

## Journal Watch

### **Effectiveness of brief training in cognitive behaviour therapy techniques for palliative care practitioners**

Mannix KA, Blackburn IM, Garland A, Gracie J, Moorey S, Reid B, et al.. Palliat Med 2006; 20:579-84.

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#### **Abstract**

We describe training in CBT techniques for 20 palliative care practitioners delivered as 12 days' equivalent teaching plus skills-building supervision over a six month period. Audiotapes of trainees' interactions with patients during their usual work were rated using a specially devised 'Cognitive First Aid' rating scale (CFARS). The CFARS was highly internally consistent (Cronbach's Alpha 0.93) and inter-rater reliability was high. Trainees showed significant gain in CBT skills competency over six months ( $p=0.001$ ). After initial training, half the trainees were randomized to discontinue supervision; their measured CBT skill dropped as did their self-reported confidence when reassessed six months later, whereas those who continued in supervision gained further skill and maintained confidence ( $p=0.007$ ). Palliative care practitioners can be trained in CBT skills by a simple and brief training course and supportive, skills-building supervision. These skills were compatible with national guidelines on delivery of psychological support to patients at all stages of cancer. Supervision is necessary to ensure maintenance of skills and confidence to use them.

#### **Comments**

##### Strengths/uniqueness:

Well designed study, clearly written and presented. The authors developed an assessment tool and evaluated its psychometric properties appropriately. There were no other trials in the literature looking into this particular topic.

##### Weaknesses:

The authors do not acknowledge some of the weaknesses of the study like selection bias (as these practitioners answered a newspaper ad and therefore are more motivated). In fact, the participants did have some basic skills in CBT when assessed with the tool developed by the authors for this study. They do not take into consideration the patient's perspective; although they suggest that a new trial will be conducted looking into this particular aspect. Their findings should be cautiously extrapolated to other populations, and should be reproduced before this approach can be recommended.

Relevance to Palliative Care:

As noted by the authors, palliative care providers often do not have a background in mental health and may feel only partially comfortable providing psychological support to their patients and families. This paper shows that training can be imparted in a short period of time and that it will increase the self-perceived efficacy of the care providers in addressing these issues.