



<p>Feeney and Ylvisaker (2008). Context-sensitive cognitive-behavioural supports for young children with TBI: A second replication study. <i>J Posit Behav Interv</i>, 10(2): 115-128.</p>	<p>RoBiNT score - 16/30</p>
<p>Method / Results</p>	<p>Rehabilitation Program</p>
<p>Design</p> <ul style="list-style-type: none"> • Study Type: SCD. ABAB withdrawal design (A – Baseline, B – Treatment). • Population: n=2. <ul style="list-style-type: none"> ○ Ben: male, age 6, severe TBI (hit by a car while riding his bike at the age of 5). ○ Joe: male, age 6, severe TBI (automobile crash at the age of 3). • Setting: General education kindergarten-first grade blended classroom. <p>Target behaviour measure/s:</p> <ul style="list-style-type: none"> • Frequency of challenging behaviours – acts of aggression, operationally defined as attempted or completed physical aggression (e.g., hitting, pushing) or verbal aggression (e.g., threats). • Intensity of challenging behaviours. • Percentage of work completed. <p>Primary outcome measure/s:</p> <ul style="list-style-type: none"> • Aberrant Behaviour Checklist (ABCL). <p>Results: Visual analysis of graphed data showed reduction in frequency and intensity of challenging behaviours and increased quantity of work completed. No statistical analysis performed.</p>	<p>Aim: To improve behavioural self-regulation and academic performance.</p> <p>Materials: Photograph cues, graphic maps.</p> <p>Treatment Plan:</p> <ul style="list-style-type: none"> • Duration: 24 days. • Procedure: Daily observations during school hours. Length of observations not specified. • Content: Support-oriented intervention that combines behavioural, cognitive, and executive function components. 8 components listed: <ol style="list-style-type: none"> 1. Daily routine (e.g. negotiation and choice in minimum amount of work to be completed). 2. Behavioural momentum (e.g. start with easy tasks/student-preferred activity). 3. Reduction of errors (e.g. staff provide modelling and assistance). 4. Escape communication (e.g. train in use of positives, such as “I’m done”). 5. Adult communication style (e.g. avoiding “nagging”). 6. Graphic advance organizers (students provided with photographic cues) 7. Go-plan-do-review routine (a map of the sequence of activities) 8. Consequence procedures (e.g. removing activities when participants engaged in challenging behaviours).

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