



Drama therapy for schizophrenia - THE LEADERS GUIDE

Produced by the Editorial base of the Cochrane Schizophrenia Group
<http://szg.cochrane.org/en/index.html>, email: jun.xia@nottingham.ac.uk

from

Ruddy R, Dent-Brown K. Drama therapy for schizophrenia or schizophrenia-like illnesses. *Cochrane Database of Systematic Reviews* 2007, Issue 1. Art. No.: CD005378. DOI: 10.1002/14651858.CD005378.pub2.

Special points of interest:

- This should take no longer than 1 hour to prepare
- First time you undertake a journal club in this way it may be a bit nerve-racking

but....

- It should be fun to conduct and attend
- It should begin and end on the practical day-to-day clinical situation

Inside this guide:

Part 1.1 Setting the scene	2
Part 2.1-2 Critical appraisal	2-3
Part 2.3 Doing the appraisal	3
Part 2.4 Interpret outcome data	4
Part 3. Drama Therapist arrives	4
Participants' worksheet	5-6
Participants crib sheet	7
Feedback sheet	8

Background explanation

Thank you for giving this guide a go. The idea behind this is to make things easier for you when you lead the journal club.

Journal clubs are often difficult to conduct and far removed from clinical life. Even if the leaders do prepare well, those turning up may be more in need of lunch, coffee or a social time than practical academic stimulation and the implicit pressure to read a difficult paper.

This suggested design is an attempt to allow for those needs, whilst getting the very best out of the session.

This journal club design should really help those attending see that this

research may have some clinical value.

What you will need to do is:

- Have a good read of this
- Then read the review to which this is attached.
- Distribute the review to those attending well before the club
- Make more copies for those turning up on spec
- Do not really expect many to have read the review



PRINTING GUIDE

Pages 1-4 - one copy for you

Pages 5-6 - one copy for each participant - distributed at **start** of journal club

Page 7— one copy for each participant distributed at **end** of journal club

Page 8 - one copy for you to collate feedback

Full review for everyone

Try to find a colour printer that does double sided printing

The three parts

Part 1. Set the clinical scene (5 mins)

Be clear, but really make the participants feel the pressure of the situation...just like you would in clinical life

Part 2. Critical appraisal of the review (20 mins)

Get participants to list what is needed from the review before Drama Therapist arrives, get them to talk, split into groups - with a feeling of urgency.

Part 3. Use of evidence in clinical life (20 mins)

Having distilled the evidence use role play to see how the participants would use what they have learned in everyday life.

Part 1.1 Setting the scene – Drama Therapist

Introduce participants in the journal club to their scenario

Working with the Drama Therapist you are clinical lead in a busy day hospital. As with all other services you have been asked to consider cost saving strategies. Recognising that certain activities of professions allied to healthcare maybe under threat you have thought it wise to pre-empt any managerial slash and burn policy by meeting with the

different professions and reviewing how vulnerable they are (are not) to cost cutting. The Drama Therapist working in the day hospital is threatened by this review and feels very insecure as regards the future. The Therapist has been running this Psychotherapy Group for years and is very much part of the day hospital routine. His groups are popular and indeed have a considerable waiting list. You anticipate an uncomfortable meeting.

Questions for participants:

Q 1. What do you think the Drama Therapist may ask?

A 1. [Suggestion] 'Can't you not see this does the clients good?'

Q 2. How do you think the Drama Therapist can protect himself from "managerial slash and burn"?

A 2. **List** the suggestions from participants as these are what the Drama Therapist will come back to in the role play.



Take time to read and think about the review - this is the only time-consuming bit

LIST 1:

1.

2.

3.

4.

5.

List 2:

1.

2.

3.

4.

5.



Participants will think of most of the issues - you just need to catch them and write them on a board or flip chart

Part 1.2 Setting the scene – the Journal club

Complicate the scenario by adding the need to attend this journal club

Knowing you are due to see the Drama Therapist in less than an hour you are nevertheless compelled to attend journal club.

You have not had time to read the paper and need some lunch.

By a stroke of luck the paper for discussion focuses on the value of drama therapy!

Questions for participants:

Q 1. If you had not had this paper fall into your lap where might you have gone for reliable information?

