



<p>Rothwell et al. (1999). A non-aversive rehabilitation approach for people with severe behavioural problems resulting from brain injury. <i>Brain Inj</i>, 13(7): 521-533.</p>	<p>RoBiNT score - 6/30</p>
<p>Method / Results</p>	<p>Rehabilitation Program</p>
<p>Design</p> <ul style="list-style-type: none"> • Study Type: SCD. AB design (A – baseline, B – intervention). • Population: n=2. <ul style="list-style-type: none"> ○ Gordon: male, head injury from a fall at the age of 31. 18 months later he was found unconscious and thought to have suffered a hypoxic BI. Exhibited aggression towards male staff. ○ June: female, temporal haematoma due to subarachnoid haemorrhage at the age of 40, exhibited physical and verbal aggression. • Setting: Not specified. <p>Target behaviour measure/s:</p> <ul style="list-style-type: none"> • Gordon: Reduction in levels of aggression operationally defined as attempts to punch, kick, or push another person (whether or not physical contact was made). • June: Reduction in: <ul style="list-style-type: none"> • Physical aggression, operationally defined as action intended to threaten or hurt another person • Abusive shouting, operationally defined as personal insults and verbal threats of aggression. <p>Primary outcome measure/s:</p> <ul style="list-style-type: none"> • No other standardised measure. <p>Results: Both participants demonstrated reduction in levels of aggression after implementation of behaviour analysis and focused treatment. However, no statistical analysis was conducted to measure significant change.</p>	<p>Aim: To evaluate use of non-aversive methods (therapeutic strategies and avoiding punishment) of rehabilitation to reduce severe behavioural problems.</p> <p>Materials: Specific materials used in treatment unclear.</p> <p>Treatment Plan:</p> <ul style="list-style-type: none"> • Duration: 24 months (Gordon), 17 weeks (June). • Procedure: Functional analysis was done for both participants after which intervention plan was developed based on specific needs and implemented. For Gordon, staff approached him every hour to provide reality orientation information. For June, daily feedback was provided, as well as hourly reminders to carry out relaxation exercises. • Content: Non-aversive strategies involve: <ol style="list-style-type: none"> 1. Behavioural assessment: analysing function of behaviour. 2. Positive program: teaching necessary skills to meet needs without inappropriate behaviour including reality orientation, anxiety management training, daily feedback, or counselling. 3. Ecological change: altering environment to suit individual needs, e.g. structured timetable, use of choice. 4. Focused treatment: using behavioural contingencies to achieve reduction in target behaviour e.g. using female staff in care, differential reinforcement for other behaviours. 5. Reactive strategies: action taken to gain short-term control over problem behaviours e.g. withdrawal, ignoring.

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