

**Target Area: Anxiety, Depression, Stress & Adjustment / Cognitive Deficits / Executive Functioning Deficits / Multiple Problems**

<p>Tiersky, Anselmi, Johnston, Kurtyka, Roosen et al (2005). <i>A Trial of Neuropsychologic Rehabilitation in Mild-Spectrum Traumatic Brain Injury</i>. Archives of Physical Medicine and Rehabilitation 86: 1565-1574</p>	<p>PEDro score – 6/10</p>
<p><b>Method/Results</b></p>	<p><b>Rehabilitation Program</b></p>
<p><b>Design:</b>  Y Studytype: RCT.  Y Population: n=20 adults with mild-moderate TBI (45% male), age 19-62 years, M=46.85 years; SD=10.51).  Y Groups:  1. Experimental group (n=11) – active treatment.  2. Control Group (n=9) – wait list.  Y Setting: Outpatient clinic.</p> <p><b>Primary outcome measure/s:</b>  Y <i>Neuropsychological measures:</i> PASAT, Attention questionnaire.  Y <i>Psychosocial and affective functioning:</i> Problem Solving index from Coping Response Inventory (CRI), Depression, Anxiety, GSI scales of SCL-90R.</p> <p><b>Secondary outcome measure/s:</b>  Y RAVLT, ACFI (to assess memory complaints).  Y Community Integration Questionnaire, Somatization index of SCL-90R, Emotional discharge index of CRI.</p> <p><b>Result:</b> Significant reductions in levels of anxiety and depression were reported for the treatment group compared with the control group. Some improvement in auditory attention was also found for the treatment group.</p>	<p><b>Aim:</b> To treat emotional distress and accompanying neuropsychological sequelae in TBI by using a combination of psychotherapy and cognitive remediation.</p> <p><b>Materials:</b> Treatment manual (contact authors for details), Attention Process Training II materials (from Sohlberg et al 1994), notebook for memory training.</p> <p><b>Treatment plan/procedure</b>  Y Duration: 11 week program (55 contact hours in total).  Y Sequence: 3 sessions of 50 mins each/week.  Y Content: 2 components:  – <i>Structured cognitive remediation:</i> based on a process-specific approach, including both retraining exercises and exercises to improve compensatory skills. Includes a series of multimodal techniques focusing on auditory and visual attention and concentration, some memory book training and environmental modification.  – <i>CBT:</i> individually tailored, educative program involving:  1. Engagement (rapport building, identifying behaviours and cognitions).  2. Active treatment (detection of automatic thoughts, behaviour experiments etc).  3. Prevention of relapse (planning, summarizing etc).</p>