

Target Area: Challenging Behaviour

Neurological Group: Traumatic Brain Injury

Pace et al. (1994). Stimulus fading as treatment for obscenity in a brain-injured adult. <i>J Appl Behav Anal</i> , 27(2): 301-305.	RoBiNT score - 12/30
Method / Results	Rehabilitation Program
 Design Study Type: SCD. Functional analysis followed by ABABAB design (A=baseline demands condition and B=demand fading condition). Population: n=1. Male, age 49 years, who suffered a TBI 9 months earlier. The impact of his injury was such that he required supervision for daily activities, suffered anterograde amnesia and behavioural problems including chronic use of obscene comments and occasional severe physical aggression and property destruction. Setting: Community setting – supervised group home. Target behaviour measure/s: Frequency of obscenity (where obscenity was operationally defined as socially proscribed language, abusive and/or aggressive verbalizations, or any loud vocalization). Primary outcome measure/s: No other standardised measure. Results: Demand fading resulted in an immediate decrease in obscenity, remaining at near-zero levels as the number of demands was increased. Abrupt increases in number of demands was not conducted. 	 Aim: To treat behavioural problems which have been maintained by negative reinforcement. Materials: No specific materials described. Treatment Plan: Duration: 42 days. Procedure: 42 daily training sessions, each 15 minutes long. Total time = 10.5 hours. Content: Functional analysis reviewed 3 conditions: 1. Demand involving simple requests (e.g. "put on your shoes") every 15 seconds where praise is given following compliance and overt capitulation (e.g. "okay you don't have to do it") follows obscenity. 2. Social disapproval involving verbal disapproval following obscenity during work or leisure activities. 3. Conversation where obscenity was ignored and experimenter noncontingently initiated social conversation every 15 seconds. Demand fading treatment: Simple requests were made but the initial rate of demand presentation was reduced (demand fading) and continuous noncontingent social conversation was introduced.

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