ARE BIBLIOTHERAPY AND ONLINE RESOURCES USEFUL FOR PEOPLE REFERRED TO A NEUROPSYCHOLOGY SERVICE?

Natalie Leigh
2015 Cohort
Service Related Project
OVERVIEW

- Background – What is bibliotherapy and what is it used for?
- Rationale – Why was this needed?
- Methods – What I did
- Results – Tentative (not completed analysis!)
- Discussion – What it is hoped these results can contribute
BACKGROUND
WHAT IS BIBLIOTHERAPY?

Definition - “The use of reading materials for a therapeutic intent which aims to impart specific skills and knowledge” (Wallace, 1988, p. 260).

Includes different formats including; self-help books, leaflets, research literature and online resources.

Bibliotherapy encompasses a range of written material that are read by an individual to acquire knowledge or skills to provide a therapeutic benefit by improving their understanding of their condition.

The theory behind bibliotherapy is that specific and predictable changes in attitude and behaviour can be brought about in individuals by reading about their own problem areas (Lenkowsky, 1987).
WHAT IS BIBLIOThERAPY USED FOR?

- Anxiety, depression and trauma:
  - Redding, Gaudiano, Herbert and Forman (2008) conducted a review of the 50 top-selling self-help books for these areas and found favourable result.

- Psychological difficulties:
  - Den Boer, Wiersma and Van Den Dosch (2004) conducted a systematic review of the literature and found that bibliotherapy was significantly more effective than the waiting list or no treatment conditions.

- Nighttime fears in young children:
  - Lewis, Amatya, Coffman and Ollendick (2015) found that 89% of participants demonstrated clinically significant change in anxiety severity following bibliotherapy.

- Neurological conditions (including: head injury; spinal cord injury; dementia; stroke; mild cognitive impairment or Weber’s Syndrome):
  - Latchem and Greenhalgh (2014) conducted a systematic review on the role of reading on the health and well-being of people with neurological conditions.
WHY WAS THIS RESEARCH NEEDED?

- Limited research has been conducted in the area of neurological conditions and bibliotherapy (Latchem and Greenhalgh, 2014) and the research that has been conducted was focused on classical rather than self-help literature.

- One particular area of neuropsychology where there seems to be a lack of evidence in terms of the usefulness of bibliotherapy is the area of neurological medically unexplained symptoms (NMUS).

- Some research has been conducted in the area of NMUS and guided self-help, although this was not purely bibliotherapy, which found promising results (Sharpe et al., 2011).

- Further research in this field was advocated in order to enhance the limited research in this area (Sharpe et al., 2011; Division of Neuropsychology, 2013).
Due to the high prevalence rates of NMUS:

- Estimated prevalence rates of medically unexplained symptoms in general (not specifically neurological) are over a fifth of the population (Creed, Barksy & Leiknes, 2011).
- In Scotland prevalence rates can be as high as 30% of new neurology outpatients whose main presenting symptoms are either somewhat or not at all explained by disease (Stone, 2009).
- In the USA prevalence rates are also similarly high as rates for Nonepileptic Seizures alone is between 12% and 18% of initial outpatient neurology clinic visits (Baslet, Dworetzky, Perez & Oser, 2015).

It has been suggested that the most important initial phase of treatment for individuals with Nonepileptic seizures includes engagement and delivery of diagnosis (Baslet et al., 2015).

Consequently, this study addresses a pertinent, currently under-researched issue.
METHOD
WHAT I DID

-NHS ethics required – Health Research Authority, Research Ethics Committee and Trust Research and Development.

-Qualitative methodology – Thematic Analysis

-Potential participants were contacted via a recruitment letter sent out by the Admin Team at the neuropsychology service that had requested this research to be undertaken.
WHAT I DID CONTINUED

- Participants were recruited from three sources:
  - Waiting list for initial assessment appointment
  - Waiting list for treatment (following initial assessment appointment)
  - In treatment

- Semi-structured interviews were completed with four participants who had been referred to the neuropsychology service.
  - All aged over 18
  - All female
  - One waiting list for initial assessment appointment, one waiting list for treatment and two in treatment.

- Interviews conducted on hospital site and tried to arrange these around their clinic appointments to avoid extra travel.
RESULTS (TENTATIVE)
All data was transcribed and then analysed using Braun and Clarke’s ‘6 step approach’
- Phase 1 – Familiarising yourself with your data
- Phase 2 – Generating initial codes
- Phase 3 – Searching for themes
- Phase 4 – Reviewing themes
- Phase 5 – Defining and naming themes
- Phase 6 – Producing the report.
Based on the analysis conducted so far preliminary themes include:

**Positive findings**
- Bibliotherapy is useful
- Bibliotherapy is recommended
- Bibliotherapy increased understanding of condition
- More bibliotherapy should be available

**Negative findings**
- Some drawbacks to bibliotherapy (overwhelming; increase uncertainty)
- Would prefer to have this information explained in person
These preliminary results are consistent with previous findings that support the usefulness of bibliotherapy in other populations as mentioned earlier:

- **Anxiety in children** - Rapee, Spence, Cobham & Wignall (2000)
- **Anxiety, depression and trauma** - Redding, Gaudiano, Herbert and Forman (2008)
- **Psychological difficulties** - Den Boer, Wiersma and Van Den Dosch (2004)
- **Neurological conditions** - Latchem and Greenhalgh (2014)
DISCUSSION
WHAT IT IS HOPED THESE RESULTS CAN CONTRIBUTE

- It is hoped that this research provides evidence that bibliotherapy is useful to those referred to a neuropsychology service.
- This is in order to encourage services to produce and provide bibliotherapy to people who are referred to their service.
- This aims to provide an understanding of the condition to individuals whilst they are waiting for the service so that the initial phase of treatment has already been addressed.
- This should hopefully reduce the number of sessions required to complete the initial phase of treatment, thereby reducing the total number of sessions required.
- If the total number of sessions is reduced then this should have a positive impact upon the waiting list and allow services to see more people more promptly.


Division of Neuropsychology (2013). Management of patients with neurological medically unexplained symptoms within clinical services in NHS Scotland: The role of clinical neuropsychology. Leicester: The British Psychological Society.


THANK YOU FOR LISTENING!

Any questions?