



<p>Hart et al. (2017). Anger self-management training for chronic moderate to severe traumatic brain injury: Results of a randomized controlled trial. <i>J Head Trauma Rehabil</i> 32(5): 319-331.</p>	<p>PEDro score - 7/10</p>
<p>Method / Results</p>	<p>Rehabilitation Program</p>
<p>Design</p> <ul style="list-style-type: none"> • Study Type: RCT. • Population: 90 people with TBI (mean age 33 years, 81% male), 76 significant others (SO). • Groups: <ol style="list-style-type: none"> 1. Treatment: Anger Self-Management Training group (ASMT; n=60). 2. Control: Personal Readjustment and Education group (PRE; n=30). • Setting: Three US outpatient treatment facilities. <p>Primary outcome measure/s: Treatment response from T1 to T3 by self- and SO report.</p> <ul style="list-style-type: none"> • State-Trait Anger Expression Inventory-2 (STAXI-2) Trait Anger (TA). • State-Trait Anger Expression Inventory-2 (STAXI-2) Anger Expression-Out (AX-O). • Brief Anger-Aggression Questionnaire (BAAQ) <p>Secondary outcome measure/s: Changes from T1 to T3.</p> <ul style="list-style-type: none"> • Participant anger measured on all 3 scales from the point of view of the SO. • Brief Symptom Inventory (BSI; for emotional status). • Frontal Systems Behaviour Scale (FrSBe; for extent of frontal/executive dysfunction as measured by self- and SO-report). • Diener Satisfaction with Life Scale (SWLS). <p>Results: ASMT was efficacious and persistent for some aspects of problematic anger. After treatment, ASMT resulted in a statistically significant reduction in scores on the STAXI-2 TA, but not AX-O or BAAQ.</p>	<p>Aim: To test the efficacy of an 8-session, 1:1 treatment, Anger Self-Management Training (ASMT), for chronic moderate to severe TBI.</p> <p>Materials: ASMT treatment manual.</p> <p>Treatment Plan:</p> <ul style="list-style-type: none"> • Duration: 8 weeks. • Procedure: 1 session per week, up to 90 minutes/session (up to 12 hours total). • Content: SO participates in portions of sessions 1, 4, and 8. ASMT sessions focused on: <ol style="list-style-type: none"> 1. Introduction, education about anger. 2. Education about self-monitoring. 3. Practice in identifying other feelings as signal of anger. 4. Training and practice as how to read anger signals. 5. Training and practice in use of mirror technique. 6. Training and practice in active listening. 7. Self-assessment and consolidation of skills. 8. Review and relapse prevention.

Note that these rehabilitation summaries reflect the current literature and the treatments are not necessarily endorsed by members of the NRED Team.