A 1. There are now lots of answers to this - The Cochrane Library, Clinical Evidence, NICE Technology Appraisals.

Anything that has a **reproducible method** by which results are obtained.

Part 2.1 Critical appraisal of the review

For every review there are only three important questions to ask:

1. Are the results valid?

2. What are the results?

3. Are the results applicable to patient or your specific clinical scenario?

You now have only 20 mins to get participants through this large review. To do this quickly is not easy, especially as many will not have read the paper in preparation.

Suggestion: Ask participants what salient facts they want to know - especially considering their tight time-scale.

Remind them that the Drama Therapist now arrives in about 20 mins.

You should be able to fit most of the suggestions supplied by participants into the three categories of question outlined above.

Read 2.2 as this give more detail of the issues that will, in some shape or form, be supplied by the participants.

If they are not lively - give them a hand.

Do not panic. Bright journal club attendees will come up with all the answers - your job is to help focus their efforts and categorise their answers.

Do not be worried by silence.

Part 2.2 The three parts of appraising a review

1. Are the results valid?

There is no point looking at the result if they are clearly not valid.

a. Did the review address a clearly focused issue?

Did the review describe the population studied, intervention given, outcomes considered?

b. Did the authors select the right sort of studies for the review?

The right studies would address the review's question, have an adequate study design

c. Do you think the important, relevant studies were included?

Look for which bibliographic databases were used, personal contact with experts, search for unpublished as well as published studies, search for non-English language studies

d. Did the review's authors do enough to assess the quality of the included studies?

Did they use description of randomization, a rating scale?

2. What are the results?

a. Were the results similar from study to study?

Are the results of all included studies clearly displayed?

Are the results from different studies similar?

If not, are the reasons for variations between studies discussed?

b. What is the overall result of the review?

Is there a clinical bottom line?

What is it?

What is the numerical result?

c. How precise are the results?

Is there a confidence interval?

3. Can I use the results to help the Drama Therapist?

a. Can I apply the results to our clinical situation and meeting?

Is our situation so different from those in the trial that the results don't apply?

b. Should I apply the results to our clinical situation and service users?

How great would the benefit of therapy be for our service users?

Were all the clinically important outcomes considered?

Are the benefits worth the harms and costs?

There is no point proceeding to the second question if journal club participants think the results are not valid



'Can't you not see this does the clients good?'



Part 2.3 Doing the appraisal

Having managed the interactive session with the participants - acquiring the three questions that need to be addressed by those appraising a review and some idea of how to answer each of those questions - now divide the room into three.

Apportion one of the questions per group and ask each group to get a feel for the whole review (1 min) but to focus on answering their particular question for the rest of the participants (5 mins or so).

Encourage talking to each

other.

Move round the room to help the groups if they seem to need it.

Have your copy of the review marked up with where they may look for answers - although in a good review it should be obvious.

Stop the flow after about 10 minutes and ask each group to report in turn.

Do Group 1 really think that the review uses valid methods? Why?

After the first group's re-

port you may want to ask everyone to vote whether to proceed or not. If they agree to proceed - see if you can **get Group 2 to give you the clinical bottom line.**

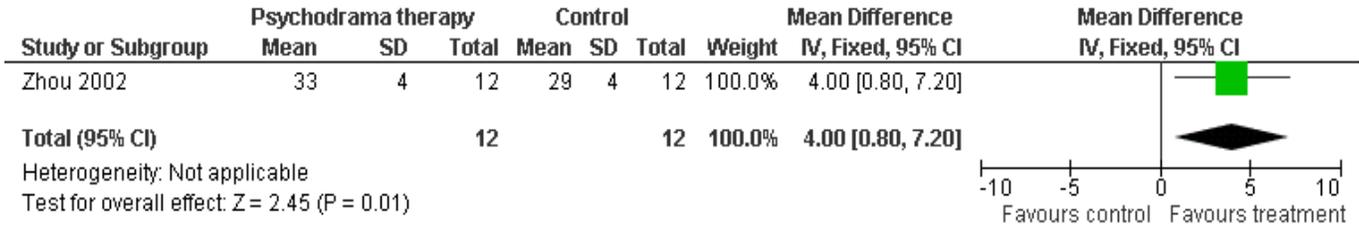
We suggest that Graph 2.4 - 'Self esteem: Short term (Endpoint data, SES, high=good)' is not a bad one to use to answer stakeholder's questions.

