

Proposal 1: Health Psychology

Title: Understanding and addressing the psychosocial support needs and wellbeing of caregivers of people with both dementia and cancer

Supervisors: Laura Ashley, Claire Surr & Brendan Gough (in partnership with Carers Leeds)

Across the UK 6.5 million people provide unpaid care to a loved one who is older, ill or disabled. Research shows that informal caregivers report higher levels of stress, anxiety and depression, and poorer physical wellbeing, than their non-caregiver peers [1,2]. By 2020 almost 1 in 2 people in the UK will develop cancer in their lifetime and by 2025 there will be over 1 million people in the UK with dementia. As the population ages, a challenge for health and social care is the increasing number of older people with two or more long-term conditions (known as multimorbidity) [3] – and this includes co-occurring diagnoses of dementia and cancer [4,5]. Very little is currently known about the experiences of caregivers who look after family members who have both dementia and cancer. This PhD research programme will advance our understanding of this somewhat hidden but growing group of caregivers – in terms of the challenges they face, and their psychosocial support needs and wellbeing. The PhD will use this knowledge to identify and feasibility-test an intervention/service improvement at Carers Leeds which may address an unmet need and improve carers' wellbeing [6,7].

The PhD will comprise: (1) Synthesis of existing literature on caregivers of people with multimorbidities.

(2) Qualitative study (e.g. interviews or focus groups) focused on understanding caregivers' experiences, the unique challenges they face caring for someone with dementia and cancer, and their psychosocial support needs and how and by whom these might be best met.

(3) Feasibility test of a psychosocial intervention/service improvement at Carers Leeds that could potentially address an important unmet psychosocial support need(s) and improve an aspect of carers' wellbeing. This would focus on the implementability, acceptability and initial perceived value and impact of the improvement/intervention.

Further Reading:

Ashley L, O'Connor DB, Jones F. (2011). Effects of emotional disclosure in caregivers: moderating role of alexithymia. *Stress and Health*, 27, 376-387.

Brummett BH, Babyak MA, Siegler IC, et al. (2006). Associations among perceptions of social support, negative affect, and quality of sleep in caregivers and non-caregivers. *Health Psychology*, 25, 220-225.

van Oostrom SH, Picavet HSJ, de Bruin SR, et al. (2014). Multimorbidity of chronic diseases and health care utilisation in general practice. *BMC Family Practice*, 15:61.

Legler A, Bradley EH, Carlson MDA. (2011). The effect of comorbidity burden on health care utilisation for patients with cancer using hospice. *Journal of Palliative Medicine*, 14, 751-756.

Monroe T, Carter M, Feldt K, et al. (2012). Assessing advanced cancer pain in older adults with dementia at the end-of-life. *Journal of Advanced Nursing*, 68, 2070-2078.

Brodsky H, Green A, Koschera A. (2003). Meta-analysis of psychosocial interventions for caregivers of people with dementia. *Journal of the American Geriatrics Society*, 51, 657-664.

Waldron EA, Janke EA, Bechtel CF, et al. (2013). A systematic review of psychosocial interventions to improve cancer caregiver quality of life. *Psycho-Oncology*, 22, 1200-1207.

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Proposal 2: Health Psychology

Title: Developing and piloting a psychological and lifestyle multi-faceted intervention with stroke survivors to promote post-stroke psychosocial wellbeing and confidence

Supervisors: Suzie Xu Wang, Laura Ashley & Peter Branney

Many stroke patients and carers (about 2/3) report clinical and sub-clinical psychosocial problems such as anxiety, stress and poor confidence^{1,2}. The proposed PhD fits into the Stroke Association's (SA) research priorities (2014). One of the SA's research priorities is to identify interventions that can help stroke survivors regain and improve confidence. The SA also encourages testing integrated interventions to increase post-stroke well-being. There is a dearth of information about the factors that promote resilience to or adaptive coping with the negative emotional impact of a stroke; illness perceptions, which will be assessed in this study, may be one such factor. Thus, developing stroke-specific interventions to promote psychosocial well-being and confidence is a key research goal.

Aim of the project: The overall aim of the PhD is to adapt an evidence-based multi-faceted intervention of proven efficacy in patients with chronic fatigue, for use with stroke survivors. The specific intervention involves an eclectic mix of psychological (e.g., optimum physical activity, deep relaxation techniques³) and lifestyle advice to help people with stroke.

