Journal Club Details

Journal Club location	**Flinders Medical Centre**
JC Facilitator	**Pamela Hewavasam**
JC Discipline	**Speech Pathology**

Question

1. *What outcome measures currently exist to determine efficacy of group communication therapy in acquired communication disorders for people over the age of 65yrs*
2. *What is the evidence for group therapy for patients with acquired communication disorders delivered via tele-rehabilitation/health?*

Review Question/PICO/PACO

P: N/A

I: N/A

C: N/A

O: N/A

Article/Paper

Braden, C., Hawley, L., Newman, J., Morey, C., Gerber, D. and Harrison-Felix, C., 2010. Social communication skills group treatment: A feasibility study for persons with traumatic brain injury and comorbid conditions. *Brain Injury*, *24*(11), pp.1298-1310.

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Article Methodology: Cohort Study

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Ques No.	Yes	Can't Tell	No	Comments
1	✓			**Did the study address a clearly focused issue?** To evaluate the feasibility of improving impaired social communication skills in persons with traumatic brain injury (TBI) and concomitant neurological or psychiatric conditions, using an intervention with evidence of efficacy in a TBI cohort without such complications.
2	✓			**Did the authors use an appropriate method to answer their question?** This study was a follow up to an earlier RCT in TBI. The feasibility of expanding the inclusion criteria, adding a structured support person (SP) intervention and maintaining or enhancing the initial treatment effect were evaluated. It is appropriate to be a cohort study with pre–post intervention and follow-up assessments. The treatment intervention used was 'Group Interactive Structured Treatment for Social Competence (GIST)', developed by Lenore Hawley, LCSW and Jody Newman, MA, CCC, formerly referred to as 'Social Skills and Traumatic Brain Injury: A Workbook for Group Treatment'. Following baseline testing, the group met once weekly, for 1.5 hours for 13 weeks; using the treatment intervention. **Is it worth continuing?**
3	✓			**Was the cohort recruited in an acceptable way?** Former patients of a regional rehabilitation hospital (*not named*), as well as persons from other brain injury programmes in the area, were recruited by phone and mail during a 2-year period from August 2006 to January 2008.
4	✓			**Was the exposure accurately measured to minimize bias?** Baseline testing included an interview comprised of five survey instruments (SCSQ-A, LCQ, SWLS, PART, AQ) and a videotape recording of a conversation, which was then rated by a clinician blind to the sequence of data collection. Each of the survey instruments have been validated.
5	✓			**Was the outcome accurately measured to minimize bias?** A research coordinator collected the SCSQ-A, SWLS, LCQ, AQ and the PART on follow-up and arranged for the participant to complete the videotape; the tapes were then randomized and raters were blinded to the treatment condition.

6			✓	**Have the authors identified all important confounding factors?**
				The authors do not make mention of any specific confounding factors that they controlled. However, the inclusion and exclusion criteria appear to be adequate.
				Have they taken account of the confounding factors in the design and/or analysis?
				No, see above.
7	✓			**Was the follow up of subjects complete enough?**
				Participants, SPs and group leaders completed the study measures pre-treatment, post-treatment, 3 months and 6 months post-treatment with ~9 months from group initiation to final follow-up for each group. Of the 30 participants that started in one of the four intervention groups, there were 23 that completed the treatment and 17 that completed the 6-month follow-up. Any missing item responses were updated using mean substitution in order to calculate a total score on the SCSQ-A or the LCQ. Missing data due to loss at follow-up was not computed, resulting in smaller sample size for the 6-month follow-up.
8				**What are the results of this study?**
				Hypothesis A was supported, as social communication skills improved when persons with TBI and additional problems/diagnoses were provided treatment. The pre–post intervention scores showed statistically significant gains on the SCSQ-A, GAS and SWLS (hypothesis C). The subjects with TBI-Plus were compared to the RCT participants with TBI-only on outcome measures. There were no significant differences comparing the groups at baseline, post-intervention or 6 months post-intervention. In support of hypothesis B, social skills treatment gains were maintained at 6 month follow-up at a statistically significant level. Hypothesis D was not supported. The six participants with TBI-only and SP structured involvement that completed treatment did not make statistically significant gains when compared to 33 RCT subjects with less structured SP involvement on the primary objective outcome measure, the PPIC summary score.
9				**How precise are the results?**
				P-values are only given for Hypotheses B and D. There are no confidence intervals reported.
10	Journal Club to discuss			**Do you believe the results?**

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11		**Can the results be applied to the local population?** **CONTEXT ASSESSMENT (please refer to attached document)** – *Infrastructure* – *Available workforce (? Need for substitute workforce?)* – *Patient characteristics* – *Training and upskilling, accreditation, recognition* – *Ready access to information sources* – *Legislative, financial & systems support* – *Health service system, referral processes and decision-makers* – *Communication* – *Best ways of presenting information to different end-users* – *Availability of relevant equipment* – *Cultural acceptability of recommendations* – *Others*
12		**Were all important outcomes considered?**
13		**Are the benefits worth the harms and costs?**
14		**What do the study findings mean to practice (i.e. clinical practice, systems or processes)?**
15		**What are your next steps?** ***ADOPT, CONTEXTUALISE, ADAPT*** **And then (e.g. evaluate clinical practice against evidence-based recommendations; organise the next four journal club meetings around this topic to build the evidence base; organize training for staff, etc.)**
16		**What is required to implement these next steps?**

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