

Wellbeing After Stroke (WATERS) feasibility study: Acceptance and Commitment Therapy (ACT) to support psychological adjustment after stroke

E. Patchwood¹, G. Hill², A. Vail¹, H. Foote¹, S. Cotterill¹, WATERS Research User Group³, A. Bowen¹

¹University of Manchester, MAHSC Geoffrey Jefferson Brain Research Centre, ²South Tees Hospitals NHS Foundation Trust, ³Members of the public

- 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 and supervised staff** (who are not Clinical Psychologists / ACT experts).

METHODS: a 2-stage study (co-development & feasibility testing)

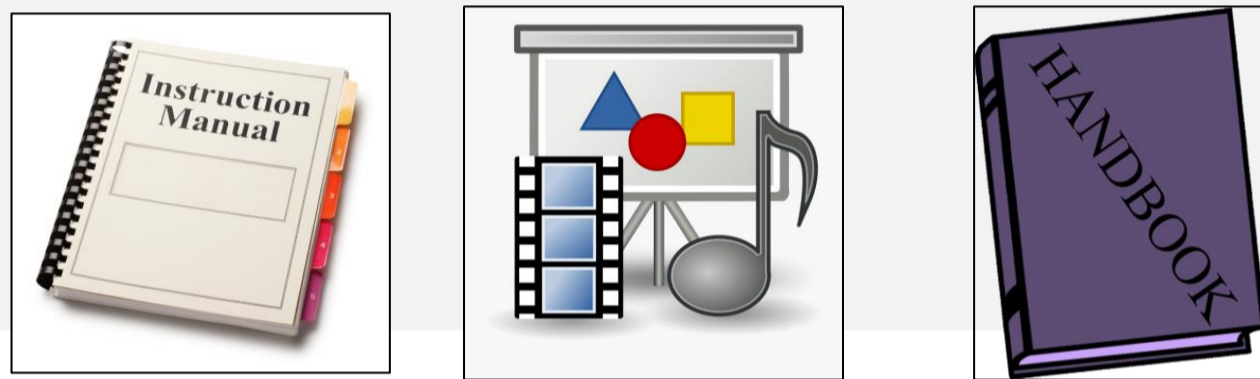
Stage 1 - Development

Co-develop intervention & workforce training programme

Collaboration with clinicians and Patient, Carer and Public Involvement (PCPI)

ACT intervention developed

- 9 x weekly 2 hour sessions + breaks (homework)
- ACT: mindfulness; values; defusion; action plans
- Structured, 'script-informed' clinical protocol
- Audio visual resources & Client handbook



Staff training & Support programme developed

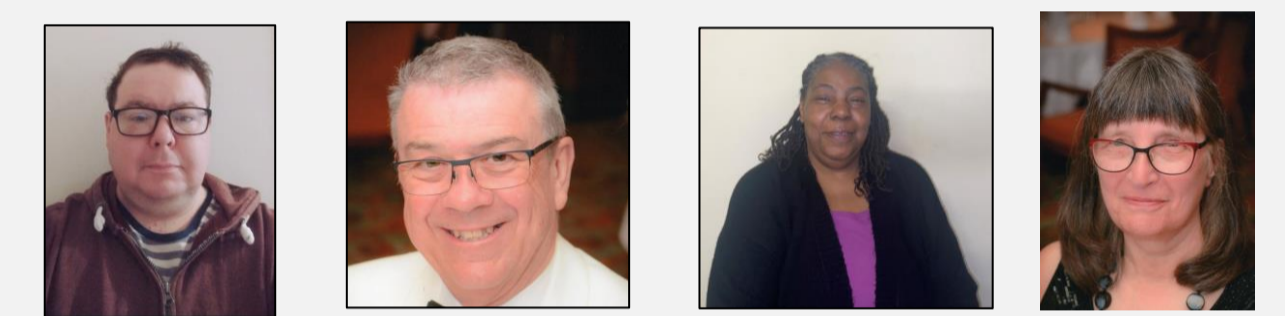
- 4 x weekly 3 hour sessions
- Delivered by ACT clinician (Geoff Hill)
- Audio visual resources & Staff handbook
- During 9 week intervention facilitation: weekly support sessions with ACT expert

PCPI: WATERS Research User Group (RUG)

3 stroke survivors and 1 carer.

