



Distraction Techniques for schizophrenia

– THE LEADERS GUIDE

Produced by the Editorial base of the Cochrane Schizophrenia Group
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from
 Crawford-Walker CJ, King A, Chan S. Distraction techniques for schizophrenia. Cochrane Database of Systematic Reviews 2005, Issue 1. Art. No.: CD004717. DOI: 10.1002/14651858.CD004717.pub2.

Background explanation

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

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.

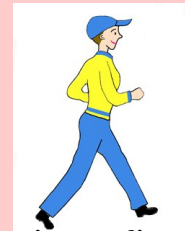
This suggested design is an attempt to allow for those needs, whilst getting the very best out of the session.

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



Exercise as a distraction

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

Inside this guide:

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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 service users arrive, get them to talk, split into groups—with a feeling of urgency.

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

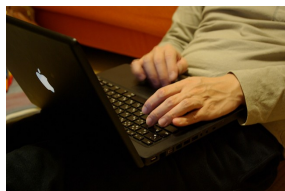
Having distilled the evidence use role play to see how the participants would use what they have learned in everyday life.

Part 1.1 Setting the scene – Philip

Introduce participants in the journal club to their scenario

Philip has had schizophrenia for five years. He has troubling auditory hallucinations from which the medication give him some relief, but much of his time is spent listening to or talking back to the voices. He tried many medications, including Clozapine, but the problem remains. He spend increasing amount of time on his computer playing innocuous games. He says he finds these distracting from the voices.

You are going to meet him in the out-patients in a short period of time and you are interested in the evidence that computer games may help with the symptom of schizophrenia. He's parents, accompanying him today, feel he's wasting all his time on the computer.



Questions for participants:

Q 1. What do you think Philip may ask?

A 1. [Suggestion] "Well, doc, is this going to do me any harm?"

Q 2. What do you think he means by 'harm'?

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

Q 3. What do you think Philip's parents will ask?

A 3. Again, list answers.

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 Philip and his family 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 distraction technique.



Exercise as a distraction

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 Philip?

You now have only 20 mins to get participants though 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 Philip and parents now arrive 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.



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 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 Philip?

a. Can I apply the results to Philip?

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

b. Should I apply the results to Philip?

How great would the benefit of therapy be for this particular person?

Is the intervention consistent with Philip's values and preferences?

Were all the clinically important outcomes considered?

Are the benefits worth the harms and costs?



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 the Graph providing data for 'Mental state: 1. Average endpoint score - short term (BPRS, high = poor)' best fits Philip's request of information about if the intervention is going to do any 'harm'.

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

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

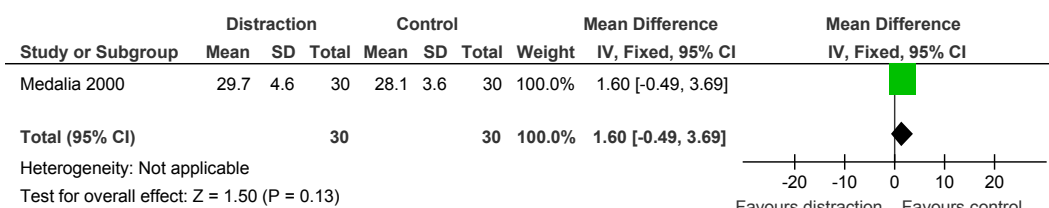


"Well, doc, is this going to do me any harm?"



Part 2.4 What are the outcomes?

COMPARISON 1: DISTRACTION TECHNIQUE + STANDARD CARE vs HEALTH PROMOTION GROUP + STANDARD CARE
Outcome 1.1 Mental state: 1. Average endpoint score - short term (BPRS, high = poor)



This study compared computer attention training modules + neuroleptic medication with National Geographic documentaries + neuroleptic medication.

There was no real difference between the treat-

ments and, if anything, the computer training increased the BPRS score by a point or two or three (1.6 CI -0.49 to 3.69).

In the light of such a small amount of data can you

ask the clinicians to use these data for the clinical interview - or the person role-playing Phillip / parents also to use these few data from their perspective.

Part 3. The family meeting

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 and you be Phillip's family.

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 Phillips may ask—use them.

“Well, doc, is this going to do me any harm?”

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:

“The best evidence we have is from a small Cochrane review - and there was no evidence disproving computer distraction technique. It has more or less the same efficacy level as conventional treatment.”

What do you think he means by ‘harm’?

Again there is no right answer but think about how to put into words what the research outcome really means.

Perhaps - “the outcome that the best evidence sug-

gests may not be all that you would want or hope for - compare to conventional treatment, computer training as a distraction technique seem to increase the BPRS score by a point or two, which suggests that it is less effective in reducing your symptoms. But this finding is based on a small study and it is neither significant nor conclusive for us to dismiss computer training”

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

☒ **Well, isn't he wasting his time, Doc?**

This question from the parents is a difficult one. Data from this study certainly do not support that distraction is of value, *but* Phillip says it is and that is another type of evidence. This is a time for diplomacy as there is no evidence that the distraction in this value *or* of harm. There may, however, be better things to do with his time. Perhaps distraction may not be that effective - but some other things could be.....

☒ **Is there not anything better than computer distraction?**

From this review there have been several distraction techniques tested and no real impression that one is better than another. On the other hand - many distraction techniques have not been subject to trials and there may well be other ones that are better....and more fun.



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



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

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- HANDOUT FOR PARTICIPANTS

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Philip and parents will arrive soon

What do you think Philip may ask?

List:

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

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

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

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

*Philip and family arrive 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.

*Philip and family arrive in 10 mins

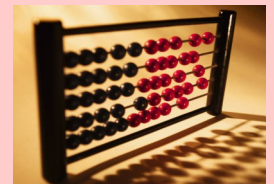
Can you extract numbers that will be useful to you and Philip?

Clue: focus on what you think Philip may ask - whether the intervention is going to do any harm - graph number '1.1.1' may be a good one to use

1. Can you put relative risk into words?

2. Is there any improvements *attributable* to use of distraction technique?

3. Can you put above finding into words?



The arithmetic is not complicated

Philip and family arrive

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





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)

CATmaker

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Distraction Techniques for schizophrenia

- PARTICIPANTS' CRIB SHEET

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What are the outcomes (Graph 1.1.1)?

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There was no real difference between the treatments and, if anything, the computer training increased the BPRS score by a point or two or three (1.6 CI -0.49 to 3.69).

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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>

Distraction Techniques 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