

The Strength, Hope and Resourcefulness Program for People with Parkinson's Disease: A Qualitative Investigation of Helpful Group Processes

Denise Larsen¹, Kenneth Murdoch², Chelsea Arsenault², Anthony Joyce², Andrew Howell², Wendy Edey², Tricia Sandham², and Janis Miyasaki²

¹University of Alberta

²Affiliation not available

May 27, 2022

Abstract

Parkinson's disease (PD) is a neurodegenerative disease characterized by motor and non-motor features. Many people with PD struggle with mental health issues such as depression. Evidence shows that people with PD may have trouble adopting a hopeful or positive orientation given their diagnosis and symptoms. Psychological treatments for PD are scarce and even more scarce are treatments that specifically focus on promoting hope and well-being. The Strengths, Hope, and Resourcefulness Program for People with Parkinson's Disease was developed to begin to address this treatment gap. This qualitative study used in-depth, semi-structured interviews with 15 participants to identify seven processes group members found helpful during treatment: Accessing Hope, Comparing, Drawing Together, Reaching Beyond Self, Releasing Emotion, Sharing Skills/Picking Up Resources, and Self-Reflecting/Personal Insight. The unique contributions of an intentional and explicit hope, strengths, and resources intervention are discussed with specific attention to therapeutic process and practice. This study was reviewed and approved by the Health Research Ethics Board at the University of Alberta (ID # Pro00065937).

The Strength, Hope and Resourcefulness Program for People with Parkinson's Disease: A Qualitative Investigation of Helpful Group Processes

Denise Larsen, Ph.D., R. Psych. Department of Educational Psychology, University of Alberta, Edmonton, Alberta, Canada

Kenneth Murdoch, M.Ed, Aa Department of Educational Psychology, University of Alberta, Edmonton, Alberta, Canada

Chelsea Arsenault, M.Ed., Department of Educational Psychology, University of Alberta, Edmonton, Alberta, Canada

Anthony Joyce, Ph.D., R. Psych. Department of Psychiatry, University of Alberta; Edmonton, Alberta, Canada

Andrew Howell, Ph.D., R. Psych. Department of Psychology, MacEwan University, Edmonton Alberta, Canada

Wendy Edey, M.Ed., Hope Studies Central, University of Alberta, Edmonton, Alberta, Canada

Tricia Sandham, Ph.D., R. Psych. Department of Educational Psychology, University of Alberta, Edmonton, Alberta, Canada

Janis Miyasaki, MD, M.Ed., Division of Neurology, Department of Medicine, University of Alberta, Edmonton, Alberta, Canada

Authors Note: This is an original manuscript submitted to Taylor & Francis in Counselling Psychology Quarterly on April 19th, 2022

Abstract

Parkinson's disease (PD) is a neurodegenerative disease characterized by motor and non-motor features. Many people with PD struggle with mental health issues such as depression. Evidence suggests that people with PD may have trouble adopting a hopeful or positive orientation given their diagnosis and symptoms. There has been relatively little research on psychological treatments for PD tend to be few and even less research focused on promoting hope and well-being. The Strengths, Hope, and Resourcefulness Program for People with Parkinson's Disease was developed to begin to address this treatment gap. This qualitative study identifies seven processes group members found helpful during treatment: Accessing Hope, Comparing, Drawing Together, Reaching Beyond Self, Releasing Emotion, Sharing Skills/Picking Up Resources, and Self-Reflecting/Personal Insight. The unique contributions of an intentional and explicit hope, strengths, and resources intervention are discussed with specific attention to therapeutic process and practice.

Keywords: Hope, Positive Psychology, Group Therapy, Strengths, Qualitative, Parkinson's Disease

Practical Implications

- Provides client elicited information that may be useful to the implementation of positive, strength-focused approaches to group work with those with PD.
- Where group cohesion is typically fostered through discussions of shared struggle, an intentional focus on hope has the potential to offer options for developing group cohesion.
- Expressing difficult emotions in a safe environment, including hopelessness, may be an important precursor to hope.
- Offers insights into the group leader's role as process facilitator rather than top-down content expert.

The Strength, Hope and Resourcefulness Program for People with Parkinson's Disease: A Qualitative Investigation of Group Processes

Parkinson's disease (PD) is an incurable neurodegenerative disease that causes progressive and debilitating symptoms (Hawley, 2014) and affects over one million Americans (Marras et al., 2018). Some studies suggest that, globally, the number of people diagnosed with PD is expected to double to 12 million by 2040, leading to a significant international demand for multispecialty interventions and care (Dorsey et al., 2018). PD primarily impacts motor functioning, but it is now understood that non-motor features of PD are prominent – particularly with increased progression of the disease (Marinus et al., 2018). One non-motor feature, depression, has been shown to affect approximately 35% of people with PD (Aarsland et al., 2012). Depression, apathy and the tendency to catastrophize and pessimistically view symptoms are common features of PD that may negatively impact quality of life and well-being (Gallagher & Schrag, 2012; Lerman et al., 2019).

Although pharmacological treatments for non-motor symptoms exist, very few studies have explored the efficacy of novel psychological treatments for those with PD who face these symptoms (Mueller et al., 2018). Previous research has explored symptom-focused and problem-solving approaches to non-motor PD symptoms (Lopes et al., 2021) but no research has explored or evaluated positive approaches focused on building well-being, hope and strengths in the lives of people with PD. Further, very little is known about therapeutic processes within individual or group therapy with those with PD, despite a probable future demand for innovative therapeutic strategies for this population. The following work outlines the qualitative findings from a study of the efficacy of a six-session group therapy program called the Strength, Hope, and Resourcefulness Program for People with Parkinson's Disease (SHARP-PWP), focusing on experiences that participants reported as important and facilitative.