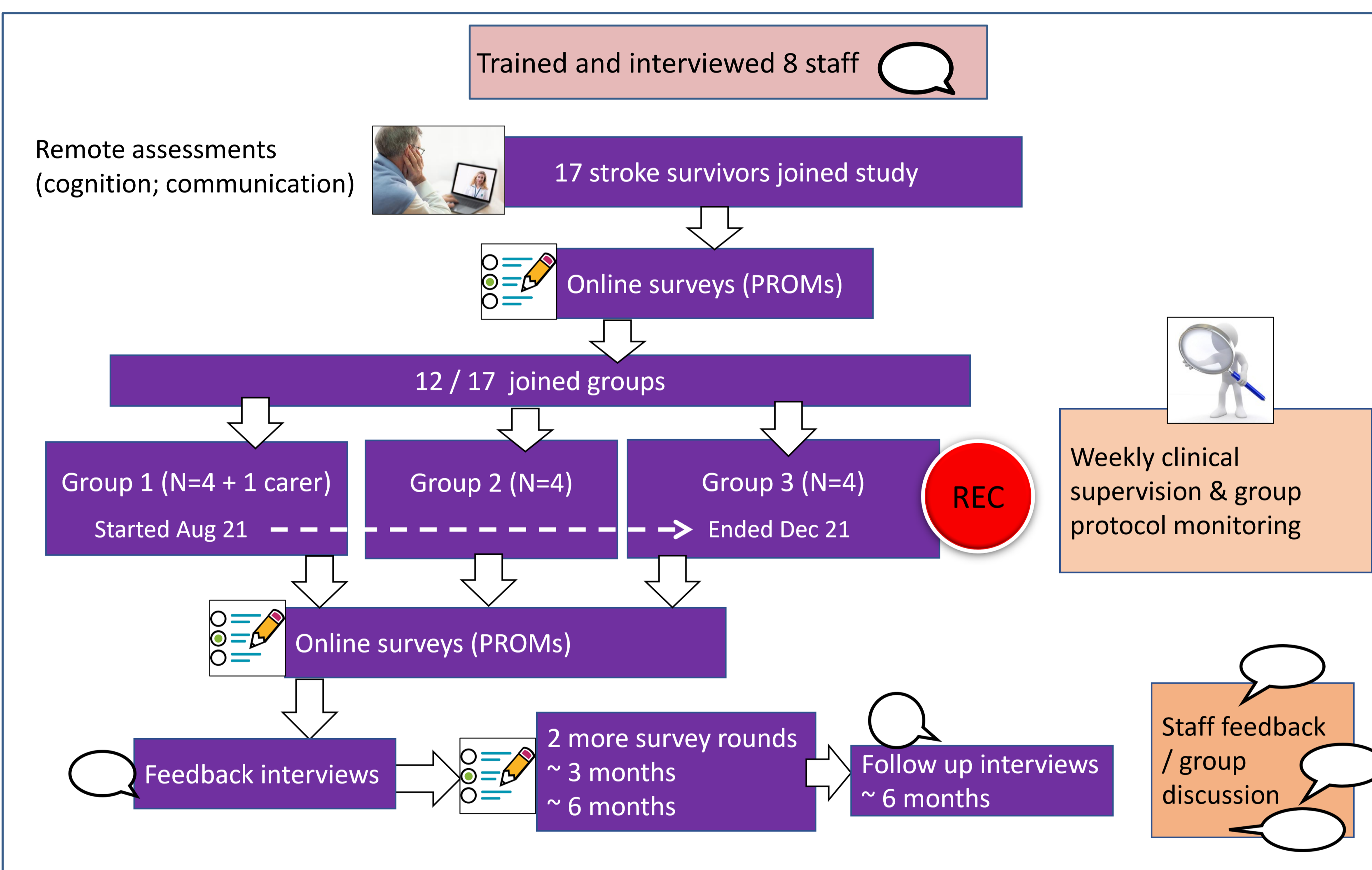
Initial meetings F2F; transition to remote during pandemic. They have supported:

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



Stage 2 – Testing & Feedback

Explore: feasibility of training staff and recruiting stroke survivors; Feasibility of delivery and outcome assessment; intervention fidelity and acceptability.



Key Findings

Qualitative Interviews:

- *Staff:* highly motivated to deliver support. Grew rapidly in confidence and skills. More time invested than planned / expected.
- *Stroke Survivors:* Acceptable and valued. Most report *some* positive impact, even when challenged by emotions. Some felt poor group cohesion. Improvements suggested.

Recording Observations / Fidelity

- 100% attendance for all sessions
- Session protocols delivered as intended & ACT congruent (some sessions ran > 2 hrs)
- No related serious adverse events

Questionnaires (PROMs):

- Good completion at all timepoints (20-30 mins to complete online)
- All measures acceptable & useful for exploring outcomes in future (when powered)

Key Characteristics of Stroke Survivors attending groups (N=12)

5/12 F **Age:** 54 yrs (34 to 76) **Ethnicity:** 10/12 White ~2 yrs post stroke (5mths to 7.5 yrs)

mild to moderate cognitive / communication issues at baseline (including aphasia)

wide range mood issues (including moderate depression/anxiety) physically independent

Conclusions

- WATERS intervention is acceptable and feasible and could support adjustment and wellbeing after stroke
- Improvements identified for staff training, intervention content, & study procedures

Funding application submitted to: make further adaptations for inclusivity; build collaborative networks; embed in front line NHS settings to observe and evaluate; develop robust programme theory to support future implementation.

Study Info & Contacts

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

emma.patchwood@manchester.ac.uk

+44 (0) 161 275 3401 @DrPatchwood

Disclaimer: The funders take no responsibility for the views presented in this poster