



Target Area: Anxiety, Depression, Stress & Adjustment / Quality of life

<p>Bell, Temken, Esselman, Doctor, Bombardier et al (2005). <i>The Effect of a Scheduled Telephone Intervention on Outcome after Moderate to Severe Traumatic Brain Injury: A Randomised Trial</i>. Archives of Physical Medicine and Rehabilitation 86: 851-856</p>	<p>PE德罗 score - 8/10</p>
<p>Method/Results</p>	<p>Rehabilitation Program</p>
<p>Design:</p> <p>Y Studytype: RCT.</p> <p>Y Population: n=171 moderate to severe TBI patients, M=18-70 years, mean 36 years \pm 15, 77% male.</p> <p>Y Groups:</p> <ol style="list-style-type: none"> 1. Telephone intervention (n=85) 2. Standard follow up (n=86). <p>Y Setting: Family home via telephone.</p> <p>Primary outcome measure/s: Overall composite score of the secondary outcome measures.</p> <p>Secondary outcome measure/s:</p> <p>Y FIM.</p> <p>Y Disability Rating Scale.</p> <p>Y Community Integration Questionnaire.</p> <p>Y Neurobehavioural Functioning Inventory.</p> <p>Y Functional status examination.</p> <p>Y Glasgow Outcome Scale- Extended.</p> <p>Y SF-36.</p> <p>Y Brief symptom inventory.</p> <p>Y EuroQol.</p> <p>Y Modified Perceived Quality of Life.</p> <p>Result: Significantly better outcomes overall were observed for the intervention group compared with the standard follow up group (as measured on the composite index). Significant differences were also noted on specific measures of functional status and quality of life when comparing between the groups, including emotional state.</p>	<p>Aim: To assist in functional and quality of life outcomes following traumatic brain injury.</p> <p>Materials: Telephone and toll free number set up for patients to call, printed resource information sheets, treatment manual on motivational interviewing.</p> <p>Treatment plan:</p> <p>Y Duration: 3.5-5 contact hrs over 9 months.</p> <p>Y Procedure: 30-45 min telephone calls at 2 wks, 4 wks, 2, 3, 5, 7 and 9 months post discharge.</p> <p>Y Content:</p> <ul style="list-style-type: none"> - <i>Telephone Intervention</i>: Scheduled telephone calls providing telephone counseling and educational sessions. Patients are sent information in the mail outlining the schedule for calls, the contact phone numbers if patients need to initiate calls, and other resource material (e.g. on how techniques to manage problem solving, motivation for change, and information or referral for other forms of assistance). The structure of the calls involves: <ol style="list-style-type: none"> 1. Follow-up on previously identified concerns. 2. Identification of current concerns (behavioural, physical, cognitive, financial, legal); 3. Appropriate intervention in response to concerns (e.g. providing information, mentoring, assisting in goal-setting, giving reassurance, modeling problem-solving etc). - <i>Standard follow up</i>: no additional contact.