Hope

Hope is the ability to envision a life in which we wish to participate (Edey & Jevne, 2003). Hope may be a valuable resource for many chronic health issues. Some studies provide evidence that hope acts as a buffer to stress and may enhance coping abilities for those with and without health issues (Hill & Fuedner, 2018; Rasmussen, O’Byrne, Vandament & Cole, 2018). Additionally, theory and research on hope suggests that it is a learnable skill, an ability and a resource that can be promoted in therapy contexts (Edey & Jevne, 2003; Larsen et al., 2007). For PWP, the journey of living with PD can be arduous and rife with uncertainty (Peek, 2017; Phillips, 2006). Hope-focused psychotherapy may be a promising new avenue of psychotherapeutic intervention. Hope focused psychotherapy utilizes an intentional hope and strength focus with an aim to people build new self-understanding beyond their diagnosis (Edey et al., 2016). Recently, there has been increased effort dedicated to examining the outcomes associated with group-based, hope-focused therapy (Howell et al., 2015; Murdoch et al., 2020) while other studies have highlighted the client experience with these individual interventions and programs (Larsen et al., 2018; Larsen et al., 2015).

SHARP-PWP is a hope focused therapy group designed for people recently diagnosed with PD. SHARP-PWP grew out of a previous group program for people with chronic pain (Edey et al., 2016). The intention of the original program, entitled “Being Hopeful in the Face of Chronic Pain”, was to enhance emotional well-being and hope in those with chronic pain. Delivered in six, two-hour sessions over two weeks, the program was aimed at helping participants to increase well-being and hope, build strength-based narratives, and empower participants to cope with pain-related difficulties (Edey et al., 2016). In a naturalistic study, Howell and colleagues (2015) found that participants enrolled in this program experienced increases in well-being, pain acceptance, and hope along with decreases in negative pain-related cognitions.

With promising initial evidence in a sample of individuals with chronic pain, the program was then adapted for use in people with PD. This program, entitled SHARP-PWP, is similar to the chronic pain group in several ways. The program itself was composed of six, two-hour weekly sessions designed for use with individuals diagnosed with PD within the last 5 years. Initial research on SHARP-PWP used a mixed method, randomized controlled trial. The quantitative results showed that clients in both the treatment ($N = 15$) and the waitlist groups ($N = 16$) experienced increases in well-being and health-related quality of life and increased hope at follow up (Murdoch et al., 2020). The findings for this study were discussed with an emphasis on the possible role that feelings of anticipation and expectation may play in the improvements reported by waitlist participants in this study (Murdoch et al., 2020; Shin et al., 2016).

In the context of efficacy research, especially randomized controlled trials, there is evidence to suggest that collecting in-depth qualitative data can offer several benefits in health research (Flemming et al., 2008). Offering more insight into our data, 15 participants from the trial above were interviewed to discuss the group. Qualitative findings suggested several potentially important outcomes (Murdoch et al., 2020) and processes identified by participants. The current study focuses further on group processes, specifically *experiences participants describe as important and helpful when taking part in the SHARP-PWP*. Throughout the paper, the term *research participants* or *participants* will be used to refer to *group members*, (i.e., *patients/clients*).

Method

Study Design

This study was reviewed and approved by the Health Research Ethics Board at the University of Alberta (ID # Pro00065937). Data for the current study is drawn from a larger corpus of data in a mixed method, randomized controlled trial of the SHARP-PWP intervention (see Murdoch et al., 2020). The original study utilized a concurrent nested (embedded) mixed method design, wherein quantitative data were given interpretive priority while qualitative data added nuance to the findings (Plano-Clark et al., 2013). The current study focuses on qualitative findings with potential for important therapeutic and research implications.

SHARP-PWP Treatment

A total of four consecutive SHARP-PWP groups met weekly for six, two-hour sessions. The groups were

made up of five to eight participants with two group facilitators. One of the facilitators was a registered psychologist with extensive background and expertise in the application of hope in counselling contexts. The other therapist was a senior doctoral student in counselling psychology with background and experience in hope theory and practice. Each week, the group would engage in activities intended to bring explicit attention to hope, resources and strengths of all participants. A detailed description of the program plan and the specific activities can be found in other contributions (See Edey et al., under review; Edey et al., 2016) in addition to in-depth investigations of specific interventions (i.e., hope collage; strength cards; Larsen et al., 2015; Larsen et al., 2018).

Sample

Individuals for the study were recruited from local support organizations and movement disorder clinics in a large western Canadian urban centre. People were invited to participate in the original study via distribution of flyers, information sessions, and through contacts with nurses, physicians, and support staff. All volunteers underwent initial screening with a neurologist administering the Montreal Cognitive Assessment, the Unified Parkinson's Disease Rating Scale, and the Movement Disorder Society (MDS) clinical criteria. Participants were included in the study if they: (1) met the MDS clinical criteria for PD (Postuma et al., 2015), (2) were diagnosed with PD within the last 5 years, and (3) had the capacity to provide consent. People with active psychotic symptoms, dementia symptoms, or who were unable to speak English were not included in the study.

Data Collection

Qualitative data were collected through audio-recorded, semi-structured interviews with 15 participants (10 women; 5 men) after they completed the SHARP-PWP program. Participant ages ranged from 48 - 81 ($M = 65.1$; $SD = 9.5$) with all but one participant identifying as white (White = 14; Other=1), and all but two participants indicating they were married (Married = 13; Widowed = 2). In terms of the number of years since diagnosis, the sample ranged from 0 - 5 ($M = 2.2$; $SD = 1.21$). On the last day of the group, all participants were given a volunteer form. Participants were free to volunteer their name to participate in an interview with no guarantee that their name would be selected. To select a representative and diverse pool of participants from the volunteers, the researchers utilized maximum variation sampling (Creswell, 2013) based upon diversity of age, gender, and PD severity (as assessed by the Unified Parkinson's Disease Rating Scale; Goetz et al., 2008). From those who volunteered, 15 were selected based upon these predetermined criteria and only these participants were contacted for an interview based upon the following further criteria: (a) the participant could articulate their experience in the group and (b) they had missed no more than one session. The first criterion was particularly important to obtaining a nuanced understanding of process as some participants tend to be more "articulate, thoughtful, and eager to share their abstractions and analyses of a situation, while others tend to be more concrete and more comfortable with events than interpretations" (Thorne et al., 1997, p. 174).

