



# NeuroRehab Evidence Database

Target Area: Challenging Behaviour

Neurological Group: Traumatic Brain Injury

Medd and Tate (2000). Evaluation of an anger management therapy program following acquired brain injury: A preliminary study. <i>Neuropsychol Rehabil</i> , 10(2):185-201.	PEDro score - 6/10
Method / Results	Rehabilitation Program
<p><b>Design</b></p> <ul style="list-style-type: none"><li>• <b>Study Design:</b> RCT with cross-over.</li><li>• <b>Population:</b> n=16 with ABI, 88 % male, mean age 35.88 years, 82% TBI, post-traumatic amnesia duration 0-84 days.</li><li>• <b>Groups:</b><ol style="list-style-type: none"><li>1. Treatment: Anger Management (n=8).</li><li>2. Control: Wait-List (n=8) received treatment after post-test.</li></ol></li><li>• <b>Setting:</b> Home/community.</li></ul> <p><b>Primary outcome measure/s:</b></p> <ul style="list-style-type: none"><li>• State-Trait Anger Expression Inventory (STAXI).</li><li>• Anger logs.</li></ul> <p><b>Secondary outcome measure/s:</b></p> <ul style="list-style-type: none"><li>• Self-Esteem Inventory (SEI).</li><li>• Hospital Anxiety and Depression Scale (HADS).</li><li>• Patient Competency Rating Scale (PCRS).</li></ul> <p><b>Results:</b> Treatment was significantly effective compared to no treatment on STAXI subtest (Anger Expression-Out); within participant improvement also occurred on STAXI-Trait Anger and STAXI-Anger Control.</p>	<p><b>Aim:</b> To improve anger management in people with ABI, using CBT.</p> <p><b>Materials:</b> Manual-based Anger Management Program (AMP).</p> <p><b>Treatment Plan:</b></p> <ul style="list-style-type: none"><li>• <b>Duration:</b> 5-8 weeks.</li><li>• <b>Procedure:</b> 1 session per week, 1 hour per session. Total contact time: 5-8 hours.</li><li>• <b>Content:</b> The AMP was originally developed by Lussick and Dawson (1993, unpublished). It uses a cognitive-behaviour approach to therapy, based on the stress inoculation training principles of Novaco (1975). The AMP was originally developed for a group program and was adapted for individual therapy in the present study. Structure of program was as follows:<ol style="list-style-type: none"><li>1. Psychoeducation about the principles of brain injury and causes of anger.</li><li>2. Presentation of a model of anger, including trigger events.</li><li>3. Increase awareness of anger feeling and responses in the person's life.</li><li>4. Developing strategies to manage anger:<ul style="list-style-type: none"><li>• Relaxation training</li><li>• Self-talk</li><li>• Cognitive challenging</li><li>• Assertiveness training</li><li>• Distraction</li><li>• Time-out methods.</li></ul></li></ol></li></ul>

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