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- Life after Stroke services are poor at supporting psychological adjustment / preventing mental health crises
- We need **evidence-based interventions & a wider-reaching workforce to deliver them.**
- Acceptance and Commitment Therapy (ACT) is a 3rd wave Cognitive Behavioural Therapy with good proof of principle

Aim: Develop and test a remotely-delivered, ACT-based intervention to groups of stroke survivors including those with cognitive difficulties, facilitated by trained Stroke Association staff (not Clinical Psychologists / ACT experts).

METHODS & PROGRESS: = complete = partial = future

Stage 1 - Development

Co-develop intervention & workforce training programme
 Collaboration with clinicians and Patient and Public Involvement (PPI))

The WATERS Research User Group (RUG) - PPI
 3 stroke survivors and 1 carer.

Initial meetings F2F; transition to remote during pandemic. They have supported

- **Intervention design & study processes**
- choice of **measures & study documentation**



ACT intervention developed

- 9 x weekly 2 hour sessions + breaks (homework)
- ACT: mindfulness; values identification; defusion; action plans for wellbeing after groups
- Delivered to small groups (e.g 4) over Zoom
- Structured, 'script-informed' clinical protocol
- Audio visual resources & Client handbook

Staff training & Support programme developed

- 4 x 3 hour sessions delivered over 4 weeks
- Delivered by expert ACT clinician (Geoff Hill)
- Audio visual resources & Staff handbook
- During 9 week group facilitation: weekly 'de-brief' / support / supervision sessions with ACT expert

Stage 2 - Testing

Mixed-methods testing phase to explore: feasibility of training staff and recruiting stroke survivors; Feasibility of delivery and outcome assessment; intervention fidelity and acceptability.

Staff training

- 8 Stroke Association staff trained
 - 5 Emotional Support counsellors to act as group leads
 - 3 Stroke Recovery Service coordinators to act as group support

Training acceptability interviews (N = 8)



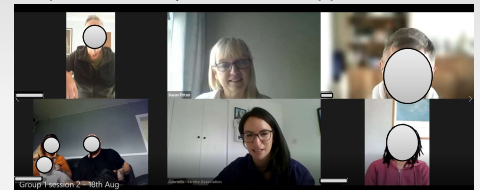
- Conducted with all 8 trained staff to explore acceptability + perceived readiness to deliver intervention + any improvements to intervention prior to delivery

Recruit Stroke Survivors (14 to date)

- Criteria: 4 mnths+ post stroke; experiencing some distress (self-report); ability to engage in remote interventions (e.g. smart phone; cog abilities)
- Demographic / Clinical information collected
- Baseline Remote Assessment of cognition & language + self-report mood survey

Deliver weekly ACT intervention (Wellbeing After Stroke Groups) & Staff support

- 2 groups currently ongoing (4-5 participants in each). 1 'lead' ; 1 'support' staff
- Sessions recorded
- Weekly staff clinical support



Collect outcomes (PROMS)

- After intervention & 3 months later
- Mood; wellbeing; psychological flexibility etc.
- All collected via remote survey

Feedback interviews

- With Stroke Survivors (1 to 1)
- With Staff (focus group)

Explore Fidelity and ACT-congruence

- Study-specific fidelity checklists
- ACT-Fidelity Measure (ACT-FM) ratings from researchers through viewing video recordings
- Feedback from Clinical Support sessions

Trial Info & Contacts

Ethics secured: March 21 (2021-11134-18220)

Funded by Stroke Association Postdoctoral Fellowship + University of Manchester Research Impact Scholarship

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**Eligible stroke survivors?
Please contact us!**

Future work and Anticipated outcomes

- Continue Stroke Survivor recruitment to run a third WATERS group starting Oct
- Collect all outcomes / data in 'red' above and analyse descriptively
- Make necessary changes to training / intervention / data collection



An acceptable, feasible co-developed group psychotherapy to support wellbeing after stroke & information to support funding applications for future research, leading to a definitive trial.