Data Analysis

Interviews were transcribed and uploaded into a computer-assisted qualitative data analysis software, ATLAS-ti (version 8). Data were analysed using Interpretive Description (ID). ID tends to be a flexible, applied approach to qualitative data analysis allowing for the creation of meaningful theoretical exploration of findings informed by clinical experience of the researcher (Thorne et al., 1997). ID can be a practical method, especially in applied professions concerned with health and illness (Thorne et al., 1997). The study aligned with ID in several ways. The process of analysis in ID is guided by the idea that inductive strategies should be prioritized in research. ID methodologists argue that technical procedures for coding, thematizing, and organizing have the potential to undermine efforts to understand data as a whole (i.e., "missing the forest for the trees;" Thorne et al., 1997). They argue that meaningful analysis of qualitative data within an applied field may require the researcher to step back and forth between clinical work and data analysis in a way that upholds clinical credibility and fosters meaningful theoretical linkages between theory and practice (Thorne et al., 1997).

For this study, several of the investigators (KM, CA, and DL), all trained in counselling psychology and qualitative methods, took part in data analysis. Initial reading and re-reading of the transcripts was conducted by KM, a senior doctoral student and research assistant on the study. Upon reading through the transcripts, tentative initial coding was introduced to organize the data as a whole and highlight passages and data segments that responded to the research question. The data were then transferred to CA, a doctoral student, who also served as a SHARP-PWP program co-facilitator/trainee. As such, she had connection to the participants' explorations of their experience in the group and contributed her perspectives to the coding. Initial themes and codes were then reviewed and finalized under the supervision and in consultation with the principal investigator on the study (DL). Any differences in analytic interpretations were resolved through discussion.

Findings

This research project focuses on the processes participants describe experiencing in the SHARP-PWP and directly responds to the research question, *what experiences do participants describe as important and helpful when taking part in the SHARP-PWP?* Seven broad processes were identified through analysis: (1) Accessing Hope, (2) Comparing, (3) Drawing Together, (4) Reaching Out Beyond Self, (5) Releasing Emotion, (6) Sharing Skills and Picking Up Resources, and (7) Self-Reflecting Leading to Personal Insight.

Accessing Hope

Some participants identified the hope focus of SHARP-PWP as beneficial suggesting that a commitment to supporting group members in finding hope challenged the negative pallor that often dominates personal, medical, and social stories about Parkinson's. As one participant put it, "hopefulness [is] a strength to take into a situation, even a nasty situation like this". Accompanying hope and learning to find hope some participants also identified positive emotional experiences. One participant reflected, "I appreciated the opportunity to talk about our experiences as people with Parkinson's but not in a gloomy dismal kind of way". Another commented, "So you have to start imagining your future with this disease, what do you want it to be? Yeah, very useful". Still others commented on the skills developed in learning to live their Parkinson's story with hope, "confirming ... that there's more than one way to look at things". One group member offered an example remembering, "when we made our lists of hope ... comparing how you say a sentence one way [and] compar[ing] it to saying it another way. One [sentence] could be hopeful ... and one concentrates on not being hopeful...".

Comparing

Some participants highlighted that comparing oneself with others within the group may have been important, allowing group members to discover similarities and to identify helpful differences. First, and most plainly, some of the participants shared that they were not alone in their experiences of Parkinson's. Metaphors like, "all on the same playing field" or "all in the same boat together" were reflected in the comments of one participant who shared, "sometimes just hearing that other people have exactly the same thing ... you don't feel alone in this whole thing". Further, Parkinson's was sometimes reflected as a shared battle, with one participant remarking, "even if you don't have all the same symptoms ... you know we're fightin' the same fight". Against the backdrop of a fight, participants described the importance of the group and their belonging: "it's the opportunity to share and care with others who have the same problem"; "I am now a member, which is a community of people with Parkinson's". From within this sense of connection, some participants also noticed their differences from others. They recognized the ways in which some of their experiences and choices were not universally shared with their peers. Noticing these differences may have allowed participants the opportunity to 'gauge' themselves, comparing their coping strategies while also learning from other group members. Participants specifically highlighted positive comparisons noting that such comparisons were uplifting. As one participant reflected, "they struck me as very resilient people and I think that you rise to, you know, if you want to be better in this life, find people that are better than you, and so I felt that this group, they were bringing things that made us all better".

Drawing Together

Many participants commented on the importance of the connections and relationships that were established throughout the program. They described the benefits of completing the program as a united group and the importance of sharing a sense of togetherness. To paraphrase one participant, it was the bonding that stood out. Another participant described the group as, “get[ting] together with my people”. Group members described the importance of the group relationships, as in the comment that “we were working toward the same goal with hope as an overriding concept”. The affiliative quality of the group was reflected in the hopes articulated. People were “sharing... that their hope was not just for their own future but for [the] others as well”. Reflecting on the *Hope Collage* and the *Time Machine* SHARP-PWP activities, one participant offered this insight, “none of that would have been as impactful doing it alone. You could do it alone, sure you can, but it wouldn’t have been as impactful”.

Reaching Out Beyond Self

Participating in SHARP-PWP may have elicited a desire to support and assist one another. Some participants noted their belief that sharing their knowledge and personal experiences contributed to others’ coping and well-being. One participant summarized, “I wanna help me, and I wanna help them, and they’re my people, ... You have options, you can stay at home and be miserable and everything, or you can get out and laugh and have a good time.”. Participants may have drawn satisfaction and purpose from the belief that they were helping their group peers, an experience that appeared to reflect positively on their sense of identity: “What I have learned is that I do have skills that I think can now benefit the community”. The appetite for altruism extended to participation in this research project. By participating in research, several participants mentioned they were helping others with Parkinson’s as well, with one commenting that the research was “not just for the good of us but for the good of others that would come after us”.

Releasing Emotion

Several participants underscored the importance of emotional expression during the program. Describing the group experience as an emotional outlet where they could process difficult feelings and adjust to the new reality of a Parkinson’s diagnosis, some participants commented on, “just coming to terms with the fact that this is [how] my life [is] gonna be going forward”. Another participant disclosed, “I was fairly ... overwrought with the emotion of it all ... I wanted to explain but I was having difficulty finding the words ‘cause it was very emotional”. She went on to assert that for her the group process was “really helpful just in terms of processing a lot of emotions in a more kind of formalized setting to help me kind of move forward”. To support needed emotional release, several participants underscored the importance and experience of a safe, non-judgemental ethos in the group. One participant disclosed, “here in the group I felt safe to share that part of the illness” while another valued the “opportunity to even just express yourself and listen to others in a safe place and a place where I could [then] go out in the world and carry on with life”.

