



<p>Chittum et al. (1996). Road to awareness: An individualized training package for increasing knowledge and comprehension of personal deficits in persons with acquired brain injury. <i>Brain Inj</i>, 10(10):763-776.</p>	<p>RoBiNT score - 12/30</p>
<p>Method / Results</p>	<p>Rehabilitation Program</p>
<p>Design</p> <ul style="list-style-type: none"> • Study Type: SCD. Multiple baseline across behaviours, replicated across participants. • Population: n = 3 males (aged 19, 23, and 56 years old) who had sustained a TBI, and experienced a variety of cognitive and behavioural disturbances. • Setting: Rehabilitation facility. <p>Target behaviour measure/s:</p> <ul style="list-style-type: none"> • Percentage of correct responses per game session. • Percentage of correct responses during generalisation probes. <p>Primary outcome measure/s:</p> <ul style="list-style-type: none"> • No other standardised measure. <p>Results: The game format helped increase participants' knowledge. Participants were able to increase their number of correct responses during game sessions and generalisation probes. This was supported by visual analysis of graphed data, but no statistical analysis was conducted.</p>	<p>Aim: To increase participants' knowledge of their individual strengths and barriers related to acquired brain impairment using a combination of discussion and game format.</p> <p>Materials: Game cards, die, game pieces, game board (see report for game board design), and prizes.</p> <p>Treatment Plan:</p> <ul style="list-style-type: none"> • Duration: Unclear from report. • Procedure: 35 sessions conducted in total, including baseline and follow-up probes. Each session at least 20 mins in duration. 12 sessions appear to have been conducted focusing on cognitive deficits; up to 19 sessions focusing on behavioural deficits. • Content: <ul style="list-style-type: none"> • Each session included a brief review and discussion of concepts (15-20 minutes) followed by the game. The rules of the game were explained during the first 3 sessions. • Participants moved along the game board, and tokens were provided to participants for correct responses to questions. If an incorrect response was given, feedback was provided to facilitate learning. • Questions related to participants' individual cognitive and behaviour deficits, or application-level questions (where the participants would be asked to explain what he would do in a specific situation). • Several spaces on the board also allowed for "Fun Cards", which contained non-confrontive, sometimes humorous requests (e.g. "make a funny face"), provided to intersperse the level of demand placed on participants. • Tokens could be cashed in at the end of sessions for various prizes.

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