

# POWER: a multicenter trial of the effect of Family Group Conferences for patients and their relatives

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## Background

Empowerment of patients and their families is an important goal of rehabilitation. However, for several reasons these efforts do not reach their goals. Research consistently shows that many patients and their families feel insufficiently equipped for their new life and perceive a discontinuity of care.

1. many spouses/relatives experience high levels of burden of care, depressive feelings and low quality of life
2. more pressure will be put on the family to provide care due to upcoming changes and budget cuts in community care

## Aim

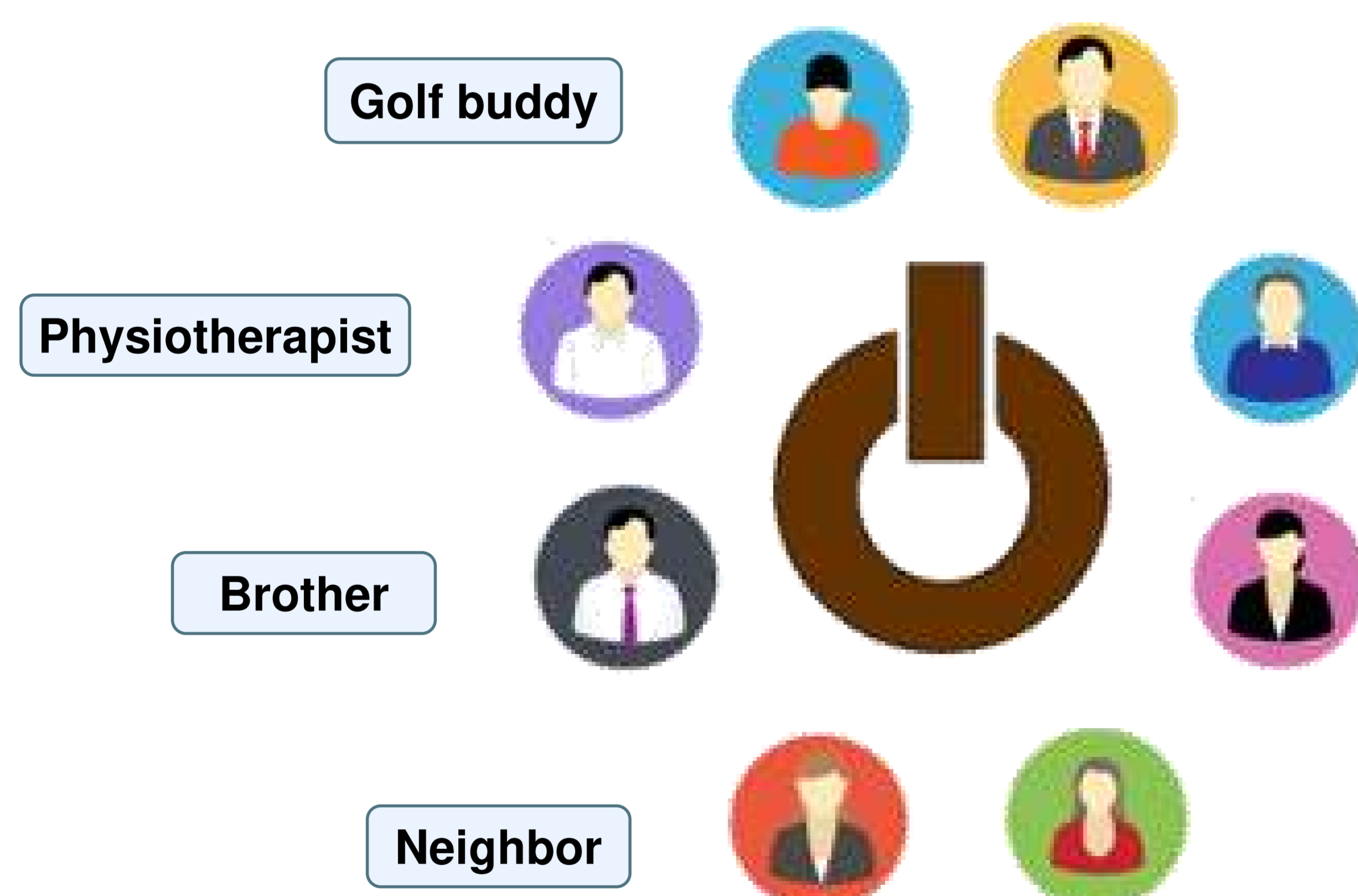
Improve current rehabilitation concerning empowerment of patients with Acquired Brain Injury (ABI), Spinal Cord Injury (SCI) and amputation and their significant others to:

1. develop and evaluate **a systematic screening on risk factors**
2. evaluate **a Family Group Conference** for families at risk on long-term adjustment problems

## Intervention

The Family Group Conference (FGC) forms a supplement to the regular care.

1. families are in control of the FGC identifying topics to be discussed
2. families prioritise topics to modify action plans
3. families invite people from the patients social network, professional network or care system needed to achieve the goals



The FGC consist of three contact moments. Social workers guide the conferences for which they will receive training.

	WHAT	WHEN
1.	Start-up conference	End clinical admission
2.	Family Group Conference	1 month post discharge clinic
3.	After conference	3 month post discharge clinic

## Population

A total of 370 patients and their informal caregivers recruited from ABI, SCI and amputation units.