Sharing Skills and Picking Up Resources

An important aspect of SHARP-PWP for participants may have been the focus on resources and resourcefulness. Many participants stated that they valued the opportunity to learn about resources to address common concerns in living with Parkinson’s disease. One participant appreciated hearing about “what’s out there, the resources” while another highlighted, “we got a list of resources and things that ... people around the table had found helpful and that other people could utilize”. Participants reflected on how they learned skills and approaches from group members to deal with difficult situations. One participant commented on the opportunities to share coping strategies, “... I’ve come across this particular situation or a situation like this, this is how I’ve dealt with it”. Still others reflected on the benefits of this learning, “I was not aware of what some of the things people were doing and they were certainly not aware of some of the things that I was doing”. Finally, some participants described the value in learning about both preferred and less desired ways of coping. One participant described “Seeing the differences between how people handle it and learning from that - admiring the way some people have coped and thinking ‘I wanna be like that’ or looking at some other people and thinking ‘I don’t wanna be like that’”.

Self-Reflecting Leading to Personal Insight

Some participants found the facilitated self-reflection and resulting personal insights an important part of the SHARP-PWP process. Encouraged to reflect on themselves as unique individuals apart from their diagnosis, identity – particularly as articulated in one’s hopes for the future – may have been an important feature of the process. One participant explained, the group “made you think what symbolizes hope for you, what do you look for. It was useful”. Another group member described the process. “The next week when we had to explain. It was like, ‘Oh why did I pick this [hope] picture?’ ... Then I realized that these are things that I wanna keep on doing. So the hope is that those things are still gonna be important in another 10 years or so”. The SHARP-PWP focus on personal strengths may have been experienced similarly: “I thought that was a good session personally in terms of trying to identify what my strengths were. You don’t necessarily think about that every day”.

Discussion

Many people with PD face progressively debilitating motor symptoms alongside PD-related apathy, depression and anxiety (Gallagher & Schrag, 2012). For those with PD, the tendency to view one’s symptoms through a pessimistic lens has been shown to have a detrimental impact on quality of life and mental health outcomes (Lerman et al., 2019). Group interventions focused explicitly upon the therapeutic process of hope have the potential to help individuals build skills and attitudes to enhance quality of life (Murdoch et al., 2020). This study focused on group experiences that participants described as important and helpful to them. Participants in this study discussed seven helpful factors within the group: (1) Accessing Hope, (2) Discovering Commonality, (3) Drawing Together, (4) Reaching Out Beyond Self, (5) Releasing Emotion, (6) Sharing Skills and Picking Up Resources, and (7) Self-Reflecting Leads to Personal Insight. Group facilitation is also discussed.

Accessing Hope

Finding ways to access hope in the face of Parkinson’s Disease was identified by group members as an important facet of the group experience. Participants’ descriptions of *accessing hope* during the SHARP-PWP treatment seem to align with a nuanced or mature hope, often deeply existential at its core. Hope—or an awareness of the need for hope—often arises in the context of suffering and uncertainty (Frankl, 1985; Marcel, 1962; Nwoye, 2011). A mature hope includes developing the ability and courage to envision and activate desirable futures while in full realization of the vicissitudes of life (Larsen, Hudson Breen, Murdoch, & Hobbs, under review). In this study, hope was elicited from clients and cultivated via intentional practices on the part of therapists, thereby facilitating a growing awareness of hope amongst group members even in the face of difficulty.

Psychological group interventions with an explicit and intentional hope focus are uncommon and rarer still in the support of individuals with PD. Further, most psychological interventions for PD tend to be problem-focused in as much as their explicit goal is to alleviate specific struggles (e.g., stress, pain, depression, anxiety; Gelso & Woodhouse, 2003; Lopes et al., 2021). Nonetheless, activation of resources is a therapeutic change mechanism with strong research support (e.g., Fluckinger & Holtforth, 2008; Fluckinger et al., 2013) and realized in interventions that focus not on the patient’s problems but rather on the many sound and healthy parts of the individual’s personality (Gassmann & Grawe, 2006; Munoz et al., 2020). With its focus on client hope and client strengths, SHARP-PWP may offer a window into a hope and resource-intensive approach to group intervention. Specifically, the presenting problem, while acknowledged, is explicitly not the focus of treatment. Instead, clients are encouraged to reflect on their already-existing personal experiences of hope and stories of strengths. To respectfully guide a SHARP-PWP group requires an effective therapeutic plan (Edey et al., under review) and leaders committed to creating a safe container and sustaining a hope and strengths focus on the group work.

Drawing Together, Comparing, and Reaching Out Beyond Self

Relationships among group members were identified by participants as fundamentally helpful. Themes of

Reaching Out Beyond Self, Discovering Commonality, and Drawing Together highlight the importance of relationships within the SHARP-PWP group. Group members described their bonds with one another as crucial to the therapeutic experience and, while based in part on a shared sense of common enemy, these bonds may also include an existential relief at no longer feeling alone in their experience of Parkinson's. It is as Nwoye (2011) reminds,

Often, what is essential ... is for the helper to gain either some direct or vicarious contact with another human being who has suffered a similar tragedy to the one the helper is now facing but who has been able to escape the captivity presented, through time, patience, and forbearance (p. 12).

Some participants also describe profound learning found in witnessing one another's' strengths as well as their own. Qualitative findings from a previous iteration of the SHARP program, the Being Hopeful In the Face of Chronic Pain (BHIFCP) group, examined group member experiences via two specific interventions: hope collage (Larsen et al., 2015) and strengths cards (Larsen et al., 2018), exercises common to both BHIFCP and SHARP-PWP. Like the current study, participants in BHIFCP groups identified group relationships as an important element in treatment and included themes such as communion, universality/connection, and coming together in hope. Research on therapeutic factors demonstrates that group cohesion (Dierick & Lietaer, 2008), relational impact, and social learning (Joyce et al., 2011) are correlated positively with group outcome. Further, relationships are consistently identified as a key source of hope across the now large body of hope research (e.g., Larsen, et al., under review), while research on individual therapy demonstrates that clients' hope is connected to a sense of safety and acceptance found specifically in the therapeutic relationship (Bartholomew et al., 2021; Larsen & Stege, 2010a).

