New developments in psychological therapy for stroke survivors and carers.

Living better with stroke: Developing psychological flexibility.

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Update: community psychological approaches to working with stroke

Traditional approaches

- Focus on CBT
  - Limited evidence base for psychological therapies after stroke

- RCT BEADS (Behavioural Activation for Depression after Stroke)
  - Nottingham & Sheffield Universities
  - Based on behavioural theory of depression
  - Intervention Behavioural Activation (BA)
  - 60 patients 1:1 psychological therapy: 3 sites
  - Results to follow
  - Our reflections so far
....in other words!

• ACT offers a different way of looking at life which applies to us all.

• ACT moves away from the idea that it is ‘normal’ to be healthy and happy all the time – difficulties are a normal part of life.

• If we can accept this, we might be able to stop fighting with what we find difficult and carry on with what’s important to us (valued living).
• It’s common (and understandable) that people think that they need to stop doing things because of their stroke.

• It may be that because of acquired disabilities that people are less able to do things independently.

• BUT that doesn’t mean people can’t do things that are important to them, they may just need support in figuring out how to do this.
Start to unlock severe chronic back pain with Palexia SR

Palexia SR (tapentadol prolonged release tablets) is indicated for the treatment of severe chronic pain in adults, which can be adequately managed only with opioid analgesics.

Tapentadol is a Controlled Drug, Schedule 2
1 in 4 of your adult patients could develop shingles in their lifetime if they are among the 90% that have had chickenpox$^{1,2}$

ZOSTAVAX®
Shingles (herpes zoster) vaccine (live)

Prevention of shingles and post-herpetic neuralgia – 1 dose* for adults aged 50+³
“The single most remarkable fact about human existence is how hard it is for humans to be happy.”

(Hayes, Strosahl, & Wilson, 1999)
The core principles

ACT employs six core principles to help people develop psychological flexibility:

- Cognitive defusion: Learning methods to help people feel less attached to challenging stories/thoughts that they experience.

- Acceptance: Allowing thoughts to come and go without struggling with them.

- Contact with the present moment: Awareness of the here and now, experienced with openness, interest, and receptiveness.
Core principles continued

- Self as context: becoming aware that there is a part of us that always observes, and is not our experiences, feelings, behaviours, thoughts or memories.

- Values: What we value as individuals (e.g. compassion, ambition).

- Committed action: Setting goals according to values and carrying them out responsibly.
ACT group

Why ACT with stroke patients?

- Research indicating efficacy in range of mental health problems
- Growing body of research and clinical practice supporting use with chronic illnesses and health conditions e.g. chronic pain

ACT groups:

- ACT group for health conditions “Better living with Illness” – Fife
- Adapted version for neurological conditions - Middlesborough
- ACT group for stroke – Bristol
ACT group

• Talking about your stroke
• What you’ve tried
• Treatment and strategies (pros and cons)
• Suffering (primary and secondary)
• Difficult thoughts and emotions about our stroke (and getting rid of them)
• Mindfulness
• Values and goals
• Valued actions
• Assertive communication
• Keeping things goings
Passengers on the bus
Passengers on the bus
## Evaluation of the group

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<thead>
<tr>
<th>Measure</th>
<th>PHQ-9</th>
<th>GAD-7</th>
<th>AAQ-II (out of 49, higher score, less acceptance)</th>
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<td>Post-group</td>
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Evaluation continued

“It was useful to know that other people felt the same.”

“I felt like I could be open about my feelings, and being honest about how I felt was useful for me.”
Formulation sessions: CSS

Background

• Running in older adult CMHT’s in Sheffield
• Research indicates helpful to teams (Hollingworth & Johnstone 2014)
• Pilot of three sessions completed in CSS 2015 (six weekly)
• Aim: to support staff in understanding patients difficulties from a psychological perspective

with the aim of:

• Supporting the stepped care model in CSS
• Identifying ways forward with patient situations which feel ‘stuck’ or ‘challenging’
• Provide a supportive space for managing the emotional challenges of clinical work
Formulation sessions

Format

- Facilitated by two psychologists
- Attended by members of the MDT
- Structured discussion (using specific CBT informed questions) to build a CBT formulation of a patient
- Flip chart diagram
- Summary and actions

Background

Triggers

Thoughts

Physical symptoms

Feelings

Behaviours

Other people’s feelings/thoughts/behaviour
Formulation sessions

Evaluation

- Based on method used by OA CMHT and Hollingworth and Johnstone 2014

- Completed with attenders and non attenders March 2016

- Questionnaires completed by 14 people in total

- Summary: People who were able to attend found the sessions useful, informative a good space to discuss patients, make plans, learn from each other and gain understanding of psychological perspectives
Formulation sessions

“Talked in depth about certain patients”

“Getting together with other professionals around a patient to discuss in more detail/depth”

“Good pace”

“What did you find most helpful about the formulation sessions?

“Helpful to know how to approach patients in your care / making a plan to move forward”

“Gained insight into the multiple and emotional effects that stroke patients cope with”

“Reassurance I’m doing the right thing / all I can do”

“Helpful to consider others points of views”

“Gained insight into... how one emotion can affect other feelings”

“Reassurance I’m doing the right thing / all I can do”

“Well explained session”
Formulation sessions

Would you be interested in attending future sessions?

“I feel they would help me have a more holistic approach to patient care”

“Helped me directly with specific client”

“Carried over to my work with other clients”

“Help me understand more about how the patient may be feeling and how this may be affecting my sessions with the patient”

“I feel they give extra support if there is a complex patient”

“Definitely. It was very interesting and productive use of time”

“If I have a difficult patient to discuss”

“Carried over to my work with other clients”
Formulation sessions

Next steps:

• Challenges: getting team together (location, room, time)

• Plan: Further six sessions

• Feedback from sessions to teams – CSS business meeting?

• Written summary/plan for patient record

• Further evaluation