Methods: The PhD project will entail:

1. A systematic review of the research of interventions concerning to increase confidence and psychosocial wellbeing for stroke patients
2. Using mixed-methods (e.g. questionnaire and interviews and/or focus groups) to explore: a) the acceptability of the multi-faceted intervention, b) how stroke survivors' beliefs such as illness perceptions predict their confidence and psychosocial wellbeing
3. Using this data to adapt the intervention, increasing its acceptability and ensuring it targets the beliefs most important in promoting psychological wellbeing and confidence
4. Conduct a pilot controlled trial of the adapted intervention, assessing its feasibility and acceptability and providing initial estimates of its effects on confidence and psychosocial wellbeing

Recruitment: Stroke survivors will be identified and recruited via Dr Wang's already established stroke support networks.

Further Reading:

Burvill P.W., Johnson G.A., Jamrozik K.D., Anderson C.S., Stewart-Wynne E.G., & Chakera T.M. (1995). Anxiety disorders after stroke: results from the Perth Community Stroke Study. *The British Journal Of Psychiatry: The Journal Of Mental Science*, 166(3), 328-32. .

Burton C.A. Holmes J. Murray J., Gillespie D., Lightbody C.E., Watkins C.L., et al. (2011). Interventions for treating anxiety after stroke. *Cochrane Database Syst Rev*, 1(12), 1-25.

Wang, X. ; Hyland, M. E., Sutcliffe, K.; & Christensen, A. (2015) Relaxation techniques for stroke survivors: findings from a patient and public involvement project in the UK (conference proceedings), The European Stroke Organisation Conference; Glasgow, UK

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Proposal 3: Health Psychology

Title: Creative well-being: Impact of individual & environmental predictors

Supervisory Team: Anna Abraham & Suzie Xu Wang

In their 2014 final report, the Centre Forum's Mental Health Commission defined Mental Wellbeing as "*a dynamic state in which an individual is able to develop their potential, work productively and creatively, build strong and positive relationships with others, and contribute to their community.*" Mental wellbeing is an orthogonal concept to mental illness as it does not follow that an absence of mental illness guarantees mental wellbeing. Unlike hedonic wellbeing where the focus is on maximising pleasure and avoiding pain, the emphasis in eudaimonic or psychological well-being is on happiness or the feeling of thriving or human flourishing. Research from the field of positive psychology has established that the presence of factors like autonomy, personal growth, self-acceptance and positive relations with others is associated with greater psychological well-being and leads to higher creativity and self-actualization. Very little, however, is known about how enduring this sense of psychological well-being would be over the passage of time, particular over critical periods in the lifespan development.

This PhD project involves a combined longitudinal and cross-sectional design where three cohorts of late adolescents and young adults will be followed over the span of two years and assessed in terms of changes in creativity, motivation, and psychological well-being over the transition period. These changes will be evaluated in terms of a range of environmental factors, such as socio-demographic variables and opportunities in the community for exploration of interests, and individual factors, such as cognitive function and scholastic aptitude. The project will allow us to identify the conditions that lead to a facilitation or diminishing of mental wellbeing and this will provide key insights about how to create environments that promote psychological well-being at the level of the individual and community.

Further Reading:

Archontaki D, Lewis GJ, Bates TC (2013). Genetic influences on psychological well-being: A nationally representative twin study. *Journal of Personality*, 81 (2): 221-230.

Dyer G, Hunter E. Creative Recovery: art for mental health's sake. (2009) *Australas Psychiatry*. 17 Suppl 1:S146-50.

Kitayama S, Karasawa M, Curhan KB, Ryff CD, Markus HR (2010) Independence and interdependence predict health and wellbeing: divergent patterns in the United States and Japan. *Front Psychol*. 1:163.

Ryff CD (1989). Happiness is everything, or is it? Explorations on the meaning of psychological well-being. *Journal of Personality and Social Psychology*, 57 (6): 1069–1081.

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Proposal 4: Health Psychology

Title: Towards a better understanding of sexual obsessions

Supervisors: Therese Shepherd & Tamara Turner-Moore

Obsessive-compulsive disorder is characterised by recurrent and persistent thoughts, images or impulses that are experienced as intrusive and inappropriate, and that cause marked anxiety or distress (APA, 2013). The nature of these obsessions can vary from thoughts about contamination, mistakes, accidents and asymmetry to sexual, aggressive or religious intrusions.

Sexual obsessions can include unwanted and distressing thoughts about sexual acts with family members or young children, sexually aggressive behaviour, same-sex sexual activity or unfaithfulness (Grant et al., 2006). Approximately 20-30% of adults with OCD report sexual/aggressive obsessions as their primary difficulty (Stein et al., 1997), though actual rates are likely to be higher as many sufferers are too embarrassed to disclose symptoms (Baer, 2001); such concerns may be warranted as sexual obsessions can be misinterpreted by family and professionals as indicating a risk for acting on the thoughts (Veale et al., 2009). Experiencing sexual obsessions is associated with high levels of distress and suicidal thoughts (e.g. Fullana et al., 2009; Torres et al., 2011).