And from **Group 3** get some feel of how applicable the findings are.



Part 2.4 Interpret outcome data

Comparison 2: INPATIENT STAY+PSYCHODRAMA+MEDICATION versus INPATIENT STAY+MEDICATION
Outcome 2.4 Self esteem: Short term (Endpoint data, SES, high=good)



As can be seen from this graph there are very little data of relevance. This is just one graph in the whole review that any others are similar. They are often based on single small trial and use scale-derived data that are difficult to interpret. Whether this is drama therapy or drug outcomes or the more commonly used therapies this is a common situation where the reader of the review can be unclear as to the clinical meaning of the data. This is a common situation of what to do in a real world situation when the data are just too thin or not good enough or both.

Part 3. Drama Therapist arrive

This is the most important part of the journal club - the *practical application* of what knowledge you have gained.

This is one way of doing it. Set out two chairs in consultation style. Do not call for a volunteer- just nominate someone to be the clinician/clinical lead and you be Drama Therapist.

Make sure that the clinician feels they can have time to ask their [relieved for not being singled out] colleagues for help [remember- this has got to be a combination of practical and fun].

Back on page 2 there are suggestions for what the Drama Therapist may ask- use them.

Can't you not see this does the clients good?

The threatened Drama Therapist put the Clinician on the spot with the real world dilemma of feeling that they are doing good, but the Clinician recognises that people making difficult managerial decisions need hard and fast facts to be convinced. Clinician hopes to

find evidence to support the Drama Therapist, but, data in this review is very thin.

See if they can put across in a supportive way the best evidence as they understand it.

There is no perfect way to do this - but perhaps something like this:

“From the evidence we have, there is the impression that people do achieve improved self-esteem and reduced feeling of inferiority through drama therapy, but this finding is based on only one small trial and the managers would need more clear evidence to be convinced.”

How can the Drama Therapist protect himself from “managerial slash and burn”?

Again there is no perfect way to do this, but perhaps you could say something like “We know that there is a slow train coming and that the managers have to make decisions about making available the most effective therapies. I know you feel strongly about the effectiveness of your treatment and its likely

that you are correct, but we are in a position where we have to prove we are correct, these days. The best available evidence says that the largest trial is a matter of two dozen people. You have got more than that on your waiting list! Why don't you be fair about your waiting list and randomly select off it who goes into your next groups and measure outcomes like satisfaction, employment, time in hospital, relative satisfaction in a way that you would feel comfortable with? You could, from the best available evidence that is in front of us, undertake the best trial ever seen in this area and prove yourself right. We could help you to design this, so it fits in with everyday care and doesn't make it anymore complicated or a great burden of work for you or the staff involved in the Psychodrama group.

As has been said- there is no right answer and all depends on personal style and situation. Your job is to encourage the best answer out of the clinician.

If it is going well there are other questions that you may ask- see side **Box 1**.

Box 1. Additional questions

- What is the difference between an explanatory trial and a pragmatic one?**

Explanatory investigates whether in ideal circumstances a treatment would work. Pragmatic investigates whether, in real world conditions, a treatment has any meaningful effects. Pragmatic trials can be designed to fit in with everyday practice to include everyday people, in everyday treatments, for everyday outcomes that are routinely recorded in notes. Randomisation can provide a means of equitable distribution of limited resources and evidence can be generated and gathered to make strong arguments for preservation, or dissolution, or services.



This can be part of a store of Critically Appraised Topics - see CATmaker online



Drama therapy for schizophrenia - HANDOUT FOR PARTICIPANTS

Produced by the Editorial base of the Cochrane Schizophrenia Group
<http://szg.cochrane.org/en/index.html>, email: jun.xia@nottingham.ac.uk

from

Ruddy R, Dent-Brown K. Drama therapy for schizophrenia or schizophrenia-like illnesses. Cochrane Database of Systematic Reviews 2007, Issue 1. Art. No.: CD005378. DOI: 10.1002/14651858.CD005378.pub2.

Drama Therapist *will* arrive soon

What do you think Drama Therapist may ask?

List:

- 1.
- 2.
- 3.
- 4.

If you had not had this paper fall into your lap where might you have gone for reliable information?

