The creation of a ‘Psychological Wellbeing after Stroke’ group

The Psychological Wellbeing Group takes place weekly at the multidisciplinary team led, 24-bed Stroke Rehabilitation Unit, Beech Ward at Norwich Community Hospital.

The group was created to support and educate stroke survivors about adjustment, offering opportunities to share experiences of their journeys and to help normalise feelings related to adjustment to their illness and resulting disability, also providing patients with space to acknowledge and express their feelings.

NICE guidelines recommend setting up psychosocial education groups; based on findings from Croydon’s national stroke project, NICE further suggest that ‘people with stroke may want to access support in the form of meeting other people with stroke, or receiving information and advice’. This may include groups developed for people and their families; stroke education, psychological wellbeing, information giving or ‘telling your story’. Recommendations state ‘the role of such a group is to provide basic important stroke education (causes, physical and psychological effects and treatment approaches), describing local care pathways and what to expect. They suggest ‘resources and educational materials should be accessible for people with communication, visual and cognitive impairments, backed up with information people can take away from the group’ and ‘always ask for feedback from those who attend and act on it’.

The group steps include:

• Introduction of group members, the facilitators and the psychology service for the stroke pathway, group session overview.
• Ground rules – confidentiality, right to leave group and choice of participation.
• Mindfulness exercise 1 – ‘feelings are like clouds’. Participants to engage and tune into feelings in the here and now. Patients to name three feelings and to record on a post-it note on a worksheet – facilitators support participants with this. They are encouraged to share with the group, following which discussion is encouraged and under guidance of the psychologist, feelings in the room are being explored.
• Group members are asked if they have ever watched clouds or observed changing shapes and asked the question ‘what do clouds do?’ Answers include ‘change shape’, ‘rain on you’ and ‘have a silver lining’. These are set in context with feelings and participants are encouraged to view their feelings mindfully, i.e. to see them in their current shape and form, intensity and acuteness and then watch them drift away, change and disappear or turn into something else, just like clouds.
• The psychologist guides them through the adjustment process graph, highlighting that patients in the room have coped with and mastered similar challenges.
• Similarities and differences are reflected by the psychologist highlighting the shared experience aspect and encouraging the participants not to view themselves as isolated with the aftermath of this potentially traumatic life event.
• Adjustment and rehabilitation process is compared to a rollercoaster ride.
• If the group allows time and appears appropriate for this exercise, they are asked to describe ‘if you were a piece of fruit what would you be and why?’, allowing dialogue and participants to open up about themselves, supports laughter and light-heartedness and gives the group a lighter, more uplifting moment.
• The facilitators answer questions and deal with other issues.
• Three-minute mindfulness exercise recorded by Dr Melanie Fennell.
• Filling in feedback forms with co-facilitators.

The group content has been adapted slightly over the
past 12 months due to patient feedback, which influences content and delivery frequently in order to mirror the patient’s voice. Quality is assessed constantly and is at the heart of the project. It also gives the MDT an indication of the participant’s needs and psychological mindset and is part of the psychology pathway and intervention for patients. Detailed results and analysis of the feedback from patients on their experience can be found in the full-length article.

Participants will have a copy of the ‘Feelings are like Clouds’ sheet, aiming to support patients to not feel trapped with certain feelings but instead see and notice them for what they are and then letting them go.

FURTHER READING

Guillain Barré Syndrome
Reviewer: Dr Simon Rinaldi, Academic Clinical Lecturer, University of Oxford, Oxford, UK.
My review includes one paper, two clinical trials, and a multi-centre observational study, united under the common theme of the year in Guillain Barré syndrome – international collaboration.
Ever since the 1976 “swine flu” vaccine was suspected of inducing GBS there have been anxieties that subsequent vaccines might also have this adverse effect. This was especially the case during the contemporary outbreak of a similar influenza strain (H1N1). In a study published earlier this year, the Global H1N1 GBS Consortium demonstrate the feasibility of international collaboration in assessing vaccine safety.1 An impressive 470 GBS cases were contributed by 15 countries, providing unprecedented power to assess this rare adverse event. Using a self controlled case series methodology not reliant on accurate knowledge of underlying background incidence rates, the consortium reported a relative increased incidence of 2 to 3 for GBS in the 42 days following H1N1 vaccination, translating to 1-2 excess cases per million vaccines administered. They were also able to show the time of peak GBS risk is 8-21 days post vaccination, as might be expected for a pathological mechanism likely to be driven by an IgG based humoral immune response. The at risk period chosen and the influence of seasonal infections, including influenza itself, can confound these estimates. Nevertheless, the study addresses these concerns using a number of different statistical approaches, and gives a consistent estimate of the risk of vaccination with respect to GBS. This has immediate utility in counselling patients who might receive vaccination, and in informing vaccination policies.
The bottom line is that this high quality evidence shows that the risk of GBS is low, and almost certainly outweighed by the protective benefits of vaccination.
Likewise, patients with GBS are often understandably anxious to know how long they will take to recover. Until recently, meaningful prognostication proved difficult. Another highly impressive ongoing international study aims to identify easily obtainable factors which predict disease course at an early stage, building upon earlier excellent work from the Dutch GBS study group. The International GBS Outcome Study (IGOS) aims to collect detailed clinical data, along with serum samples and DNA, from 1000 patients with GBS.2 In the last year 100 centres over 13 countries have joined the study and approaching 220 patients have been included at the time of writing.3 This unprecedented international collaboration has great promise in improving prognostication, but also will provide an extremely valuable bio-bank for study of immunopathological mechanisms and genetic susceptibility. Moreover, IGOS will integrate with international multi-centre treatment trials, as has already begun with the International Second-dose IVIg trial, and will underpin future studies of novel agents such as complement inhibitors.
The benefit of international collaboration for addressing key questions in GBS has already been well demonstrated, and as such the results from IGOS and related studies are eagerly anticipated.