



<p>Kurowski et al. (2014). Long-term benefits of an early online problem-solving intervention for executive dysfunction after traumatic brain injury in children: A randomized clinical trial. <i>JAMA Pediatr</i>, 168(6): 523-531.</p>	<p><b>PEDro score</b> - 7/10</p>
<p>Method / Results</p>	<p>Rehabilitation Program</p>
<p><b>Design</b></p> <ul style="list-style-type: none"> <li>• <b>Study Type:</b> RCT.</li> <li>• <b>Population:</b> 132 adolescents aged 12 to 17 years who sustained a moderate to severe TBI 1 to 7 months before study enrolment. Mean age at injury = 14.5 years, 65% male.</li> <li>• <b>Groups:</b> <ol style="list-style-type: none"> <li>1. Counsellor-Assisted Problem Solving (CAPS) Intervention, n=65.</li> <li>2. Internet Resource Comparison (IRC) Intervention, n=66.</li> </ol> </li> <li>• <b>Setting:</b> Home setting (web-based intervention).</li> </ul> <p><b>Primary outcome measure/s:</b></p> <ul style="list-style-type: none"> <li>• Parent-reported Global Executive Composite (GEC) of the Behaviour Rating Inventory of Executive Function (BRIEF).</li> </ul> <p><b>Secondary outcome measure/s:</b></p> <ul style="list-style-type: none"> <li>• Behavioural Regulation Index (BRI) and Metacognition Index (MI) of the GEC.</li> </ul> <p><b>Results:</b> In older adolescents (&gt;14 to 17 years), the CAPS intervention was associated with lower GEC ratings at 12 and 18 months after enrolment. Trends were also observed for older adolescents toward lower GEC ratings at 6 months, lower BRI ratings at 12 and 18 months, and lower MI ratings at 6, 12, and 28 months. In younger adolescents (12-14 years), no group differences were found on the GEC, BRI, or MI ratings.</p> <p>N.B. 6-month data available in previous publication: Kurowski et al. (2013). Online problem-solving therapy for executive dysfunction after child traumatic brain injury. <i>Pediatrics</i>, 132(1): e158-e166.</p>	<p><b>Aim:</b> To improve long-term executive dysfunction in adolescents after TBI.</p> <p><b>Materials:</b> A new computer, a web camera, and high speed Internet access were provided to all families.</p> <p><b>Treatment Plan:</b></p> <ul style="list-style-type: none"> <li>• <b>Duration:</b> 6 months.</li> <li>• <b>Procedure:</b> Not specified in report.</li> <li>• <b>Content:</b></li> <li>• <b>CAPS Intervention:</b> web-based, family-centered intervention focused on problem-solving, communication, and self-regulation. Session content (all 8 core sessions and up to 4 supplemental sessions were provided): <ol style="list-style-type: none"> <li>1. Getting started: implementation, monitoring, and goals</li> <li>2. Staying positive</li> <li>3. Problem solving</li> <li>4. Getting organized and working with the school</li> <li>5. Self-management</li> <li>6. Verbal and nonverbal communication</li> <li>7. Controlling behaviour / handling crises</li> <li>8. Self-assessment of skills and identification of supplemental sessions; planning for the future with the following sessions: Talking with your teenager; Taking care of you/marital communication/guilt, grief, and caregiver; Social skills; After high school; Sibling issues; Pain management; Sleep session; Memory session.</li> </ol> </li> <li>• <b>IRC Intervention:</b> Participants received a home page with links to online TBI resources, including local, state, and national brain injury associations. They were asked to spend 1 hour per week accessing information on paediatric brain injury throughout the 6-month intervention period. They could not access CAPS content.</li> </ul>

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