



<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>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 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. • Groups: <ol style="list-style-type: none"> 1. Counsellor-Assisted Problem Solving (CAPS) Intervention, n=65. 2. Internet Resource Comparison (IRC) Intervention, n=66. • Setting: Home setting (web-based intervention). <p>Primary outcome measure/s:</p> <ul style="list-style-type: none"> • Parent-reported Global Executive Composite (GEC) of the Behaviour Rating Inventory of Executive Function (BRIEF). <p>Secondary outcome measure/s:</p> <ul style="list-style-type: none"> • Behavioural Regulation Index (BRI) and Metacognition Index (MI) of the GEC. <p>Results: In older adolescents (>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>Aim: To improve long-term executive dysfunction in adolescents after TBI.</p> <p>Materials: A new computer, a 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: Not specified in report. • Content: • CAPS Intervention: 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"> 1. Getting started: implementation, monitoring, and goals 2. Staying positive 3. Problem solving 4. Getting organized and working with the school 5. Self-management 6. Verbal and nonverbal communication 7. Controlling behaviour / handling crises 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. • IRC Intervention: 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.

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