### iCAHE JC Critical Appraisal Summary

### **Journal Club Details**

**Journal Club location Southern Mental Health** 

JC Facilitator **Bronwen Glatter** 

**JC Discipline Occupational Therapy** 

**CAT** completed by: **Matt Ransom** 

### Question

What is the effect of a 6-week sensory modulation intervention for people with Anxiety in a community mental health setting?

### **Review Question/PICO/PACO**

- People with anxiety in a community mental health setting
- 6-week sensory modulation intervention
- N/A
- Anxiety levels, participation and occupational performance

### **Article/Paper**

Wallis, K., Sutton, D. and Bassett, S., 2018. Sensory modulation for people with anxiety in a community mental health setting. Occupational Therapy in Mental Health, 34(2), pp.122-137.

Please note: due to copyright regulations CAHE is unable to supply a copy of the critically appraised paper/article. If you are an employee of the South Australian government you can obtain a copy of articles from the DOHSA librarian.

Article Methodology: Mixed methods

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Ques No.	Yes	Can't Tell	No	Comments
				Is there a clear qualitative and/or quantitative research question (or research objective)?
				Aimed to examine the effectiveness of a 6-week sensory modulation intervention for reducing anxiety and improving occupational participation.
1	<b>✓</b>			Aimed to add to the limited research by measuring occupational performance and participation as well as anxiety levels, within a community-based setting.
				The research hypothesized that a 6-week sensory modulation intervention would (1) reduce anxiety; and (2) increase participation and improve occupational performance, and that this would be sustained, post intervention, for 1 month.
2	<b>√</b>			Does the collected data allow answering (meeting) the research question (objective)? e.g., consider whether the follow-up period was long enough for the outcome to occur (concerning longitudinal studies or study components).
_				Further quality appraisal may not be feasible when the answer is 'No' or 'Can't tell' to one or both questions.
				A 4-week baseline; 6-week intervention; and 4-week follow-up.
QUAL	ITATI\	/E		<u>I</u>
				Do the data sources, e.g., participants, allow answering (meeting) the research question (objective)?
				Only four participants. All had to have a primary presentation of anxiety based on a psychiatrists diagnosis of clinically significant anxiety with symptoms for a minimum of 3 months.
		<b>√</b>		See page 127: results for more details. Only gives 1-2 sentence overview.
3				Study mentions:
				Strengths include the inclusion of participants with co- morbities, which is extremely common in provision of mental health services, increasing external validity and focusing on individualized interventions within a standard protocol.
				Sample could have been more representative of the broader population of people accessing mental health services, including age range and ethnicity.

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				<u></u>
4	<b>✓</b>			Does the process for analysing qualitative data allow answering (meeting) the research question (objective)?
				Participant feedback was collected using a semi-structured interview consisting of five questions.
				The participants' interviews were transcribed and analyzed for themes using qualitative descriptive methods.
5	<b>√</b>			Is appropriate consideration given to how findings relate to the context, e.g., the setting, in which the data were collected?
				Some consideration throughout. i.e during use of public transport
6			<b>√</b>	Is appropriate consideration given to how findings relate to researchers' influence, e.g., through their interactions with participants?  Minimal
QUAN	TITAT	IVE		•
7			<b>✓</b>	Does the sampling strategy allow answering the research question? Small numbers, 4 participants First in first serve basis
		<b>√</b>		Is the sample representative of the population understudy?
8				It looks this way, however, the study only gives a 1-2 sentence description of each participant.
9	<b>√</b>			Are measurements appropriate (clear origin, or validity known, or standard instrument)? Used the Beck anxiety inventory (BAI), NRS, The World Health Organization disability assessment schedule (WHODAS 2.0) and the Canadian occupational performance measure. Reliability and validity mentioned.
10	<b>✓</b>			Is there an acceptable response rate (60% or above)?
				It seems as if all four participants responded.
MIXED	MET	HODS	<u></u>	
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		Does the mixed methods research design allow answering (meeting) the research question (objective)?
11	✓	At the beginning of the study, participants completed a demographic questionnaire. Measurements were taken throughout the study, with the BAI being completed weekly, the COPM and WHODAS 2.0 at the beginning and end of the study, with an additional measure of the WHODAS 2.0 at the end of the intervention phase. Participants recorded their anxiety levels on the NRS-11 before and after using the sensory tools, during the intervention and follow-up phases. At the end of the study, a semi-structured interview was conducted with each participant.
		Does the integration of qualitative and quantitative data (or results) allow answering (meeting) the research question (objective)?*
		Yes it does, however, better and more comprehensive methods are available.
12	,	Is appropriate consideration given to the limitations associated with this integration, e.g., the divergence of qualitative and quantitative data (or results) in a triangulation design?
		No
iCAHE	'NEXT STEPS'	QUESTIONS
		Can the results be applied to the local population? Choose relevant context issues. The following are only suggestions to prompt discussion.
		CONTEXT ASSESSMENT
		<ul><li>Infrastructure</li></ul>
		- Available workforce (? Need for substitute workforce?)
		- Patient characteristics
		- Training and upskilling, accreditation, recognition
13		<ul> <li>Ready access to information sources</li> </ul>
		Legislative, financial & systems support
	Journal Club t discuss	<ul> <li>Health service system, referral processes and decision- makers</li> </ul>
		- Communication
		Best ways of presenting information to different end-users
		Availability of relevant equipment
		Cultural acceptability of recommendations
		- Others
14		Were all important outcomes considered?
15		Are the benefits worth the harms and costs?
16		What do the study findings mean to practice (i.e. clinical practice, systems or processes)?

	What are your next steps?
	ADOPT, CONTEXTUALISE, ADAPT
17	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.)
18	What is required to implement these next steps?

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