



<p>Glang et al. (1992). Tailoring direct instruction techniques for use with elementary students with brain injury. <i>J Head Trauma Rehabil</i>, 7(4): 93-108.</p>	<p>RoBiNT score - 9/30</p>
<p>Method / Results</p>	<p>Rehabilitation Program</p>
<p>Design</p> <ul style="list-style-type: none"> • Study Type: SCD. Multiple baseline across settings; AB+follow-up design (Study 3). • Population: n=3. <ul style="list-style-type: none"> ○ Study 1: Thomas, male, age 8, severe TBI (struck by a motor vehicle 15 months before participating in the program). ○ Study 2: Jill, female, age 6, severe TBI (motor vehicle/pedestrian accident 12 months before the study began). ○ Study 3: Paul, male, age 10, severe TBI (motor vehicle/pedestrian accident 19 months before the study). • Setting: Not specified. <p>Target behaviour measure/s:</p> <ul style="list-style-type: none"> • Study 1: Number of correct facts per minute (maths facts); percentage of problems completed accurately (maths story problems); percentage of deductions completed accurately (reasoning skills). • Study 2: Percentage of words repeated in completed sentence (sentence repetition); number of sounds read correctly (reading sounds). • Study 3: Percentage of times when the student was corrected by the teacher, and then remained on task (instead of engaging in behaviours such as shoving work away, or hitting materials). <p>Primary outcome measure/s:</p> <ul style="list-style-type: none"> • No other standardised measure. <p>Results: After approximately 12 hour-long instructional sessions, all three students made substantial academic progress. The gains were seen in both discrete and more complex skills, and some of the gains made represented new learning. In addition, the aggressive outbursts of one student were decreased substantially through use of a self-monitoring technique in the context of academic instruction. These results were represented graphically, no statistical analysis was performed.</p>	<p>Aim: To teach students with TBI in their targeted instructional areas (reading, language, maths and keyboarding); to decrease aggressive outbursts of one student (Paul – Study 3).</p> <p>Materials: Not specified.</p> <p>Treatment Plan:</p> <ul style="list-style-type: none"> • Duration: 6 weeks. • Procedure: <ul style="list-style-type: none"> ○ Thomas: 2 tutoring sessions per week (13 hour-long sessions total). ○ Jill: 2-3 sessions per week (12 hour-long sessions total) ○ Paul: 12 hour-long sessions total. • Content: <ul style="list-style-type: none"> • <u>Studies 1+2:</u> After establishing baseline performance, the teacher began instruction in each academic area. The order of instructional presentation varied each day. Rather than teaching complete lessons each day, the teacher selected only segments of lessons designed to remediate students' specific academic weaknesses. • <u>Study 3:</u> Differed from studies 1 and 2 in that it emphasized instruction in a positive behaviour rather than specific academic skills. The patient was taught a strategy for controlling his aggressive behaviour in the context of instruction in academic areas. Whenever he made an error and got frustrated, he was to do the following: <ol style="list-style-type: none"> 1. Stop. 2. Look at the problem. 3. Listen to the answer. 4. Try it again.

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