



<p>Lane-Brown and Tate (2010). Evaluation of an intervention for apathy after traumatic brain injury: A multiple-baseline, single-case experimental design. <i>J Head Trauma Rehabil</i>, 25(6): 459-469.</p>	<p><b>RoBiNT score</b> - 11/30</p>
<p>Method / Results</p>	<p>Rehabilitation Program</p>
<p><b>Design</b></p> <ul style="list-style-type: none"> <li>• <b>Study Type:</b> SCD. Multiple baseline across behaviours.</li> <li>• <b>Population:</b> n=1. Male, age 32, very severe TBI as a result of a bicycle accident 3 years and 7 months before the study enrolment.</li> <li>• <b>Setting:</b> Not specified.</li> </ul> <p><b>Target behaviour measures:</b></p> <ul style="list-style-type: none"> <li>• Sustaining activity on the 3 target behaviours (number of minutes spent each day working toward the goal):             <ol style="list-style-type: none"> <li>1. Organise and maintain bedroom</li> <li>2. Increase fitness and maintain through exercise</li> <li>3. Improve social conversation.</li> </ol> </li> </ul> <p><b>Primary outcome measure/s:</b></p> <ul style="list-style-type: none"> <li>• Apathy Evaluation Scale (AES)</li> <li>• Frontal Systems Behaviour Scale (FrSBe) – Apathy subscale.</li> </ul> <p><b>Secondary outcome measure/s:</b></p> <ul style="list-style-type: none"> <li>• Wechsler Adult Intelligence Scale (WAIS-III)</li> <li>• Self-awareness of Deficits Interview (SADI)</li> <li>• Nottingham Leisure Questionnaire (NLQ)</li> <li>• Mayo-Portland Participation Index (M2PI)</li> <li>• Depression Anxiety Stress Scale (DASS) – Depression subscale</li> <li>• Barrow Neurological Institute Fatigue Scale (BNIFS).</li> </ul> <p><b>Results:</b> Statistical analysis showed treatment had a strong, specific, and significant effect on treated goal-directed activity and decreased apathy. The success of treatment was dependent on initiation as well as sustaining goal-directed activity.</p>	<p><b>Aim:</b> To increase sustained activity toward cumulative goals.</p> <p><b>Materials:</b> Patient’s personal digital assistant (PDA), stopwatch.</p> <p><b>Treatment Plan:</b></p> <ul style="list-style-type: none"> <li>• <b>Duration:</b> 28 weeks.</li> <li>• <b>Procedure:</b> Weekly face-to-face sessions for 1 hour per session. Daily measurement of target behaviours occurred during all phases simultaneously, for all goals after the first 5 weeks of face-to-face sessions (163 time points).</li> <li>• <b>Content:</b> Treatment incorporated motivational interviewing (during face-to-face sessions) and external compensation to assist in initiating and sustaining cumulative goal-directed activity.</li> <li>• During sessions, the previous week’s progress was reviewed, steps to undertake the goal-directed activity for the upcoming week were defined and sequenced, and methods of overcoming barriers were discussed.</li> <li>• External compensation was a daily reminder alert set into the patient’s PDA, a device he was experienced in using, at the time of the day the activity was to commence.</li> <li>• Daily recordings of the time spent on goals were made over 7.5 months.</li> <li>• Goal 3 was an untreated, control goal.</li> </ul>

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