



<p>Alderman (2003). Contemporary approaches to the management of irritability and aggression following traumatic brain injury. <i>Neuropsychol Rehabil</i>, 13(1-2): 211-240.</p>	<p>RoBiNT score - 9/30</p>
<p>Method / Results</p>	<p>Rehabilitation Program</p>
<p>Design</p> <ul style="list-style-type: none"> • Study Type: SCD. AB+follow-up design (A=Baseline, B=Treatment). • Population: n=1. Male, age not specified, very severe TBI as a result of a road traffic accident. • Setting: Locked ward within a specialised neurobehavioural rehabilitation service <p>Target behaviour measure/s:</p> <ul style="list-style-type: none"> • Staff recordings of the frequency of aggressive behaviour (verbal and physical). • Patient’s own recordings of aggression and feeling irritable. <p>Primary outcome measure/s:</p> <ul style="list-style-type: none"> • Dysexecutive Questionnaire (DEX) item “I lose my temper at the slightest thing”. <p>Results: Following implementation of CBT, during the 22 weeks of treatment, frequency of staff recordings decreased; during the last 6 weeks, no aggression was observed. This was represented graphically, no statistical analysis performed.</p>	<p>Aim: To reduce irritability and aggression.</p> <p>Materials: Diary.</p> <p>Treatment Plan:</p> <ul style="list-style-type: none"> • Duration: 22 weeks. • Procedure: Two formal sessions/week, daily checks on homework assignments. • Content: Four-stage approach to CBT: <ol style="list-style-type: none"> 1. Enhancing monitoring skills (e.g. completing diary entry when feeling irritable or aggressive; compared to staff recording). 2. Cognitive appraisal (e.g. noting dysfunctional automatic thoughts associated with irritability and reviewing). 3. Teaching coping strategies (e.g. breathing exercises). 4. Graded task assignment with increasing demands. <p>In addition, therapy was further modified in an effort to circumvent cognitive impairments that might otherwise prevent engagement (such as memory difficulties).</p>