Emotional Release

Another important aspect of SHARP-PWP identified by participants was the opportunity to safely *release emotions* they experienced as a result of living with Parkinson's. Secure emotional expression is a therapeutic factor commonly associated with group member outcome (Joyce et al., 2011; MacNair-Semands et al., 2010). In fact, quantitative analysis in the SHARP-PWP group confirmed that secure emotional expression in the group was predictive of increases in well-being (Murdoch et al., 2020). Further, this project highlights potential new information regarding the relationship between hope and emotional release in a therapeutic context. The experience of hope – or the need for hope – may rise to awareness in the face of suffering and uncertainty (Frankl, 1985; Marcel, 1962), contexts prone to fostering difficult emotions. Hope can often involve developing the ability and the courage to envision possible desirable futures while also experiencing the vicissitudes of life (Larsen et al., under review). In a study of hope and individual therapy, clients identified time spent describing the problem as their sole experience of hopelessness (Larsen & Stege, 2012) while acknowledging the importance of the therapeutic relationship as a source of hope, typified by feelings of safety/acceptance, being heard and understood, and genuine therapist investment in the face of difficulty. Indeed, experiencing safety/acceptance, being heard, while also recognizing the investment of one's therapist may be a critical counterbalance to client experiences of hopelessness and vulnerability (Egeli et al, 2014) as they address difficult emotions.

Within group treatment, a relatively homogeneous group such as SHARP-PWP may be ideally constituted to serve important hope fostering functions including the creation of safety in emotional release, the sense that one is genuinely heard and understood, and the feeling that group peers are authentically invested. This may be especially so given that group members share common recent contexts and experiences. Thus, while safety, emotional release and feelings of safety/acknowledgement may be common to many support groups, this research appears to be amongst a handful of instances in which scholars directly point to relationships between experiences of hopelessness, emotional release, group support, and finding hope within group therapy (e.g., Larsen, et al., 2015; Larsen et al., 2018; O'Hara, 2013). One of the features that may set the SHARP-PWP approach apart from other support groups is the manner and skill with which the group fosters and supports emotional release while also very intentionally tilting the group process toward the development of hope experiences and hope skills. In short, group member hope may be found in emotional release and in facilitator skills that both offer hope found in safety/acceptance and moving beyond the problem to accessing

hope found in life more broadly as well.

Sharing Skills

Sharing skills and resources was identified by research participants as an important experience within the group. Sharing skills suggest the importance of peer modeling and teaching in the SHARP-PWP. Modeling is a well-established learning process (Bandura, 1971) akin to Yalom's (1995) therapeutic factor of "imitative behaviors." Further, modeling has been increasingly recognized as a social process associated with positive treatment response (Faase & Petrie, 2016). According to the SHARP-PWP program plan, SHARP-PWP is "predicated on the conviction that members are interesting, capable, and multifaceted people" (Edey et al., under review). Facilitators should ideally trust in the resourcefulness, uniqueness, and strengths of group members to model strengths, hope, and resourceful behaviors for peers, highlighting that valuable personal client assets are available even in the face of Parkinson's. Where it was once thought that, "[t]he best model is often the therapist" (Borgers, 1983), SHARP-PWP is attentive to and lifts up the skills and resources brought by participants rather than viewing the facilitator as the primary role model, underscoring the wisdom of clients. While the SHARP-PWP facilitator plays an important role in setting a group tone focused on strengths, hope, and resources in this unique supportive therapy, the therapeutic model relies on clients experiencing, sharing, and modeling personal strengths.

SHARP-PWP's reliance on group member strengths extends to practical resources, such as information sheets and self-help resources. Participants describe the benefits of creating a list of useful resources for people with Parkinson's, highlighting that this, too, was facilitated as a group task. Self-help resources have long been shown to have beneficial therapeutic effects in the treatment of anxiety, depression and other mental health issues (Fischer et al., 2020; Haug et al., 2012). The hope fostering effect of gaining resources when faced with a serious health condition has been highlighted in other health studies as associated with empowerment and hope for the future (Harris & Larsen, 2007). Tasking group members with creating their own resource list is different from many professionally led health support groups wherein participants are commonly the recipients of *expert* resources delivered as part of the program. In SHARP-PWP, the reliance on client-generated practical resources is, again, suggestive of a strengths-based therapeutic model rather than a pathologizing orientation to group work. Within SHARP-PWP, group members were seemingly recognized as experts on their experience and most well-equipped to identify and to share the resources they found helpful. According to the group program plan (Edey, et al, under review) an additional unique feature of SHARP-PWP is its trans-group resource list, wherein resource lists created by past SHARP-PWP groups are shared with current groups. New resources are added by the current group members with the intention of passing the new list on to future SHARP-PWP group members.

Self-reflecting

Participants describe self-reflection focused on their personal resources and hoped-for futures as an important part of the SHARP-PWP process, leading to valued personal insights. Self-insight is a therapeutic factor shown to be positively correlated with group member outcome (Dierick & Lietaer, 2008) attained through self-reflection. Self-reflection/personal insight has long been held as a potentially important facet of group therapies (Kealy et al., 2017). However, perhaps not all self-reflection is created equal. For individuals facing difficulties and uncertain futures, pessimism, stress, and fear are common and the prospect of future good can become threatened, engendering hopelessness. Depression and anxiety may often include self-critical symptomatology (Werner, et al., 2019). By taking a strengths-based view of clients, SHARP-PWP facilitators encourage positive self-reflection even as group members face PD. As such, SHARP-PWP participants underscored the satisfying benefits gained via self-reflection specifically when directed toward a deepened personal awareness and understanding of their own hope, strengths, and abilities. Similarly, in a study of hope-focused individual therapy, clients identified therapeutic interventions that supported positive identity development as fostering hope (Larsen & Stege, 2012). In the face of difficulty, one's awareness of important personal resources has the potential to be lost to fear. Personal resource activation is a change mechanism with promising research evidence (Gassman & Grawe, 2004). As shown by these findings, a directed self-reflective focus on enhanced insight into one's strengths, hope, and personal resources may serve as an

important means of activating valuable resources when living with PD.

