

Target Area: Behaviour Problems

<p>Ouellet & Morin (2004). <i>Cognitive Behavioral Therapy for Insomnia Associated with Traumatic Brain Injury: A Single-Case Study</i>. Archives of Physical Medicine and Rehabilitation 85(8): 1298-1302</p>	<p>RoBiNT - <i>to be confirmed</i></p>
<p>Method/Results</p>	<p>Rehabilitation Program</p>
<p>Design:</p> <p>Y Study type: SSD. ABA (A=baseline/withdrawal, B=intervention).</p> <p>Y Participant: Participant 1: male, age late 30's years, traumatic brain injury with 5-7 days post-traumatic amnesia. Significant neuropsychological impairments at 1 month post-trauma in nonverbal intelligence, processing speed, attention, visuo-spatial organization, immediate verbal memory. At time of therapy, still receiving outpatient rehabilitation. Met criteria for mixed insomnia.</p> <p>Y Setting: Family home.</p> <p>Target behaviour measure/s:</p> <p>Y Recorded in sleep diary:</p> <ol style="list-style-type: none"> 1. Sleep onset latency. 2. Time awake after initially fell asleep. 3. Total sleep time. 4. Total wake time. 5. Sleep efficiency. <p>Primary outcome measure/s:</p> <p>Y None.</p> <p>Result: Graphed data presented; no statistical analyses conducted. Treatment appeared effective and maintained at 1 and 3 month follow-ups:</p> <ol style="list-style-type: none"> 1. Sleep onset from 47 mins pretreatment to 18 mins post-treatment. 2. Time awake after initially fell sleep from 85 mins pretreatment to 28 mins post-treatment. 	<p>Aim: To improve sleep in a patient with traumatic brain injury, using a cognitive-behavioural approach.</p> <p>Materials: "A manualized multifactor intervention" (Morin, 1993; see content below).</p> <p>Treatment plan:</p> <p>Y Duration: Length of therapy: 8 weeks (+5 weeks baseline, 2 week post-treatment monitoring, 1 and 3 month follow-ups); total contact time: not specified.</p> <p>Y Procedure: 8 weekly face-to-face therapy sessions. Length of sessions not specified.</p> <p>Y Content: The multifactor intervention included the following elements which were adapted for application to TBI (refer to paper for further details):</p> <ol style="list-style-type: none"> 1. Stimulus control. 2. Sleep restrictions. 3. Cognitive therapy. 4. Sleep hygiene education.