



**Department of Psychology**

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## **Information Sheet**

# **Development and evaluation of a cognitive behavioural intervention for post stroke sleep problems**

My name is Katherine Herron and I am a Trainee Clinical Psychologist at Royal Holloway, University of London. I am carrying out a study on treatment for sleep problems experienced after a stroke, supervised by Dr Lorna Farquharson and Professor Annette Sterr. I would appreciate your participation, because this study is important for helping us develop treatments which will help people with poor sleep after stroke not only sleep better, but have benefits for mood and quality of life.

### **Why Have I Been Asked To Take Part?**

We are looking for people who have experienced a stroke and feel their sleep could be better. If you feel you are experiencing sleep problems, I would like to invite you to take part in the current study by undergoing a course of psychological treatment which aims to help with sleep problems.

### **What Will The Study Involve?**

If you decide to take part, I will need to carry out an assessment with you to find out whether the sleep intervention is appropriate for you and if you are suitable to take part. I will firstly telephone you to give you the opportunity to ask any questions you may have about the study. I will also ask some initial questions to save you the time of coming to the assessment session if for some reason I think you would not be able to participate. You will be invited to attend an assessment session at the Clinical Neuroscience Research Team (CNRT) laboratory at the University of Surrey where I will ask you details about your sleep, quality of life, mood and medical history. I will also ask for your permission to ask your GP for approval for you to take part. If you are suitable to take part, I will invite you to participate in the full study programme.

The full study programme entails attending 7 sessions of psychology therapy for sleep problems at the CNRT laboratory. These sessions last one hour and will run once a week for eight weeks. The therapy involves openly discussing sleep problems with me and thinking together about how we can improve your sleep. We will follow a comprehensive manual which provides detailed information about sleep and techniques you can try at home to improve your sleep pattern. This will involve making some changes to your lifestyle, your sleep schedule, your daily routine and finding ways to help you relax. You can keep this manual to help you use the techniques at home. Research has shown that this form of treatment is effective in people with long term illnesses with sleep problems. Only you and myself will be present in the sessions, however, I will ask for your permission to audio tape the sessions for my supervisors to monitor my therapeutic skills. You can decide not to have your sessions recorded if you wish.

The study also entails monitoring your sleep before, during and after therapy sessions, so we can measure the effects of treatment. This will involve completing questionnaires, a sleep



Do you agree to your GP being contacted about your participation in the study?  
yes no

Do you agree to have the therapy sessions audio recorded?  
yes no

Signature \_\_\_\_\_ Name in block letters \_\_\_\_\_

Date \_\_\_\_\_

NB: This consent form will be stored separately from the anonymous information you provide.