

Target Area: Behaviour Problems

<p>Medd & Tate (2000). <i>Evaluation of an Anger Management Therapy Programme Following Acquired Brain Injury: A Preliminary Study.</i> <i>Neuropsychological Rehabilitation</i> 10(2):185-201</p>	<p>PEDro score - 6/10</p>
<p>Method/Results</p>	<p>Rehabilitation Program</p>
<p>Design:</p> <p>Y Study type: RCT with cross-over.</p> <p>Y Population: n=16, 88 % male, mean age 35.88 years (SD=12.40), 82% traumatic brain injury, post-traumatic amnesia duration 0-84 days.</p> <p>Y Groups:</p> <ul style="list-style-type: none"> o Experimental: Anger Management (n=8). o Control: Wait-List (n=8) received treatment after post-test. <p>Y Setting: Home/community.</p> <p>Primary outcome measure/s:</p> <p>Y State-Trait Anger Expression Inventory (STAXI).</p> <p>Y Anger logs.</p> <p>Secondary outcome measure/s:</p> <p>Y Self-esteem Inventory.</p> <p>Y Hospital Anxiety and Depression Scale.</p> <p>Y Patient Competency Rating Scale.</p> <p>Result: Treatment was effective compared to no treatment on STAXI subtest (Anger Expression-Out); within participant improvement also occurred on STAXI-Trait Anger and STAXI-Anger Control.</p>	<p>Aim: To improve anger management in people with acquired brain impairment, using cognitive-behaviour therapy.</p> <p>Materials: Manual-based anger management program (AMP).</p> <p>Treatment plan</p> <p>Y Duration: Length of therapy: 5-8 weeks; total contact time: 5-8 hrs.</p> <p>Y Procedure: 1 session per week, 1 hour per session.</p> <p>Y Content: The AMP was originally developed by Lussick and Dawson (1993, unpublished). It uses a cognitive-behaviour approach to therapy, based on the stress inoculation training principles of Novaco (1975). The AMP was originally developed for a group program and was adapted for individual therapy in the present study. Structure of sessions were as follows:</p> <ol style="list-style-type: none"> 1. Psychoeducation about the principles of brain injury and causes of anger. 2. Presentation of a model of anger, including trigger events. 3. Increase awareness of anger feeling and responses in the person's life. 4. Developing strategies to manage anger: (i) relaxation training, (ii) self-talk, (iii) cognitive challenging, (iv) assertiveness training, (iv) distraction, (v) time-out methods.