nested qualitative data, a small randomised controlled pilot study, self-evaluation, feedback questionnaires, telephone interviews and focus groups.

Results: Challenges including funding, recruitment, control groups, and generalizability of results to other settings are frequently encountered when trying to evaluate cancer supportive care programmes in not for profit organisations.

Conclusions: In collaboration with other academic and charitable organisations, the Haven's small research team have evaluated outcomes of the Haven's therapeutic programmes providing preliminary data as a platform for future larger multicentre studies. Learning about the experience of the Haven may help others take forward further research in this field. Details of existing Haven research can be found at www.thehaven.org.uk/research.

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Developing and evaluating a health related quality of life (HRQOL) questionnaire for craniosacral therapy (CST): Evaluating a conceptual framework

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Introduction: Craniosacral therapy (CST) is a complementary therapy which is increasing in popularity. Clients anecdotally report health improvement, but CST lacks a research evidence base. One barrier to developing an evidence base is a lack of suitable Patient Reported Outcome (PRO) measures. This project is part of a larger study to develop a new PRO for CST and will fulfil part of the FDA guidance for PRO development. This paper will establish if a conceptual framework (CF) is an appropriate representation of CST outcomes.

Methods: A pilot CF of CST outcomes was generated using published literature. Two focus groups of CST practitioners were held to refine and update the framework, then further evaluated with a focus group of CST users. Each focus group was audio recorded and thematic analysis was used to analyse the data.

Results: Practitioner summary: Practitioners (7 participated; 6 female) suggested that the CF had value in helping clients understand CST; the domain of social wellbeing needed developing; and self-care needed emphasising. Having the domain of spirituality included was debated, but decided that users were better placed to evaluate for relevance, along with checking the appropriateness of language used. Some presentation elements were also discussed such as including an introduction and explanation to the CF and improving the layout. Users summary: 3 (female) CST users participated in the focus group. Participants were impressed with the framework and liked its complexity. Discussions centred on self-care and taking 'responsibility for self' as key components of having CST. All participants wanted to see every day life and life satisfaction included in physical functioning and the inclusion of a spirituality domain.

Conclusions: The current version of the CF shows all reported effects of CST important to users and practitioners. All domains need to be covered in the new PRO to ensure content validity. The CF comprises of four domains: physical functioning, mental wellbeing, social wellbeing and spiritual wellbeing with sub-domains providing details. Components illustrate the ways clients operationalise the sub-domains and domains with arrows showing important relationships identified by clients. In a truly holistic model, there is no order or hierarchy in the way in which health changes and outcomes are manifest. The final framework will be used to generate the items in a draft PRO and check conceptual validity.

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## Acupuncture for treatment of alcohol dependence - Establishment of collaboration with St George's Mental Health NHS Trust and Community Drug Service South London

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Alcohol dependence is an increasing social problem. In the UK, the NHS estimates that around 9% of men and 4% of women show signs of alcohol dependence.

Acupuncture, as a treatment for addiction, can be integrated into a comprehensive programme to combat alcohol dependence. There have been research studies into the effectiveness of acupuncture to treat alcohol dependence and its related mental health disorders. However, although some findings are positive, they are still not sufficient or conclusive. Two questions need to be answered. The first is whether or not acupuncture is effective in treating alcohol addiction and its associated physiological and psychological symptoms, and the second is whether acupuncture is effective in preventing recidivism.

We have established cooperation between our School, South West London and St George's Mental Health NHS Trust and Community Drug Service South London (CDS). Since January 2015, some alcohol dependent clients have been given acupuncture, and their clinical records show that acupuncture may be effective in helping prevent recidivism.

The hypothesis of this research is that acupuncture is effective in treating alcohol dependence by helping addicts quit alcohol drinking and maintain abstinence, and acupuncture has positive effects on symptoms of withdrawal and quality of life.