Special points of interest:

- The idea of this is to lead you from the clinical situation, through the research and back to the real-world clinical situation again
- You may or may not have read the paper - but even if you have not that does not mean that you cannot get something out of this



- Make sure you participate, and speak up - you will have to in the real clinic
- There is no perfect way of doing this - each person has an individual way of interacting and conveying information

What key points do you need to know to see if this review can help?*

- 1.
- 2.
- 3.
- 4.
- 5.

*Drama Therapist arrives in 30 mins

After discussion do you want to change the key points you need to know to see if this review can help?*

1.

2.

3.

***Drama Therapist arrives in 10 mins**

Can you extract numbers that will be useful to you and Drama Therapist?

Clue: focus on what you think Drama Therapist may ask - main effects of drama therapy - graph number '2.4' may be a good one to use

1. Can you put weighted mean difference into words?

2. Do you think data from this review will be enough to protect the Drama Therapist from 'managerial slash and burn'?

3. What other suggestions can you give to the Drama Therapist to help to prove the value of his service?

4. Do you understand the difference between an explanatory trial and a pragmatic one?

Drama Therapist arrives

Is there a good use of words you would want to use?



Drama therapy for schizophrenia - PARTICIPANTS' CRIB SHEET

The three parts of appraising a review

1. Are the results valid?

There is no point looking at the result if they are clearly not valid.

a. Did the review address a clearly focused issue?

Did the review describe the population studied, intervention given, outcomes considered?

b. Did the authors select the right sort of studies for the review?

The right studies would address the review's question, have an adequate study design

c. Do you think the important, relevant studies were included?

Look for which bibliographic databases were used, personal contact with experts, search for unpublished as well as published studies, search for non-English language studies

d. Did the review's authors do enough to assess the quality of the included studies?

Did they use description of randomization, a rating scale?

2. What are the results?

a. Were the results similar from study to study?

Are the results of all included studies clearly displayed?

Are the results from different studies similar?

If not, are the reasons for variations between studies discussed?

b. What is the overall result of the review?

Is there a clinical bottom-line?

What is it?

What is the numerical result?

c. How precise are the results?

Is there a confidence interval?

3. Can I use the results to help the Drama Therapist?

a. Can I apply the results to our clinical situation and meeting?

Is our situation so different from those in the trial that the results don't apply?

b. Should I apply the results to our clinical situation and service users?

How great would the benefit of therapy be for our service users?

Were all the clinically important outcomes considered?

Are the benefits worth the harms and costs?

Special points of interest:

- Best evidence suggests that clinically focused problem-based learning "has positive effects on physician competency" even long into the future. ¹

1. Koh GC, Khoo HE, Wong ML, Koh D. The effects of problem-based learning during medical school on physician competency: a systematic review. *CMAJ* 2008; 178(1):34-41. (free online)



This can be part of a store of Critically Appraised Topics - see CATmaker online



Interpret outcome data (Graph 2.4)

As can be seen from this graph there are very little data of relevance. This is just one graph in the whole review that any others are similar. They are often based on single small trial and use scale-derived data that

are difficult to interpret. Whether this is drama therapy or drug outcomes or the more commonly used therapies this is a common situation where the reader of the review can be unclear as to the

clinical meaning of the data. This is a common situation of what to do in a real world situation when the data are just too thin or not good enough or both.



Drama therapy for schizophrenia - FEEDBACK

Date and place of journal club

1. How many attended?

About

2. What was the background of the people attending? (please tick)

Health care professionals

Consumers

Policymakers

Undergraduate

Postgraduate

Others

3. Marks out of ten compared with usual journal club

(10=much better, 5=same, 0 = much worse)

Free text feedback

Please return to:

Jun Xia
Cochrane Schizophrenia Group
Division of Psychiatry
University of Nottingham
The Sir Colin Campbell Building
Jubilee Campus
Innovation Park, Triumph Road
Nottingham
NG7 2RT
UK

E-mail:
jun.xia@nottingham.ac.uk
Tel: +44 (0)115 823 1287
Fax: +44 (0)115 823 1392

Thank you

This is one of 40 Cochrane Schizophrenia Group Guides for Journal Clubs

A full list is found on

<http://szg.cochrane.org/journal-club>