



<p>Aboulaflia-Brakha and Ptak (2016). Effects of group psychotherapy on anger management following acquired brain injury. <i>Brain Inj.</i>, 30(9): 1121-1130</p>	<p>PEDro score - 5/10</p>
<p>Method / Results</p>	<p>Rehabilitation Program</p>
<p>Design</p> <ul style="list-style-type: none"> • Study Type: RCT (with crossover). • Population: 26 participants with ABI. 19 completed (79% TBI, 21% CVA), mean age 43 years, 84% male. • Groups: <ol style="list-style-type: none"> 1. Anger management program (n=13). 2. Psychosocial adjustment to brain injury (n=13). • Setting: Outpatient. <p>Primary outcome measure/s:</p> <ul style="list-style-type: none"> • The Aggression Questionnaire (AQ-12). • State-Trait Anger and Expression Inventory-2 (STAXI-2). • Multidimensional Anger Reaction Scale (MARS). <p>Secondary outcome measure/s:</p> <ul style="list-style-type: none"> • No other standardised measure. <p>Results: Anger levels decreased significantly after 12 weeks. Adaptive anger coping strategies also increased following intervention.</p>	<p>Aim: Anger management for patients with ABI.</p> <p>Materials: No details of the specific materials used in the training sessions are provided.</p> <p>Treatment Plan:</p> <ul style="list-style-type: none"> • Duration: 12 weeks. • Procedure: 8 weeks of anger management program, 1h session/week; 4-week psychosocial adjustment to brain injury intervention, 4 sessions. Interventions were held in groups of 3. • Content: <ol style="list-style-type: none"> A. <u>Anger management program</u> consisting of 4 modules: <ol style="list-style-type: none"> 1. Identification of emotions/self-awareness 2. Managing emotion in emergency situations (relaxation techniques, behaviour interruption) 3. Cognitive restructuring 4. Prevention strategies (e.g. identifying vulnerable situations, promoting pleasant activities). B. <u>Psychosocial adjustment to brain injury</u> – focus on psychosocial and cognitive consequences of ABI, consisting of 4 sessions: <ol style="list-style-type: none"> 1. Setting intervention goals 2. Changes in professional and social life, coping with situations in which cognitive problems arose 3. Disinhibition and impulsivity, inhibition exercises 4. Fatigue, management of sleep habits and spreading activities across the week.