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| <p>Wade et al. (2014). Counselor-assisted problem solving (CAPS) improves behavioural outcomes in older adolescents with complicated mild to severe TBI. <i>J Head Trauma Rehabil</i>, 29(3): 198-207</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: 132 children ages 12-17 with moderate to severe TBI. Groups were matched with respect to demographic and injury variables. Specific gender breakdown not reported. • Groups: • Counsellor-Assisted Problem Solving (CAPS) group, n=65. • Internet Resources Comparison (IRC) group, n=67. • Setting: Home. <p>Primary outcome measure/s:</p> <ul style="list-style-type: none"> • Child Behaviour Checklist (CBCL). <p>Secondary outcome measure/s:</p> <ul style="list-style-type: none"> • No other standardised measure. <p>Results: Counselor-Assisted Problem Solving (CAPS) was found to be better at improving externalising behaviour problems which included attention, Attention-Deficit/Hyperactivity Disorder (ADHD), aggression and Conduct Disorder symptoms in high school age youth with TBI. CAPS was not superior to access to internet resources (IRC) in improving functioning in younger adolescents (middle school).</p> <p>N.B. 12-month follow-up data is presented in a subsequent report: Wade et al. (2015). Long-term behavioural outcomes after a randomized, clinical trial of counselor-assisted problem solving for adolescents with complicated mild-to-severe TBI. <i>J of Neurotrauma</i>, 32: 967-975</p> | <p>Aim: Efficacy of web-based interventions (CAPS, IRC) to improve behavioural outcomes of paediatric TBI.</p> <p>Materials: Computer, web camera, and high-speed Internet access were provided to all families.</p> <p>Treatment Plan:</p> <ul style="list-style-type: none"> • Duration: 6 months. • Procedure: Sessions scheduled biweekly for first 3 months (6 sessions). Up to 2 supplemental sessions per month available in months 4 and 5. Final wrap-up session scheduled in month 6. • Content: • <u>(CAPS):</u> Initial face to face session with psychologist at home with goals identification. • Each session consisted of self-guided online portion providing content regarding: <ul style="list-style-type: none"> • Problem-solving skills (Aim, Brainstorm, Choose, Do, Evaluate) • Communication and self-regulation skills • Video clips modelling these skills • Exercises and assignments to practice new skills (e.g. self-regulation heuristic: Stop, Monitor, Appraise, Reflect, Try). • After 6th session, individualised sessions were also planned for specific issues ended with a wrap-up session. • <u>IRC:</u> Access to resources with links to brain injury associations. Information about brain injury, working with schools, handling stress, problem solving around common issues. Families encouraged to spend at least an hour each week reviewing resources. |