Sexual obsessions have rarely been studied in their own right. Therefore, this project might comprise one/more of the following (other ideas are welcome):

1. Systematically reviewing the sexual obsession literature, identifying the most promising avenues to pursue.
2. Exploring the phenomenology of sexual obsessions (e.g., Moulding et al., 2014);
3. Examining and testing factors that might be implicated in the aetiology of sexual obsessions (e.g., which self/world views might indicate a propensity for sexual obsessions and whether altering these views may be a viable target for clinical intervention: Doron & Kyrios, 2005);
4. Examining professionals' assessments of people presenting with sexual obsessions (e.g., Veale et al., 2009).
- 5.

You should select the methodological approach appropriate to your research question, whether cross-sectional, experimental, quantitative or qualitative.

Further Reading:

Berry, L. M. & Laskey, B. (2012). A review of obsessive intrusive thoughts in the general population. *Journal of Obsessive-Compulsive and Related Disorders*, 1, 125-132.

Doron, G., & Kyrios, M. (2005). Obsessive compulsive disorder: A review of possible internal representations within a broader cognitive theory. *Clinical Psychology Review*, 25, 415-432.

Grant, J. E., Pinto, A., Gunnip, M., Mancebo, M. C., Eisen, J. L., Rasmussen, S. A. (2006). Sexual obsessions and clinical correlates in adults with obsessive-compulsive disorder. *Comprehensive Psychiatry*, 47, 325-329.

Moulding, R., Aardema, F., O'Connor, K. P. (2014). Repugnant obsessions: A review of the phenomenology, theoretical models, and treatment of sexual and aggressive obsessional themes in OCD. *Journal of Obsessive-Compulsive and Related Disorders*, 3, 161-168.

Veale, D., Freeston, M., Krebs, G., Heyman, I., Salkovskis, P. (2009). Risk assessment and management in obsessive-compulsive disorder. *Advances in Psychiatric Treatment*, 15, 332-343.

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Proposal 5: Health Psychology

Title: Drug addiction: The role of stress and impulsivity

Supervisory Team: Therese Shepherd, Zoe Kolokotroni & Danielle Selby

Drug addiction is very costly to society leading to a variety of health and social problems. With approximately 210 million people using illicit drugs and 15-39 million problem drug users in the world, the problem is large and there continues to be an enormous unmet need for prevention, and treatment (United Nations Office on Drugs & Crime, World Drug report 2013). In order to prevent and/or treat this disorder it is important to understand why only some individuals become addicted to drugs when they use them, and why addicts find it so difficult to stop using drugs of abuse. Formulations of drug addiction propose that both heightened impulsivity and stress are major factors influencing the initiation, maintenance and relapse of addiction.

The focus of this PhD will be to explore how varying dimensions of impulsivity and stress may independently or interactively come to predict pathological drug craving, hypersensitivity to drug related stimuli and ultimately drug consumption. Candidates will be encouraged to employ a multi-methodological approach using for example questionnaires, computerised cognitive tasks, physiological measures and *transcranial direct current stimulation* (tDCS) in order to assess and manipulate different aspects of impulsive behaviour, stress reactivity, cue sensitivity and attentional bias.

Further Reading:

[Coskunpinar A](#), [Cyders MA](#) (2013) Impulsivity and substance-related attentional bias: a meta-analytic review. *Drug and Alcohol Dependence*, 133 (1): 1-14.

De Wit, H (2008) Impulsivity as a determinant and consequence of drug use: a review of underlying processes. *Addiction Biology* 14: 22-31.

Field M and Cox WM (2008) Attentional bias in addictive behaviors: a review of its development, causes, and consequences. *Drug and Alcohol Dependence* 97: 1-20.

Hamilton, KR, Sinha, R and Potenza, MN (2014) Self-reported impulsivity, but not behavioral approach inhibition, mediates the relationship between stress and self-control. *Addictive Behaviors*, 39, 1557-1564

Lejuez CW, Magidson JF, Mitchell SH, Sinha R, Stevens MC, de Wit H. (2010). Behavioral and biological indicators of impulsivity in the development of alcohol use, problems, and disorders. *Alcoholism: Clinical and Experimental Research* 34(8):1334–1345.

Lovallo, WR (2013). Early life adversity reduces stress reactivity and enhance impulsive behaviour: Implications for health behaviours. *International Journal of Psychophysiology* 90:8-16.

Sinha R. (2008). Chronic stress, drug use, and vulnerability to addiction. *Annals of the New York Academic Sciences* 1141:105–130.

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