

Evaluation of two psychology led groups for individuals living with stroke and other long-term neurological conditions within a neurological recovery college model



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Background

Aneurin Bevan University Health Board's (ABUHB) Clinical Futures strategy¹ and Welsh Government's "A Healthier Wales" white paper² promote increased care at home, supporting individuals to stay as independent as possible for longer. Recovery college models are being used to address healthcare aims by empowering individuals to live meaningful and autonomous lives in the community^{3,4}. These models have been welcomed by mental health teams with the aim of addressing the requirement for long term support of enduring and prevailing mental health conditions⁵. Similar long-term support of the neurological, psychological, and social sequelae of neurological conditions⁶ may also improve longer term quality of life. The ABUHB Community Neurological Rehabilitation Service's neurological conditions recovery college, **The Niwrostiwt**, has been evolving over the last four years and continual co-development and evaluation of groups alongside experts-by-experience further innovates this approach.

Objectives

- To evaluate the implementation of two psychology-led psychotherapeutic groups developed to support individuals following a stroke or acquired brain injury.
- To increase confidence moving forward in individuals with neurological conditions.
- To use feedback to further develop the Niwrostiwt Recovery College

Methods

Clients were allocated to two psychological-led group based on their reported needs. These groups included:

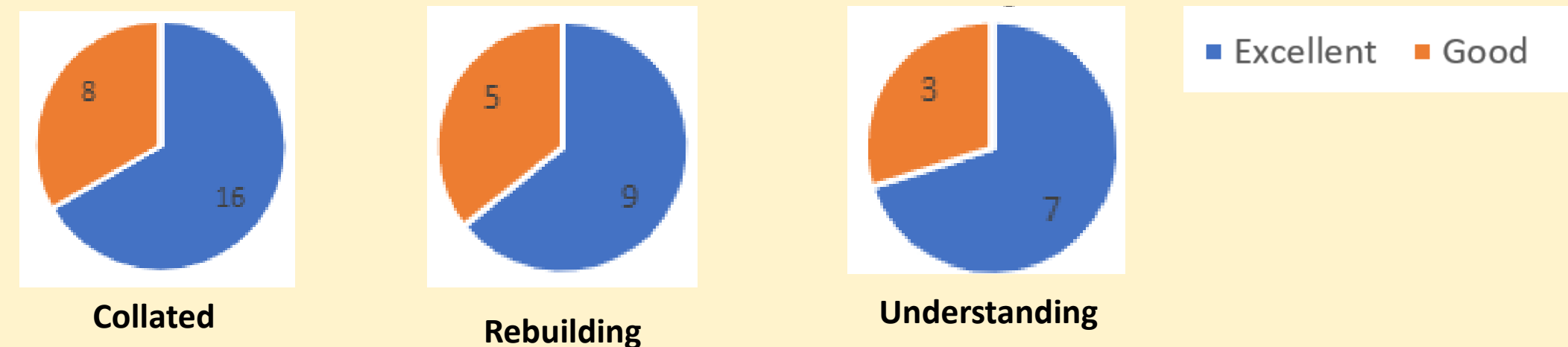
Rebuilding Your Life After Stroke and Brain Injury Group: a group developed for people who feel anxious, low, or distressed, utilising acceptance and commitment therapy processes.

Understanding my Stroke or Brain Injury: a psychoeducational group to improve awareness and support acceptance and adjustment.