Facilitating SHARP-PWP

The skillful delivery of SHARP-PWP may involve a paradigmatic turn from the common expectation of a health support group wherein cohesion is fostered through discussions of shared suffering and loss. Preserving sensitivity and skill with addressing client pain while helping group members move on to access the breadth of life beyond Parkinson's may constitute the challenging task of the SHARP-PWP facilitator. Clinicians taking on this work are encouraged to be intentional and committed to exploring, learning, and experimenting with hope fostering clinical skills (Larsen et al., under review).

Facilitators' approach to delivery of SHARP-PWP seems critical, requiring both therapeutic commitment and skill in facilitating a distinctly hope and strengths focused intervention. This may be particularly true in the context of a disciplinary history and culture commonly permeated with an implicit conviction for entity beliefs (i.e., fixed mindset) about psychological health and a corresponding determination to seek health by building an increasingly sophisticated understanding of psychopathology (Howell, 2017). An explicit focus on hope and strengths instead encourages a sophisticated understanding of client abilities and resources - fostering an incremental (i.e., growth-oriented) mindset. Howell (2017) asserts that an incremental mindset is an important precursor to client change in psychotherapy. Gelso and Fassinger (1990) assert that the study of client's strengths and assets represents an area of counseling psychology's unfulfilled promise. While the field of psychology has begun to move in the direction of synthesizing positive and negative experiences, there are still far too few field-based research studies examining positive, strengths focused clinical innovations (Harbin et al., 2014).

Limitations and Future Research

As a qualitative study employing a relatively small sample size, this study was designed to offer information on positively oriented group counselling practices for people with PD. Findings are promising, however, future research with SHARP-PWP should employ mixed methods including randomized control trials to establish quantitative evidence of program effectiveness while also engaging qualitative methods (such as interpersonal process recall) designed to explore micro processes taking place during treatment. In doing so, researchers and clinicians will better understand the potency of positively oriented interventions, the change mechanisms involved, and meaningful nuances important for clinical practice.

Summary

Participants in SHARP-PWP reported that they found the group helpful, wanted it to last longer, and articulated several helpful processes. Findings suggest that a hope, strengths and resourcefulness group treatment may offer a promise for those within five years of a PD diagnosis. Seven processes were identified by group members as helpful: Accessing Hope, Comparing, Drawing Together, Reaching Beyond Self, Releasing Emotion, Sharing Skills/Picking Up Resources, Self-Reflecting/Personal Insight. Attending to group facilitator skills specific to a positively-oriented hope, strengths, and resourcefulness group appears to be an important facet of program delivery.

References

- Aarsland D., Pahlhagen S., Ballard C., Ehrt U., & Svenningsson P. (2012). Depression in Parkinson disease—epidemiology, mechanisms and management. *Nature Reviews Neurology*, 8 (1), 35–47. 10.1038/nrneurol.2011.189.
- Bandura, A. (1971). Social learning theory. Englewood Cliffs, NJ: General Learning Press.
- Bartholomew, T.T., Joy, E.E., Gundel, B.E. (2021). Clients' hope for counseling as a predictor of outcome in psychotherapy. *The Counseling Psychologist*, 48 (8), 1126–1146. 10.1177/00110000211033255
- Borgers, S. B., & Koenig, R. W. (1983). Uses and effects of modeling by the therapist in group therapy. *The Journal for Specialists in Group Work*, 8 (3), 133–138. 10.1080/01933928308411743

- Dierick, P., & Lietaer, G. (2008). Client perception of therapeutic factors in group psychotherapy and growth groups: An empirically-based hierarchical model. *International Journal of Group Psychotherapy*, 58 (2), 203–230. <https://doi.org/10.1521/ijgp.2008.58.2.203>
- Dorsey, E. R., Elbaz, A., Nichols, E., Abbasi, N., Abd-Allah, F., Abdelalim, A., ... & Murray, C. J. (2018). Global, regional, and national burden of Parkinson's disease, 1990–2016: a systematic analysis for the Global Burden of Disease Study 2016. *The Lancet Neurology*, 17 (11), 939–953. [https://doi.org/10.1016/S1474-4422\(18\)30295-3](https://doi.org/10.1016/S1474-4422(18)30295-3)
- Edey, W., & Jevne, R. F. (2007). Hope, illness, and counselling practice: Making hope visible. *Canadian Journal of Counselling & Psychotherapy*, 37(1), 44–51. Retrieved from <https://cjcc-ucc.ualgary.ca/article/view/58704>
- Edey, W., King, R. L., Larsen, D. J., & Stege, R. (2016). The “Being Hopeful in the Face of Chronic Pain” program: A counseling program for people experiencing chronic pain. *The Journal for Specialists in Group Work*, 41 (2), 161–187. 10.1080/01933922.2016.1146378
- Egeli, N. A., Brar, N., Larsen, D. J., & Yohani, S. C. (2014). Intersections between hope and vulnerability in couples' experiences of the reflecting team process. *Journal of Couple & Relationship Therapy*, 13(3), 198–218. 10.1080/15332691.2013.852494
- Faasse, K., & Petrie, K. J. (2016). From me to you: The effect of social modeling on treatment outcomes. *Current Directions in Psychological Science*, 25 (6), 438–443. 10.1177/0963721416657316
- Fischer, R., Bortolini, T., Karl, J. A., Zilberberg, M., Robinson, K., Rabelo, A., Gemal, L., Wegerhoff, D., Nguyen, T. B. T., Irving, B., Chrystal, M., & Mattos, P. (2020). Rapid review and meta-meta-analysis of self-guided interventions to address anxiety, depression, and stress during COVID-19 social distancing. *Frontiers in Psychology*, 11. <https://doi.org/10.3389/fpsyg.2020.563876>
- Fluckinger, C., & Holtforth, M.G. (2008). Focusing the therapist's attention on the patient's strengths: A preliminary study to foster a mechanism of change in outpatient psychotherapy. *Journal of Clinical Psychology*, 64 (7), 876–890. 10.1002/jclp.20493
- Flückiger, C., Zinbarg, R. E., Znoj, H., & Ackert, M. (2014). Resource activation in generalized anxiety—An observer-based microprocess analysis of patients' in-session outcomes. *Psychotherapy*, 51(4), 535–545. 10.1037/a0034119
- Flemming, K., Adamson, J., & Atkin, K. (2008). Improving the effectiveness of interventions in palliative care: The potential role of qualitative research in enhancing evidence from randomized controlled trials. *Palliative Medicine*, 22 (2), 123–131. <https://doi.org/10.1177/0269216307087319>
- Frankl, V. E. (1985). *Man's search for meaning* (Revised & updated ed.). Washington Square Press.
- Gallagher, D. A., & Schrag, A. (2012). Psychosis, apathy, depression and anxiety in Parkinson's disease. *Neurobiology of Disease*, 46 (3), 581–589. 10.1016/j.nbd.2011.12.041
- Gassmann, D., & Grawe, K. (2006). General change mechanisms: The relation between problem activation and resource activation in successful and unsuccessful therapeutic interactions. *Clinical Psychology and Psychotherapy*, 13 (1), 1–11. <https://doi.org/10.1002/cpp.442>
- Gelso, C.J., & Fassinger, R.E. (1990). Counseling psychology: Theory and practice on interventions. *Annual review of psychology*, 41, 355–386. 10.1146/annurev.ps.41.020190.002035
- Gelso, C. J., & Woodhouse, S. (2003). Toward a positive psychotherapy: Focus on human strength. In W. B. Walsh (Ed.), *Counseling Psychology and Human Strength* (pp. 171–197). New York, NY: Lawrence Erlbaum.
- Goetz, C. G., Tilley, B. C., Shaftman, S. R., Stebbins, G. T., Fahn, S., Martinez-Martin, P., Poewe, W., Sampaio, C., Stern, M. B., Dodel, R., Dubois, B., Holloway, R., Jankovic, J., Kulisevsky, J., Lang, A. E.,

