

Target Area: Anxiety, Depression, Stress & Adjustment

<p>Bryant, Moulds, Guthrie and Nixon (2003). <i>Treating Acute Stress Disorder Following Mild Traumatic Brain Injury</i>. American Journal of Psychiatry 160(3): 585-587</p>	<p>PEDro score - 6/10</p>
<p>Method/Results</p>	<p>Rehabilitation Program</p>
<p>Design:</p> <p>Y Studytype: RCT.</p> <p>Y Population: n=24 people with mild TBI and acute stress disorder.</p> <p>Y Groups: 2 groups:</p> <ol style="list-style-type: none"> 1. CBT group (33% male, M=29.4 years; SD=13.9); 2. Supportive counselling group (33% male, M=33 years; SD=14.3). <p>Y Setting: Community setting - PTSD unit at a hospital.</p> <p>Primary outcome measure/s:</p> <p>Y PTSD Scale (post treatment only).</p> <p>Y Impact of Events Scale (IES).</p> <p>Y Beck Anxiety Inventory (BAI).</p> <p>Y Beck Depression Inventory (BDI).</p> <p>Secondary outcome measure/s:</p> <p>Y None.</p> <p>Result: Fewer in CBT had PTSD at post treatment and 6 months later. CBT group had greater improvement in BAI and IES scores at post treatment and follow-up.</p>	<p>Aim: To reduce chances of developing PTSD in those with acute anxiety disorder after mild TBI.</p> <p>Materials: None specified.</p> <p>Treatment plan:</p> <p>Y Duration: 5 weeks</p> <p>Y Procedure: 1.5 hour weekly sessions</p> <p>Y Content:</p> <ol style="list-style-type: none"> 1. Education about trauma. 2. Progressive muscle relaxation. 3. Imaginal exposure to trauma (for 50 minutes, also as homework). 4. Cognitive re-structuring. 5. Graded in vivo exposure to avoided situations.