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| <p>Carnevale et al. (2006). A natural setting behaviour management program for persons with acquired brain injury: A randomized controlled trial. <i>Arch Phys Med Rehabil</i>, 87: 1289-1297.</p> | <p>PEDro score - 5/10</p> |
| <p>Method / Results</p> | <p>Rehabilitation Program</p> |
| <p>Design</p> <ul style="list-style-type: none"> • Study Type: RCT. • Population: 37 participants with TBI (66%) or other ABI, and their caregivers. Mean age 40.5 years old, 76% male. • Groups: <ol style="list-style-type: none"> 1. Control (n=12). 2. Education (n=13). 3. Intervention: Natural Setting Behaviour Management (NSBM; n=12). • Setting: Natural community setting. <p>Primary outcome measure/s:</p> <ul style="list-style-type: none"> • Frequency of targeted problematic behaviours (e.g. aggressive physical behaviour, verbal outbursts) • Neurobehavioural Functioning Inventory-Revised (NFI-R). <p>Secondary outcome measure/s:</p> <ul style="list-style-type: none"> • Questionnaire on Resources and Stress for Families with Chronically Ill or Handicapped Members (QRS, for caregiver burden and stress) • Maslach Burnout Inventory (MBI). <p>Results: Significant treatment effects on disruptive or aggressive behaviour were found at the main outcome point 3 months after termination of services in NSBM group. Differences in caregiver-rated stress, burden, and aggression were not statistically significant.</p> | <p>Aim: Behaviour management.</p> <p>Materials: NSBM training manual.</p> <p>Treatment Plan:</p> <ul style="list-style-type: none"> • Duration: 12 weeks. • Procedure: Education phase –4 weekly sessions, 2 hours/session; then 8 weekly sessions of individualized behaviour plan, 2 hours/session. • Content: 2 phases were included. Education was provided to all but control participants. For the NSBM group, individualised treatment planning was also provided. <ol style="list-style-type: none"> 1. <u>Education</u> <ul style="list-style-type: none"> • First 2-week period: basic overview of common neurobehavioural sequelae of BI, gradual emphasis on neurologic factors underlying target behaviour. • Second 2-week period: general principles of behaviour management, and frequency recording introduced and modelled by staff. A basic understanding of antecedent conditions and consequence feedback reviewed with caregivers. 2. <u>Individualized behaviour plan</u> <ul style="list-style-type: none"> • 8 NSBM sessions, focusing specifically on the targeted behaviours. During this phase, staff helped elicit problem-solving for modification of target behaviours, and provided feedback. Feedback aimed to: <ul style="list-style-type: none"> • Illustrate concepts covered in the education phase • Further understanding of the role of antecedents and consequences in eliciting and maintaining target behaviour • Result in practical and useful strategies in natural settings. <p>Caregivers were given responsibility to implement strategies between sessions.</p> |