

Implementing evidence-based psychological support in community settings: Two examples from paediatric and adolescent and young adult oncology

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Background

- Getting back to normal life after cancer treatment can be hard for survivors of paediatric cancer and their families.
- Our interventions provide post-treatment support to adolescents and young adult (AYA) cancer survivors, and parents of childhood cancer survivors.
- **Next step:** train community organisations to deliver the programs and assess their utility in community settings. CanTeen will be the first to run programs.



Two online, CBT-based interventions

For parents of children aged < 18 years who have finished cancer treatment.

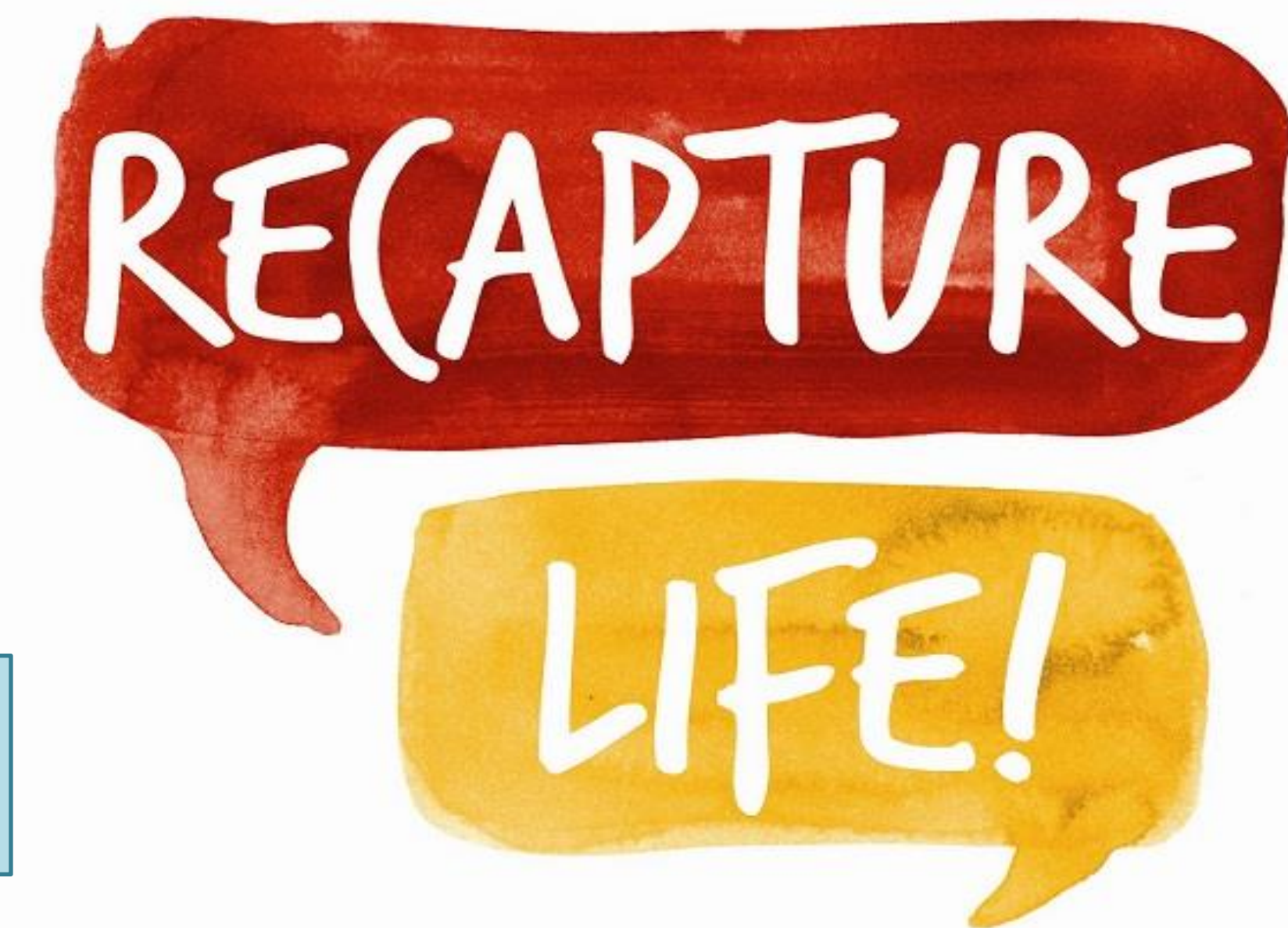
4x weekly 90 minute sessions facilitated by psychologist/counsellor, groups of 3-5.

