

MULTI-TIERED INTERVENTION STUDY FOR PATIENTS, CARERS AND HEALTH PROVIDERS TO ADDRESS CHALLENGING BEHAVIOURS AFTER BRAIN TUMOUR

JANUARY 2009

ABSTRACT

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TRIM reference number: E09/04770

Published by the Cancer Institute NSW, March 2009

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Multi-Tiered Intervention Study For Patients, Carers And Health Providers To Address
Challenging Behaviours After Brain Tumour Cancer Institute NSW

Multi-tiered intervention study for patients, carers and health providers to address challenging behaviours after brain tumour

Purpose

Untreated cognitive/behavioural impairments (challenging behaviours, CBs) associated with brain tumour (BT) adversely affect functional status and quality of life. A 'Behavioural Consultancy' approach is a psychosocial intervention to manage the person with CBs within their naturalistic environment. Compensatory strategies are introduced that can be adopted by the person with BT themselves, or utilised by family members (carers) and staff to structure the environment to minimise the impact of CBs. This study piloted a multi-tiered intervention (individual, carers, staff) to treat CBs after BT utilizing the Behavioural Consultancy model.

Methods

Participants for the individual and family interventions were recruited from a broader prevalence study of CBs after BT. For the individual case, a single case experimental design was employed to evaluate the efficacy of skill-based training and environmental changes in managing excessive talking in a woman with a benign BT. For the carer intervention, a half-day workshop to train seven carers in the use of compensatory strategies to manage CBs was trialled. Finally, 43 allied health staff from neurosurgical and cancer services attended a one-day training workshop in the Consultancy approach. A pre-post impact evaluation was employed for both workshops, employing a purpose-designed Strategies Use Measure.

Results

All three interventions demonstrated positive results. The single case (n=1) showed a 71% decrease in time in excessive talking after the Consultancy intervention. Three month follow-up found the subject maintaining a 38% decrease from baseline, emphasising the need for ongoing environmental supports. Participants attending the carer workshop demonstrated significant post-intervention increases in perceived knowledge of Strategy Use ($t = 3.33$, $p < .05$). Similarly, staff attending the full-day workshop recorded significant post-training gains in knowledge of Strategy Use ($t = -10.76$, $p < .001$).

Conclusions

The potential efficacy of a Consultancy approach can be demonstrated at the level of individual patients, carers and health providers alike.