



<p>Feeney and Achilich (2014). Structured flexibility and context-sensitive behavioural support for the chronically cranky. <i>Neurorehabil</i>, 34(4): 709-723.</p>	<p>RoBiNT score - 14/30</p>
<p>Method / Results</p>	<p>Rehabilitation Program</p>
<p>Design</p> <ul style="list-style-type: none"> • Study Type: SCD. Multiple baseline across 3 settings (activities). • Population: n=2. <ul style="list-style-type: none"> ○ Nick: male, age 16, severe TBI (motor vehicle accident at the age of 6) ○ Genny: female, age 24, severe TBI (a passenger in an automobile crash at the age of 7). • Setting: <ul style="list-style-type: none"> ○ Nick – local high school. ○ Genny – community-based day program. <p>Target behaviour measure/s:</p> <ul style="list-style-type: none"> • Frequency of challenging behaviour – acts of aggression, operationally defined as attempted or completed physical aggression (e.g., hitting, pushing) or verbal aggression (e.g., threats). • Percentage of tasks completed in relation to specific assignments. <ul style="list-style-type: none"> ○ Nick: Activity 1 – Science; Activity 2 – English-Language Arts; Activity 3 – Social studies. ○ Genny: Activity 1 – Morning orientation; Activity 2 – Meal planning; Activity 3 – Life skills. <p>Primary outcome measure/s:</p> <ul style="list-style-type: none"> • No other standardised measure. <p>Results: Visual analysis of graphed data showed that the intervention resulted in reduction of the frequency of problem behaviours and the increase of pro-social behaviours in both participants. No statistical analysis was performed.</p>	<p>Aim: To reverse behavioural deterioration, to create supports that focused on preventing the development of future problems, and to help each individual learn pro-social positive behaviours.</p> <p>Materials: Self-regulatory scripts.</p> <p>Treatment Plan:</p> <ul style="list-style-type: none"> • Duration: 10 – 22 days (Nick), 5 – 20 days (Genny). • Procedure: Daily activity observations (each activity – 35-40 minutes). • Content: Intervention, across 3 different activities, consisted of: <ol style="list-style-type: none"> 1. <u>Daily Routine Negotiation and Choice</u> – at the beginning of the day, prior to the initiation of any activity, at the end of an activity and at the end of the day. Decisions about the minimum amount of work to be accomplished and plans for achieving the goals. 2. <u>Escape Communication Scripts</u> – patients taught positive communication alternatives as replacement behaviours (as most occurrences of challenging behaviour served to communicate a need to escape a task or place), 3. <u>Goal-Plan-Do-Review Routine Scripts</u> – a graphic “map” representing the general sequence of activities from an executive function perspective. 4. <u>Self-Regulatory Preset and Intervention Scripts</u> – developed with patients to organise actions prior to participation in routine activities. Also adapted and used as a framework for interaction when the individuals began experiencing difficulty with the demands of the daily routines. 5. <u>Consequence Procedures</u> – the antecedent control procedures described earlier resulted in the students’ successful performance as well as praise from staff.