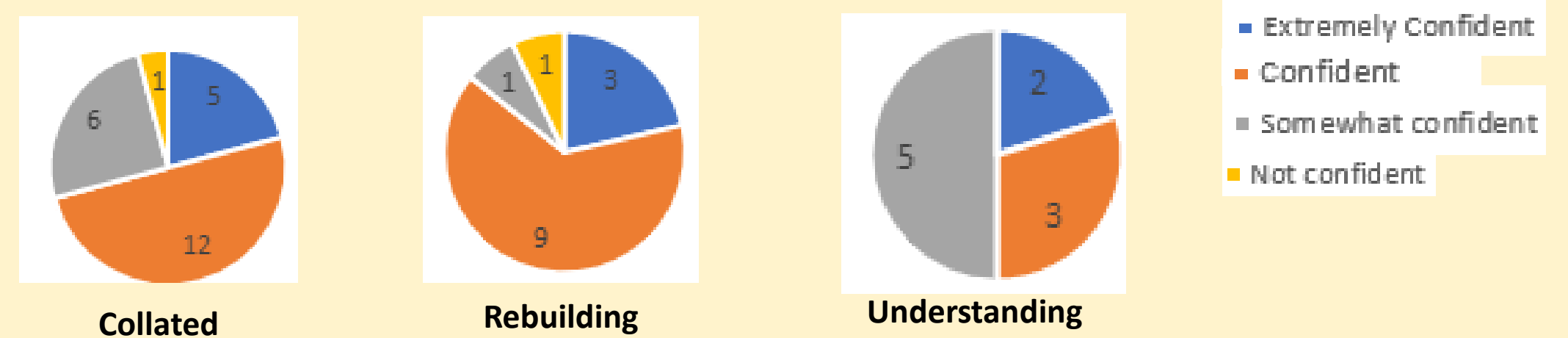
Group members were asked to complete a self-rated questionnaire at post-intervention which included multiple-choice and open questions about their experience of the group and confidence following completion of the intervention.

