

Target Area: Anxiety, Depression, Stress & Adjustment / Behaviour Problems

<p>Wade, Michaud and Brown (2006). <i>Putting the Pieces Together: Preliminary Efficacy of a Family Problem-Solving Intervention for Children with Traumatic Brain Injury</i>. <i>Journal of Head Trauma Rehabilitation</i> 21(1): 57-67</p>	<p>PEDro score – 5/10</p>
<p>Method/Results</p>	<p>Rehabilitation Program</p>
<p>Design:</p> <p>Y Study type: RCT.</p> <p>Y Population: n=32 children, 65.6% male, age 10.83 (2.94) years, severity-moderate to severe (GCS), aetiology – TBI.</p> <p>Y Groups:</p> <ol style="list-style-type: none"> <li>1. Intervention group: Family-centred problem solving intervention (FPS).</li> <li>2. Control group – usual care (UC).</li> </ol> <p>Y Setting: Either at the clinic or at the family's home.</p> <p>Primary outcome measure/s:</p> <p>Y Child behaviour checklist (CBCL).</p> <p>Y Brief symptom inventory (BSI)</p> <p>Y Conflict behaviour questionnaire (CBQ).</p> <p>Secondary outcome measure/s:</p> <p>Y Satisfaction survey.</p> <p>Result: No group differences on CBQ or BSI. Parents reported a decline in anxiety and depression in the FPS group but a slight increase in the UC group. Reported increase in knowledge of TBI and behaviour strategies in FPS group (not measured in US group).</p>	<p>Aim: To give families strategies for problem-solving and behaviour management.</p> <p>Materials: None specified</p> <p>Treatment plan:</p> <p>Y Duration: 6 months (~9–12 hours).</p> <p>Y Procedure: 7 (biweekly sessions) for 1¼–1<sup>2</sup>/<sub>3</sub> hours.</p> <p>Y Content:</p> <ul style="list-style-type: none"> <li>– UC group – received standard medical care</li> <li>– FPS group – received 7 sessions.</li> <li>– Each session had two parts – didactic (30–40 mins) and problem solving (45–60 mins). Families were taught a problem-solving framework based on D’Zurilla &amp; Nezu (1999). There are five steps – AIM, BRAINSTORM, CHOOSE, DO IT and EVALUATE (ABCDE). Families started using these strategies in session 2 and continued throughout the program with progressively more severe problems. Families were also taught behaviour management strategies (positive everyday routines). These were aimed at modifying and structuring the family environment to help with goal implementation. Sessions also covered communication skills, coping abilities and future planning. During session 6 families were assessed to see whether they needed additional individual sessions; with the focus of these sessions being specific areas of burden identified. This occurred in 50% of families.</li> </ul>