For AYAs aged 15-25 who finished cancer treatment aged no younger than 13 years.

6x weekly 90 minute sessions facilitated by psychologist/counsellor, groups of 3-5.

Delivered via secure video conferencing software (WebEx, by Cisco).

Skills based training: improves quality of life, reduces distress and facilitates healthy coping.



Engaging community organisations to implement Cascade and Recapture Life

A partially-randomised patient preference trial (PR-PPT)

Compares of interventions against peer support group (PSG) controls (no psycho-education or CBT skills).

Participants are given their choice of group type, those with no preference are randomised.

PR-PPT allows comparison of interventions to PSGs when **randomised** and **when chosen** – evaluating impact of preferred intervention.



Tailoring to community organisation specifications

Research team liaise with organisation to understand how they operate and how the interventions might be tailored.

Risk management procedures and intake need to be integrated with the organisations current policy.

Case example: Introduction of split between <18 years and >18 years Recapture Life groups to comply with organisational policy at CanTeen.

Training

Eligibility: Registered healthcare professional; and/or prior experience delivering group CBT; and/or nominated by their organisation.

Takes place over 3 experiential learning sessions:

1. Learning intervention modules
2. Trial design overview, peer support group training, & risk management
3. WebEx training, trial procedures and roles of research team and organisation staff.

Training outcomes so far: Six CanTeen staff members were trained in Recapture Life; by the final session staff rated readiness to deliver the program as 7/10 on average. Readiness also reflected in qualitative feedback. Staff requested refreshers on intervention content at end of training, clinical supervision is planned to address this.

Research/clinical interface

Data collection by **organisation**, stored securely online with access for **research team:**

- Participant contact details + basic info
- Brief distress assessment
- Group preference
- Clinical and technology incidents
- Recruitment activities
- Uptake, session adherence, attrition
- Time, personnel and resource costs

Data collection by **research team:**

- Participant surveys
 - Questionnaire 1 (Q1) – Pre-intervention
 - Questionnaire 2 (Q2) – Post-intervention
 - Questionnaire 3 (Q3) – 6 months -post
- Treatment manual adherence and fidelity
- Staff perception of program, confidence in delivery and perceived barriers/facilitators

Trial Design

Advertising + Recruitment

- **Organisation** posts to Facebook + organisation websites and advertises through other recruitment channels.
- Research team forwards referrals and enquiries to the **organisation.**

Randomisation

Participants who express a preference for program type will be allocated to their preference by the **organisation**, remainder randomly assigned by **research team.**

Treatment

- Intervention is delivered by **organisation facilitator**, running for:
 - Parents: 4 weeks
 - AYAs: 6 weeks

6-month follow up

- One-on-one telephone check-in with **organisation facilitator** 6 months after end of group
- Review progress and initiate further support if needed.

Intake

- Via phone with **organisation facilitator:**
- Collect contact and basic information
 - Assess risk
 - Obtain program preference

Q1

Intro session

- 1-on-1 with **organisation facilitator**, introduces participant to WebEx.
- Builds rapport.
- Participant sets personalised goals for program.

Q2

Booster session

- Online with **facilitator:**
- Cascade: 1-on-1, 4 weeks post
 - Parent-PSG: Group, 4 weeks post
 - Recapture Life: 1-on-1, 6 weeks post
 - AYA-PSG: Group, 6 weeks post

Q3