Results

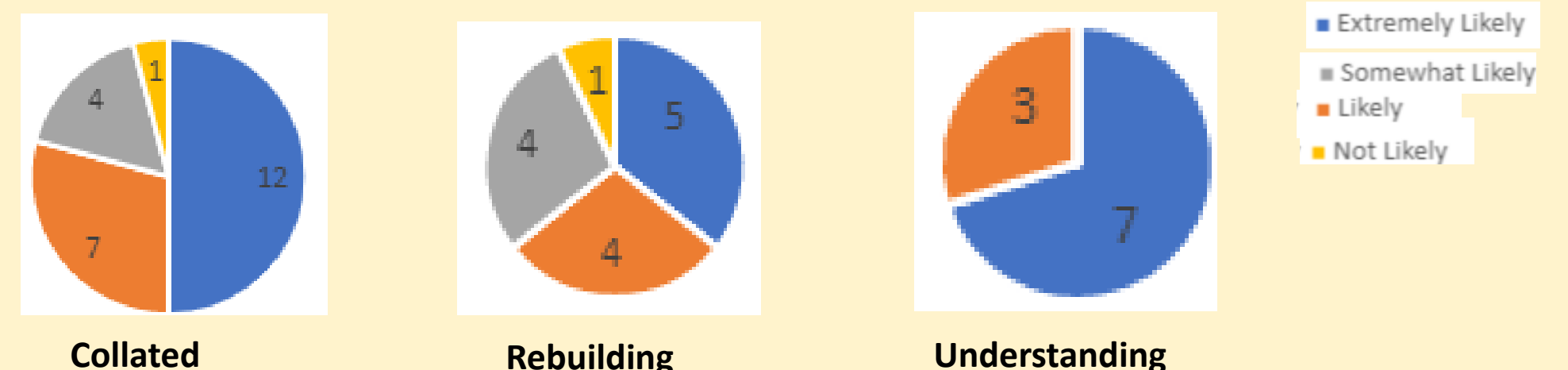
Overall experience of the group



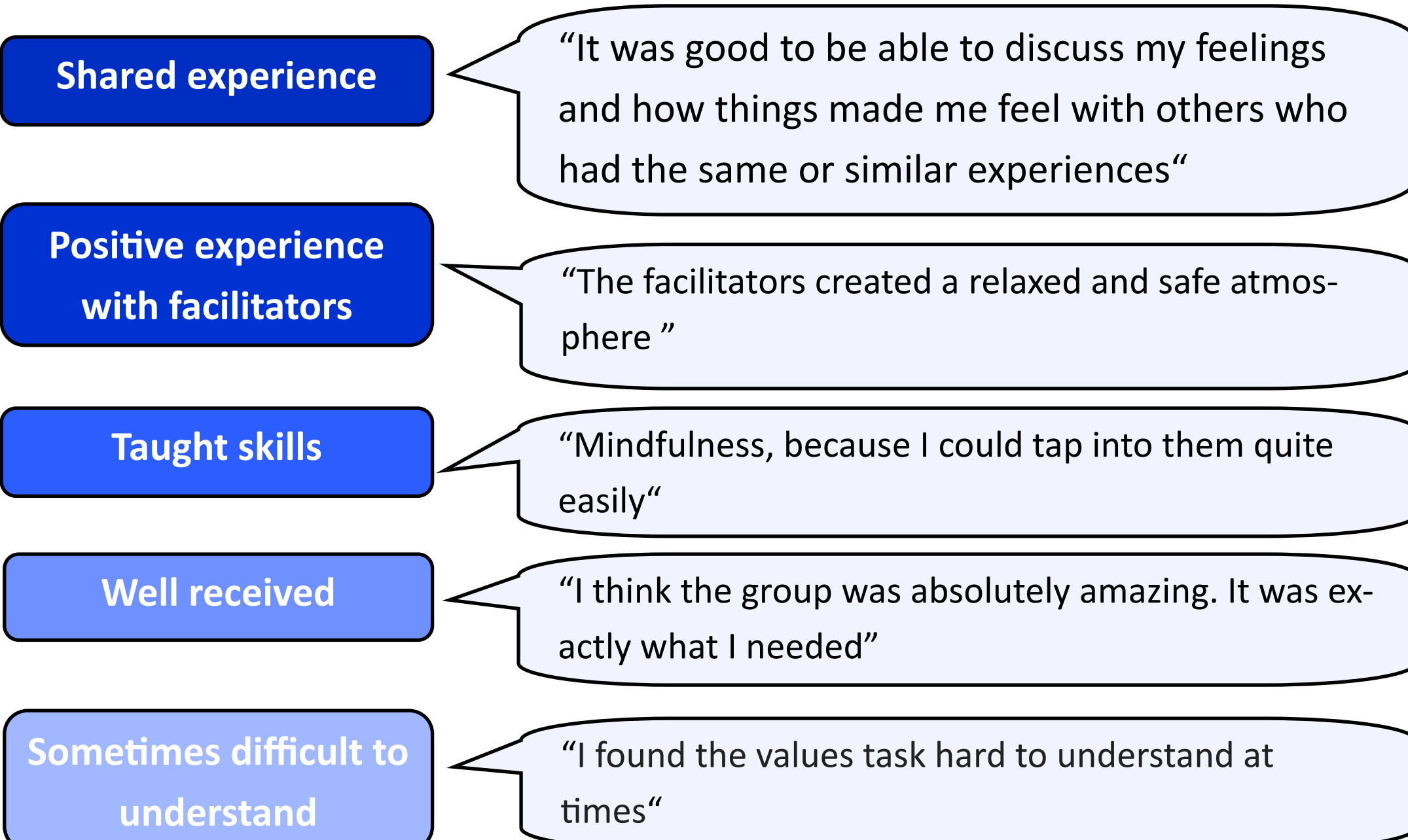
Confidence in using the skills/ information taught



