



<p>Zencius et al. (1990). The use of a visual cue to reduce profanity in a brain injured adult. <i>Behav Resid Treat</i>, 5(3): 143-147.</p>	<p>RoBiNT score – 15 /30</p>
<p>Method / Results</p>	<p>Rehabilitation Program</p>
<p>Design</p> <ul style="list-style-type: none"> • Study Type: SCD. Multiple baseline across settings (speech therapy, occupational therapy, social interaction sessions). Also incorporated ABC design (A=baseline, B=visual cue, C=feedback). • Population: n=1. Tom, Male, age 24 years, TBI, frontal and temporal injuries, Wechsler Full Scale Intelligence Quotient 76, poor interpersonal and communication skills and unable to set realistic goals. • Setting: Residential rehabilitation facility. <p>Target behaviour measure/s:</p> <ul style="list-style-type: none"> • Frequency of profanities. <p>Primary outcome measure/s:</p> <ul style="list-style-type: none"> • No other standardised measure. <p>Results: Graphed data provided, but no statistical analysis conducted. Profanities in each of speech therapy, physiotherapy and social interaction settings reduced from an average of approximately 6 times per day to 0.5, and after treatment to near zero in all settings.</p>	<p>Aim: To decrease frequencies of profanities, using a visual cue as a reminder.</p> <p>Materials: Sheet of white paper (8.5 x 11 inches) with the word “swearing” written at the top with a red marker pen.</p> <p>Treatment Plan:</p> <ul style="list-style-type: none"> • Duration: 31 days. • Procedure: Each setting had a 1-hour class per day (a total of 3 hours per day). Total number of intervention sessions per setting: 31 (social interaction sessions), 28 (speech therapy), 24 (occupational therapy). • Content: • Visual cue: Whenever the participant used a profanity, the white sheet of paper with the word “swearing” was held up in front of him and the clinician scored an “X” on it. Clinicians were instructed to do or say nothing more. • Feedback: The patient was told how often he used profanities at the end of each class (the visual cue was not presented).

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