



FOCUS ON RESEARCH

Brief positive psychotherapy after acquired brain injury: A pilot randomised controlled trial (the PoPsTAR study)

Researchers

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Aim

Psychological distress is common following acquired brain injury (ABI), but there is very little clear evidence about what kinds of psychological therapies are helpful. Positive psychology – the study of wellbeing, positive characteristics, and personal growth – is the basis for a new type of treatment approach, known as positive psychotherapy. Positive psychotherapy aims to promote personal growth by increasing experiences of pleasure, engagement and meaning. We believe that there is a strong rationale to apply this intervention to reduce psychological distress after ABI.

We conducted a pilot study of a brief positive psychotherapy intervention within a controlled trial context, with ABI survivors. The objective was to gather important data about the feasibility and acceptability of the intervention, which is essential to the planning and design of future trials in this area.

Project Outline/Methodology

Participants with emotional distress after ABI were assessed and then randomly assigned to receive brief positive psychotherapy as well as usual treatment from their clinical services, or to receive usual treatment only. Participants in the positive psychotherapy condition met with a researcher for eight weekly sessions of treatment. All participants were asked to complete questionnaires about their wellbeing at regular intervals, up to 20 weeks from baseline. Those who received the treatment were also asked to give detailed feedback about their experiences.

Key Results

Twenty-seven ABI survivors were assigned to positive psychotherapy (n=14) or usual treatment only (n=13). Not everyone who was offered treatment chose to take this up, or to attend all sessions. Those who did attend treatment gave positive feedback about how useable they found the workbooks and exercises, and how relevant they thought the treatment was.

Sixty-three percent of the participants completed the final assessment at Week 20. Differences in scores on questionnaires about mood (DASS-21) and psychological wellbeing (AHI) between baseline and Week 20 allowed us to see what level of change we might expect to find in a future full-scale trial. This information indicated that we would need at least 124 participants to join a future trial, in order to obtain clear evidence about the benefits of the positive psychotherapy intervention in reducing emotional distress.

Conclusions

Our positive psychotherapy treatment programme is feasible to deliver and acceptable to participants with ABI. This pilot study has provided important information that is essential to the planning of future trials of positive psychotherapy after ABI.

What does this study add to the field?

This is the first time that this novel psychological therapy programme has been tried with ABI survivors. We now know that this treatment approach is feasible and acceptable in this group. We also know the level of variation in questionnaire scores over time, which will help us to calculate how many participants we will need in a future trial.

Implications for Practice or Policy

If future trials provide evidence of treatment benefit, there is significant potential for this intervention to be incorporated within the NHS and/or social care and third sector services. We expect that treatment delivery could be undertaken by appropriately trained staff from a range of professional backgrounds (e.g. psychology, nursing, allied health professions), in both in-patient and community settings, to promote resilience, improve outcomes and prevent mood deterioration throughout the patient journey.

Where to next?

We will apply for funding to conduct a larger trial across multiple sites in the UK.

Further details from:

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