- Lees, A., Leurgans, S., LeWitt, P. A., Nyenhuis, D., ... Zweig, R. M. (2008). Movement Disorder Society-Sponsored Revision of the Unified Parkinson's Disease Rating Scale (MDS-UPDRS): Scale presentation and clinimetric testing results. *Movement Disorders*, 23 (15), 2129–2170. <https://doi.org/10.1002/mds.22340>
- Harbin, J.M., Gelso, C.J., & Rojas, A.E.P. (2014). Therapist work with client strengths: Development and validation of a measure, *The Counseling Psychologist*, 42 (3), 345–373. [10.1177/0011000012470570](https://doi.org/10.1177/0011000012470570)
- Harris, G.E., & Larsen, D. (2007). HIV peer counseling and development of hope: Perspectives from peer counselors and peer counseling recipients. *AIDS, Patient Care, and STDs*, 21 (11), 2007. [10.1089/apc.2006.0207](https://doi.org/10.1089/apc.2006.0207)
- Haug, T., Nordgreen, T., Öst, L. G., & Havik, O. E. (2012). Self-help treatment of anxiety disorders: A meta-analysis and meta-regression of effects and potential moderators. *Clinical Psychology Review* 32 (5), 425–445. <https://doi.org/10.1016/j.cpr.2012.04.002>
- Hawley, J. S., Armstrong, M. J., & Weiner, W. J. (2014). *Parkinson's Disease: Improving patient care*. New York, NY: Oxford University Press.
- Hawley, J.S. (2014). What is Parkinson's disease?. In Hawley, J. S., Armstrong, M. J., & Weiner, W. J. (Eds). *Parkinson's Disease: Improving patient care* (pp. 1–6). New York, NY: Oxford University Press.
- Hill, D.L. & Fuedner, C. (2018). Hope in the midst of terminal illness. In Gallagher, M.W. & Lopez, S. J. (Eds.), *The Oxford Handbook of Hope* (pp. 191 - 206). New York, NY: Oxford University Press.
- Howell, A. J. (2017). Believing in change: Reviewing the role of implicit theories in psychological dysfunction. *Journal of Social and Clinical Psychology*, 36 (6), 437–460. [10.1521/jscp.2017.36.6.437](https://doi.org/10.1521/jscp.2017.36.6.437)
- Howell, A. J., Jacobson, R. M., & Larsen, D. J. (2015). Enhanced psychological health among chronic pain clients engaged in hope-focused group counseling. *The Counseling Psychologist*, 43 (4), 586–613. <https://doi.org/10.1177/0011000014551421>
- Joyce A. S., MacNair-Semands R., Tasca G. A., & Ogrodniczuk J. S. (2011). Factor structure and validity of the TFs Inventory–Short Form. *Group Dynamics: Theory, Research, and Practice*, 15 (3), 201–219. [10.1037/a0024677](https://doi.org/10.1037/a0024677)
- Kealy, D., Sierra-Hernandez, C. A., Piper, W. E., Joyce, A. S., Weideman, R., & Ogrodniczuk, J. S. (2017). Short-term group therapy for complicated grief: The relationship between patients' in-session reflection and outcome. *Psychiatry: Interpersonal and Biological Processes*, 80 (2), 125–138. <https://doi.org/10.1080/00332747.2016.1220231>
- Larsen, D. J., & Stege, R. (2010). Hope-focused practices during early psychotherapy sessions: Part I: Implicit approaches. *Journal of Psychotherapy Integration*, 20 (3), 271–292. <https://doi.org/10.1037/a0020820>
- Larsen, D., Edey, W., & LeMay, L. (2007). Understanding the role of hope in counselling: Exploring the intentional uses of hope. *Counselling Psychology Quarterly*, 20(4), 401–416. <https://doi.org/10.1080/09515070701690036>
- Larsen, D. J., Stege, R., King, R., & Egeli, N. (2018). The hope collage activity: an arts-based group intervention for people with chronic pain. *British Journal of Guidance & Counselling*, 46 (6), 722–737. [10.1080/03069885.2018.1453046](https://doi.org/10.1080/03069885.2018.1453046)
- Larsen, D. J., King, R. L., Stege, R., & Egeli, N. A. (2015). Hope in a strengths-based group activity for individuals with chronic pain. *Counselling Psychology Quarterly*, 28(2), 175–199. [10.1080/09515070.2015.1007444](https://doi.org/10.1080/09515070.2015.1007444)
- Larsen, D. J., & Stege, R. (2012). Client accounts of hope in early counseling sessions: A qualitative study. *Journal of Counseling & Development*, 90 (1), 45–54. [10.1111/j.1556-6676.2012.00007.x](https://doi.org/10.1111/j.1556-6676.2012.00007.x)
- Lerman, S. F., Bronner, G., Cohen, O. S., Elinx-Benizri, S., Strauss, H., Yahalom, G., & Hassin-Baer, S.