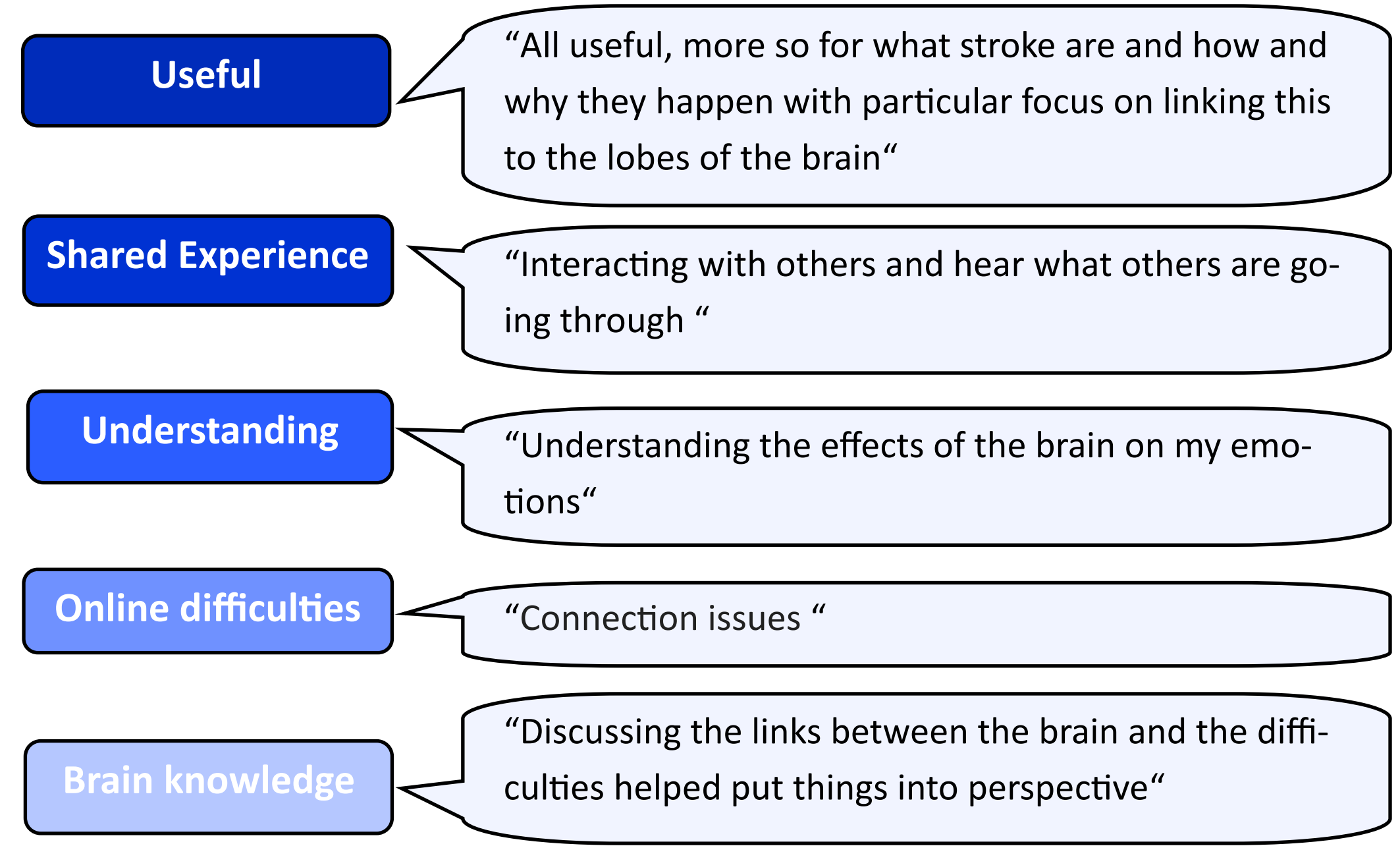
Likelihood implementing skills/ information taught



Themes—Rebuilding Your Life after Stroke and Brain Injury



Themes—Understanding my Stroke or Brain Injury



Discussion and Moving Forward

Most participants reported that they felt confident in using the skills and information taught, which may translate into increased likelihood of implementing skills. Further evaluation should look at factors that increase confidence for those whom are not very confident and unlikely to implement the skills/information. A possible explanation could be that individuals had difficulty understanding some content, as suggested by the thematic analysis of the Rebuilding Your Life After Stroke and Brain Injury group. To address this, considerations must be taken to further co-produce materials that are clear and understandable. Shared experience was also a key theme in both groups. Therefore, groups that promote the sharing of knowledge and advice amongst peers will continue to be ran within the Niwrostiwt recovery college. Future considerations of evaluating the effectiveness of these groups include completing a follow up assessment at three, six or twelve months to ascertain if long-term change has occurred and if skills are still being implemented to support recovery.

In summary, both groups were generally well received and taught skills which individuals felt they could use moving forward. This begins to support the use of groups within a long term recovery college model for individuals with neurological conditions.

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