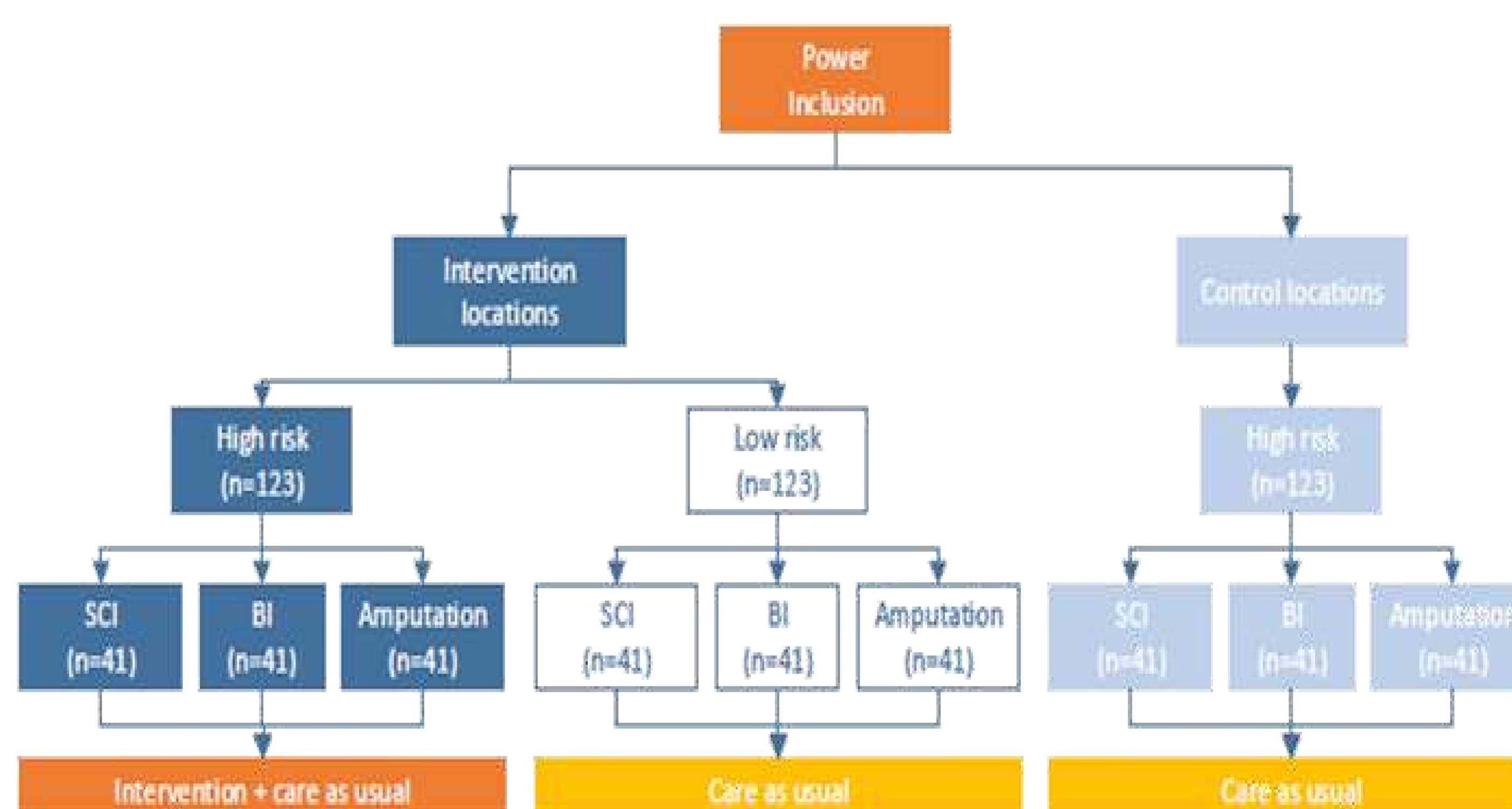
## Method

A multicenter controlled trial with 4 intervention centers (Hoogstraat Rehabilitation, University Medical Center Groningen, Revant Rehabilitation, Roessingh Rehabilitation) and (at least) 4 control centers. A process evaluation is conducted to monitor the implementation of the intervention and possible influencing factors affecting the outcome.

## Screening

Participants are distinguished in high/low risk families, based on their self-efficacy scores measured with the 'Algemene Competentie Schaal'.

- high risk families in the intervention centers receive the FGC
- low risk families in the intervention centers, as well as high risk families in the control centers, are included in the study and receive regular care
- low risk families in control centers don't participate in the study



## Study outcome

Primary study outcomes = self-efficacy + participation of patients and their informal caregivers

- *Self-efficacy*: University of Washington Self-Efficacy Scale
- *Participation*: Utrecht Scale for Evaluation of Rehabilitation – Participation.

Secondary outcomes = personal factors, social factors and satisfaction with the received care. The caregiver is asked about experienced burden of care.

Follow up time 6 months for both patient and caregiver with 4 questionnaire assessments (T0: admission, T1: discharge clinic, T2: 3 months post discharge, T3: 6 months post discharge).

## Results

The inclusion of participants will start medio February/March 2016.