



<p>Wade et al. (2006). Putting the pieces together: Preliminary efficacy of a family problem-solving intervention for children with traumatic brain injury. <i>J Head Trauma Rehabil</i>, 21(1): 57-67.</p>	<p><b>PEDro score</b> - 5/10</p>
<p>Method / Results</p>	<p>Rehabilitation Program</p>
<p><b>Design</b></p> <ul style="list-style-type: none"> <li>• <b>Study Design:</b> RCT.</li> <li>• <b>Population:</b> n=32 children, with moderate to severe TBI (65.6% male, mean age = 10.83 years).</li> <li>• <b>Groups:</b> <ol style="list-style-type: none"> <li>1. Intervention group: Family-centred problem-solving intervention (FPS).</li> <li>2. Control group: Usual care (UC).</li> </ol> </li> <li>• <b>Setting:</b> Either at the clinic or at the family's home.</li> </ul> <p><b>Primary outcome measure/s:</b></p> <ul style="list-style-type: none"> <li>• Child Behaviour Checklist (CBCL).</li> <li>• Brief Symptom Inventory (BSI).</li> <li>• Conflict Behaviour Questionnaire (CBQ).</li> </ul> <p><b>Secondary outcome measure/s:</b></p> <ul style="list-style-type: none"> <li>• Satisfaction survey.</li> </ul> <p><b>Results:</b> No significant group differences on CBQ or BSI. Parents reported a decline in anxiety and depression in the FPS group but a slight increase in the UC group. Reported increase in knowledge of TBI and behaviour strategies in FPS group (not measured in US group).</p>	<p><b>Aim:</b> To give families strategies for problem-solving and behaviour management.</p> <p><b>Materials:</b> None specified.</p> <p><b>Treatment Plan:</b></p> <ul style="list-style-type: none"> <li>• <b>Duration:</b> 6 months.</li> <li>• <b>Procedure:</b> 7 biweekly core sessions for 75-100 minutes. Total of 9-12 contact hours.</li> <li>• <b>Content:</b> FPS involved: <ul style="list-style-type: none"> <li>• Each session had two parts – didactic (30-40 mins) and problem-solving (45-60 mins).</li> <li>• Families were taught a problem-solving framework based on D’Zurilla &amp; Nezu (1999). There are five steps – AIM, BRAINSTORM, CHOOSE, DO IT and EVALUATE (ABCDE).</li> <li>• Families started using these strategies in session 2 and continued throughout the program with progressively more severe problems.</li> <li>• Families were also taught behaviour management strategies (positive everyday routines). These were aimed at modifying and structuring the family environment to help with goal implementation.</li> <li>• Sessions also covered communication skills, coping abilities and future planning.</li> <li>• During session 6 families were assessed to see whether they needed additional individual sessions; with the focus of these sessions being specific areas of burden identified. This occurred in 50% of families.</li> </ul> </li> </ul>