




VISUALISE
Use of Intervention Mapping to design self-management intervention for stroke survivors with visual impairment

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20-60% of stroke survivors

- Eye movement
- Visual field
- Visual perceptual



- **Negatively** interferes with all aspects of life
- Care provision is **variable**



Lack of evidence and treatment to support clinicians

Self-management

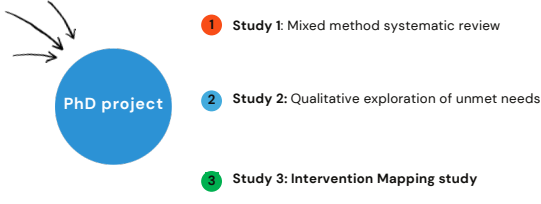
- **'Bridge the gap'** between long-term need and health service capacity
- **Advocated** across stroke care guidelines

However,

- **Existing** interventions can lack **clear basis** in stakeholder **needs and experiences**

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VISUALISE
A self-management intervention for stroke survivors with visual impairment



- 1 **Study 1:** Mixed method systematic review
- 2 **Study 2:** Qualitative exploration of unmet needs
- 3 **Study 3:** Intervention Mapping study

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Development of VISUALISE, a tailored self-management intervention for stroke survivors with visual impairment

1 Mixed method systematic review

Key findings:

- 101 different quantitative outcomes
- Wide variation across existing interventions
- Key recommendations for the development of future interventions


2 Qualitative exploration of unmet needs

Key findings:

- 18 unmet needs relating to
 - (i) information provision and education,
 - (ii) practical support
 - (iii) peer and emotional support

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Research Aim & Questions




Aim: To design a self-management intervention, tailored to the unmet needs of individuals living with stroke-related visual impairment

Questions: What are stakeholder preferences for the optimal

- Content** (procedures and materials) and
- Structure** (delivery method, location, dose and duration) of the proposed intervention?

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Method: Intervention Mapping



Rationale for Intervention Mapping:

- Supports integration of **evidence**
- Supports consideration of **theory**
- Supports **collaboration with stakeholders**

Each stage includes a series of tasks which create the foundation for the following stage

Stages of Intervention Mapping (1-4):

1. Why do unmet needs arise and persist?
2. What can be done, learned, provided or changed to address unmet needs?
3. What are the most suitable intervention methods?
4. What is the optimal content and structure?

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Methods



Stakeholders

Strategically recruited according to unmet needs:

- (i) individuals with lived experience
- (ii) health professionals
- (iii) supervisory team

Data collection



- Focus groups online
- Preparatory materials
- Semi-structured, open ended questions

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Stage 1 : Why do unmet needs arise and persist?



Unmet need	Stakeholder feedback/ decisions:
1. Insufficient information and explanation of visual impairment	<ul style="list-style-type: none"> • Lack of comprehensive understanding of visual impairment • Education can inaccessible, generic and passively delivered • Reduced confidence to ask for help • The 'timing' of information is important.

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Stage 2 : What can be done, learned, changed or provided?



Unmet need	Stakeholder feedback/ decisions:
1. Insufficient information and explanation of visual impairment	<ul style="list-style-type: none"> • Need for accessible, active (face-to-face), education (including nature and impact) • Individuals do not have sufficient knowledge of their condition to be able to explain it to others

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Stage 3 : What intervention methods are most suitable?



Unmet need	Stakeholder feedback/ decisions:
1. Insufficient information and explanation of visual impairment	<p>There are lots of ways to deliver education, which would be best?</p> <ul style="list-style-type: none"> • Delivered in workbook • Presentations from professionals • Provided by intervention facilitator • Peer group discussion • Information packets

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Stage 4 : What is the optimal content and structure?



Recommendations from systematic review	Stakeholder feedback/ decision:
1-2 hour sessions	2 hour session
1-2 weeks between sessions	1 week between sessions
Long-term support or 'booster' session	Formation of a peer network

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Results: VISUALISE structure

TiDieR components	Decisions made by stakeholders:
Who will deliver?	Primarily peer-led with support from a health professional
How long?	2 hour, weekly session with protected time for breaks and peer support
Materials	Formation of peer network Supported by a workbook including: <ul style="list-style-type: none"> • overview of session content • overview of available support • diary section

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Results: VISUALISE content



Content overview:	
1	Education about visual impairment and self-management
2	Identifying skills and strengths
3	Setting goals (what do I want to achieve?)
4	Identifying and accessing existing support
5	Reflection
6	Topic specific session: driving
7	Topic specific session: technology and aids
8	Reflection
9	How can I support myself in the long-term?



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Discussion


- Implications for self-management
- Research implications
- Future work

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Thank you for listening!



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