources
❖ lack of standardized protocol
❖ time constraints

GOALS & OBJECTIVES

Goal: Develop and pilot an OT-friendly MBI toolkit for oncology inpatients at UCH, designed to enhance patient participation in meaningful activities.

Objectives:
1. Complete a comprehensive literature review and needs assessment
2. Sequentially develop and refine the MBI toolkit
3. Pilot MBI approaches with oncology inpatients
4. Analyze findings, develop and share a sustainability plan

PRIORITIZED NEEDS

- **Need 1 - Fatigue Management:** 6/6 OT staff reported fatigue as the greatest barrier to therapy, but only 1/6 recognizes MBIs as an effective tool for fatigue management
- **Need 2 - Nervous System Regulation:** interventions to reduce anxiety, distress, and pain, creating readiness *before* functional tasks
- **Need 3 – Therapist Confidence:** lack of accessible resources (4/6) and time constraints (4/6) are limiting factors. Staff need a quick-reference, structured resource to improve use and confidence

PROGRAM CREATION & MODELS

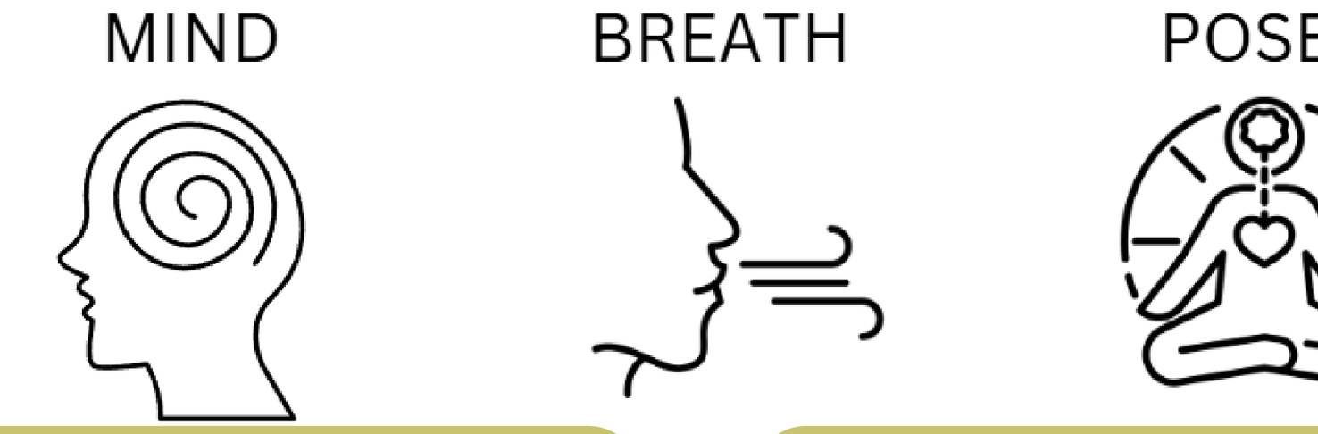
Process informed by:
❖ Needs Assessment (Survey/Interview with OTs and Psychologist)
❖ Qualitative Observation (20 patients)
❖ Site mentor/Staff feedback

Observe → Develop in Stages → Pilot → Feedback → Refine

Models evolved to meet patients where they are.
DBB → PEOP + TTM

This project, initially guided by Doing, Being, Becoming (DBB) [43] evolved to use Person-Environment-Occupation-Performance (PEOP) [20] and the Transtheoretical Models (TTM) [36] to deliver patient-centered, realistic interventions for acute care and respect readiness for change.

Toolkit Design
- Optimized for acute care flexibility (in-bed, seated, standing)
- Micro-MBI Interventions (1-5 minutes)
- Holistic and trauma-informed focus