(2019). Catastrophizing mediates the relationship between non-motor symptoms and quality of life in Parkinson's disease. *Disability and Health Journal* , 12 (4), 673–678. <https://doi.org/10.1016/j.dhjo.2019.03.006>

Lopes, S. R., Khan, S., & Chand, S. (2021). The growing role of cognitive behavior therapy in the treatment of Parkinson's Disease. *Journal of Geriatric Psychiatry and Neurology* , 34 (4), 310–320. 10.1177/08919887211018274

MacNair-Semands R. R., Ogradniczuk J. S., & Joyce A. S. (2010). Structure and initial validation of a short form of the TFs Inventory. *International Journal of Group Psychotherapy* , 60 (2), 245–281. 10.1521/ijgp.2010.60.2.245

Marcel G. (1962). *Homo viator* . New York, NY: Harper & Row.

Marinus, J., Zhu, K., Marras, C., Aarsland, D., & van Hilten, J. J. (2018). Risk factors for non-motor symptoms in Parkinson's disease. *The Lancet Neurology* , 17 (6), 559–568. [https://doi.org/10.1016/S1474-4422\(18\)30127-3](https://doi.org/10.1016/S1474-4422(18)30127-3)

Marras, C., Beck, J. C., Bower, J. H., Roberts, E., Ritz, B., Ross, G. W., Abbott, R. D., Savica, R., van den Eeden, S. K., Willis, A. W., & Tanner, C. (2018). Prevalence of Parkinson's disease across North America. *Npj Parkinson's Disease* , 4 (1). <https://doi.org/10.1038/s41531-018-0058-0>

Mueller, C., Rajkumar, A. P., Wan, Y. M., Velayudhan, L., ffytche, D., Chaudhuri, K. R., & Aarsland, D. (2018). Assessment and management of neuropsychiatric symptoms in Parkinson's Disease. *CNS Drugs* , 32 (7), 621–635. <https://doi.org/10.1007/s40263-018-0540-6>

Munoz, R.T., Hanks, H., Hellman, C.M. (2020). Hope and resilience as distinct contributors to psychological flourishing among childhood trauma survivors. *Traumatology* , 26 (2), 177–184. <http://dx.doi.org/10.1037/trm0000224>

Murdoch, K. C., Larsen, D., Edey, W., Arsenault, C., Howell, A., Joyce, A., Sandham, T., & Miyasaki, J. M. (2020). The efficacy of the Strength, Hope and Resourcefulness Program for people with Parkinson's disease (SHARP-PWP): A mixed methods study. *Parkinsonism and Related Disorders* , 70 , 7–12. <https://doi.org/10.1016/j.parkreldis.2019.11.010>

Nasreddine, Z. S., Phillips, N. A., Bédirian, V., Charbonneau, S., Whitehead, V., Collin, I., Cummings, J. L., & Chertkow, H. (2005). The Montreal Cognitive Assessment, MoCA: a brief screening tool for mild cognitive impairment. *Journal of the American Geriatrics Society* , 53(4), 695–699. <https://doi.org/10.1111/j.1532-5415.2005.53221.x>

Peek, J. (2017). 'There was no great ceremony': patient narratives and the diagnostic encounter in the context of Parkinson's. *Medical Humanities* 43 ,35–40. 10.1136/medhum-2016-011054.

Phillips, L. J. (2006). Dropping the bomb: The experience of being diagnosed with Parkinson's Disease. *Geriatric Nursing* , 27(6), 362–369. doi:10.1016/j.gerinurse.2006.10.012

Plano Clark, V. L., Schumacher, K., West, C., Edrington, J., Dunn, L. B., Harzstark, A., Melisko, M., Rabow, M. W., Swift, P. S., & Miaskowski, C. (2013). Practices for embedding an interpretive qualitative approach within a randomized clinical trial. *Journal of Mixed Methods Research* , 7 (3), 219–242. <https://doi.org/10.1177/1558689812474372>

Postuma, R. B., Berg, D., Stern, M., Poewe, W., Olanow, C. W., Oertel, W., Obeso, J., Marek, K., Litvan, I., Lang, A. E., Halliday, G., Goetz, C. G., Gasser, T., Dubois, B., Chan, P., Bloem, B. R., Adler, C. H., & Deuschl, G. (2015). MDS clinical diagnostic criteria for Parkinson's disease. *Movement Disorders* , 30 (12), 1591–1601. <https://doi.org/10.1002/mds.26424>

Rasmussen, H.N., O'Byrne, K.K., Vandament, M., & Cole, B.P. (2018). Hope and physical health. In Gallagher, M.W. & Lopez, S.J. (Eds.), *The Oxford Handbook of Hope* (pp.159–168). New York, NY: Oxford University Press.

de Shazer, S. (1988). *Clues: Investigating solutions in brief therapy*. New York, NY: Norton

Shin, C. W., Hahn, S., Park, B. J., Kim, J. M., Park, E. O., & Jeon, B. (2016). Predictors of the placebo response in clinical trials on Parkinson's disease: A meta-analysis. *Parkinsonism and Related Disorders* , 29 , 83–89.<https://doi.org/10.1016/j.parkreldis.2016.05.019>

Thorne, S., Kirkham, S. R., & MacDonald-Emes, J. (1997). Interpretive description: A noncategorical qualitative alternative for developing nursing knowledge. *Research in Nursing & Health* , 20 (2), 169-177. 10.1002/(sici)1098-240x(199704)20:2<169::aid-nur9>3.0.co;2-i

Werner, A.M., Tibubos, A.N., Rohrmann, S., & Riess, N. (2019). The clinical trait self-criticism and its relation to psychopathology: A systematic review-Update. *Journal of Affective Disorders*, 247 , 530-547. <https://doi.org/10.1016/j.jad.2018.12.069>

Yalom, I. D. (1995). *The theory and practice of group psychotherapy* (4th ed.). New York, NY: Basic Books.