Slifer et al (1997). Antecedent management and compliance training improve adolescents' participation in early brain injury rehabilitation. *Brain Inj,* 11(12): 877-889.	RoBiNT score - 12/30
Method / Results	**Rehabilitation Program**

Method / Results	Rehabilitation Program

Design
- **Study Type:** SCD. Multiple baseline across participants.
- **Population:** Text implies that patients sustained traumatic brain injuries.
  - Participant 1: female, age 16 years, Glasgow Coma Scale (GCS) score 3, in post-traumatic amnesia (PTA) when therapy commences at 16 days post-trauma on admission to rehabilitation.
  - Participant 2: female, age 17 years, GCS score 8, in PTA when therapy commences at 13 days post-trauma on admission to rehabilitation.
  - Participant 3: female, age 16 years, GCS score 4, in PTA when therapy commences at 65 days post-trauma and 43 days after admission to rehabilitation.
- **Setting:** Inpatient paediatric neurorehabilitation unit.
 	
Target behaviour measure/s:
- Attendance at therapy sessions.
- Disruptive behaviours – physical aggression, verbal/physical threats of aggression, yelling, grabbing at objects/people, throwing things, refusal to cooperate with instructions, resistance to physical care.
 	
Primary outcome measure/s:
- Agitation Rating Scale.
 	
Results: Graphed data provided, but no statistical analysis conducted. Appeared to be an increase in therapy attendance which was high, disruptive behaviour decreased, but agitation remained at low to moderate levels.
	Aim: To decrease disruptive behaviour and increase therapy attendance in adolescents with ABI, using operant procedures.
	
	Materials: Nil required.
	
	Treatment Plan:
	- **Duration:** Participant 1: 28 days
	  Participant 2: 10 days
	  Participant 3: 24 days.
	- **Procedure:** Total contact time not specified. No therapy sessions per se; rather each patient assigned a behavioural assistant 24 hours per day and behaviours observed at ward level.
	- **Content:** The behavioural assistant had a specified role: to maintain a quiet and calm environment and implement the behavioural protocol for disruptive behaviour. Therapy was divided into compliance training with minimal demands (baseline) and compliance training with usual therapy demands.
	- Compliance training involved:
	  - A reminder 10 minutes before and prompt at 5 minute intervals, to attend therapy sessions
	  - In therapy, increasingly challenging tasks presented along with positive reinforcement.
	  - Disruptive behaviour being ignored.
	Compliance training was implemented on a variable number of days after the patient emerged from PTA.

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