

### Target Area: Behaviour Problems

<p>Ouellet &amp; 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><b>Method/Results</b></p>	<p><b>Rehabilitation Program</b></p>
<p><b>Design:</b></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><b>Target behaviour measure/s:</b></p> <p>Y Recorded in sleep diary:</p> <ol style="list-style-type: none"> <li>1. Sleep onset latency.</li> <li>2. Time awake after initially fell asleep.</li> <li>3. Total sleep time.</li> <li>4. Total wake time.</li> <li>5. Sleep efficiency.</li> </ol> <p><b>Primary outcome measure/s:</b></p> <p>Y None.</p> <p><b>Result:</b> 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"> <li>1. Sleep onset from 47 mins pretreatment to 18 mins post-treatment.</li> <li>2. Time awake after initially fell sleep from 85 mins pretreatment to 28 mins post-treatment.</li> </ol>	<p><b>Aim:</b> To improve sleep in a patient with traumatic brain injury, using a cognitive-behavioural approach.</p> <p><b>Materials:</b> "A manualized multifactor intervention" (Morin, 1993; see content below).</p> <p><b>Treatment plan:</b></p> <p>Y <b>Duration:</b> 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 <b>Procedure:</b> 8 weekly face-to-face therapy sessions. Length of sessions not specified.</p> <p>Y <b>Content:</b> 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"> <li>1. Stimulus control.</li> <li>2. Sleep restrictions.</li> <li>3. Cognitive therapy.</li> <li>4. Sleep hygiene education.</li> </ol>