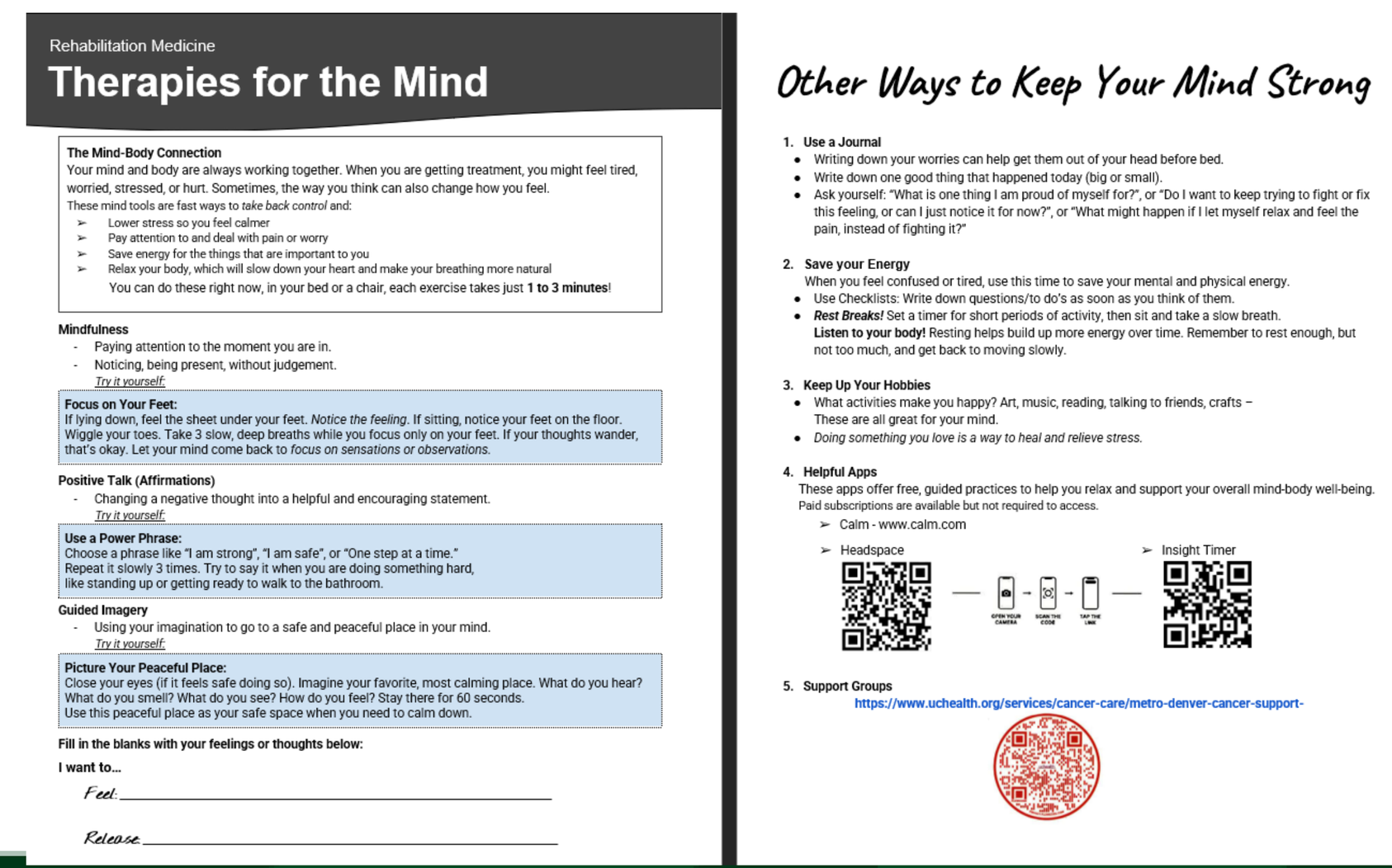


Lessons Learned

- **Goal-Oriented Framing** - MBIs aligned to patient goals - Set attainable goals
- **Language Shapes Experience** - Avoid "chemo brain" - Use empowering language
- **Regulation before Progress** - Stress: The 6th Vital Sign - Normalize rest - Do not push CRF limits
- **Presence Impacts Physiology** - Co-regulation is always occurring - Prioritize safety (avoid 5 Senses)

DELIVERABLES

The final deliverables consisted of:
- Digital & Printed Toolkit
- Mind-body learning materials
- Opportunities to expand MBI
- Patient Handouts
- Patient & Staff Resources
- Dissemination to UCH OT staff



TOOLKIT

OTHER

FINDINGS

1. **MBI techniques were consistently feasible and beneficial** for clinically appropriate patients.

MBIs fit perfectly into ADLs and daily routines.

Short interventions improved:
- Engagement
- Anxiety regulation
- Willingness to mobilize
- Fatigue levels
- Confidence
- Pain tolerance
- Affect

2. **Cancer Related Fatigue (CRF) is the main barrier to participation**
   - Patients experienced cognitive fog, decreased self-efficacy, depressive self-talk, and reduced motivation.
   - CRF education and MBI helped shift their mindset, allowing daily activity participation to occur.
3. **MBIs served as functional "primers" for activity**
   - Patients showed improved processing, participation, and stamina when OT began with grounding, breathwork, or interoceptive cues.
4. **System barriers exist.**
   - Limited time, frequent disruptions, inconsistent education materials, and acute care priorities reduce holistic care.
   - Spiritual stigmas and confined OT role in health prevention.

THEME	QUOTES
Problem / Distress	"It's exhausting." / "My legs are just so wobbly"
Restored Confidence	"I knew I could do it!"/ "One step at a time." / "He felt proud of himself"
Immediate Change	"Moving felt good!"
Holistic Need	"He really just wants to be talked to like a person with a mind." – OT

CONCLUSION

MBIs are a low-risk, low-cost, proven way to help patients regulate, participate, and *heal* within the stressful environment of acute oncology care. This toolkit provides practical, accessible mind-body strategies that help OTs empower patient's mindset shifts.

The pilot testing showed that patients improved in comfort, mood, energy, and engagement when MBIs were incorporated into sessions. Sustainability is feasible through clear transition plans and a growing OT Interest in MBI use.
While systemic barriers remain, the positive patient responses highlight the value of integrating MBIs, this toolkit serves as a bridge to more holistic oncology care.

REFERENCES & LOGIC MODEL

ACKNOWLEDGEMENTS

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