

# **PsycBITE**

Psychological Database For Brain Impairment Treatment Efficacy

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## Target Area: Behaviour Problems

| Doyle, Zapparoni, Connor & Runci (1997)      |  |
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| International Psychogeriatrics 9(4): 405-422 |  |
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## Rehabilitation Program

SCED score - to be confirmed

# Design:

Method/Results

- Study type: SSD. AB (A=baseline before treatment, B=intervention). Follow up=after 3 to 9 months.
- ➤ Participant: 12 nursing home residents with severe dementia and noisemaking behaviours. 5 residents died before completion or were withdrawn. Data is presented for the remaining 7 (14% male, M=71-88 years). Some residents had additional hearing or visual impairments, psychiatric conditions (e.g. F8 had schizophrenia) or language restrictions (e.g. F1 spoke no English).
- > Setting: Long term care facility.

### Target behaviour measure/s:

Specific noisemaking behaviours (e.g. yelling or shouting, whistling, singing, banging doors and tables).

## Primary outcome measure/s:

No additional measures.

Result: Noisemaking was significantly reduced in 2 female patients. For F1, although noise reduction was not perceived by staff, frequency of noise making was reduced by 20%, p = .05. These improvements, however, were not maintained at follow up. For F8, a noticeable drop in noise making was perceived by staff, p = .03. This reduction remained at follow up. For 3 other female patients (F4, F10, F12), some reductions in noisemaking were observed, however these were not significant and in some cases were limited to certain situations. No discernable reductions were noted for 2 patients (F2, M11). Combined analysis of the 6 residents with sufficient data showed a significant overall effect of the interventions.

**Aim:** To reduce noisemaking behaviours in long-term care residents with severe dementia using contingent reinforcement of quiet behaviour and environmental stimulation.

**Materials:** Music, headphones, CD/tape player, tapes of familiar voices or talking books, scents, different materials and objects for tactile stimulation, food rewards.

#### Treatment plan

- > **Duration**: Approx 4–5 weeks in total (2 weeks intervention).
- Procedure: 1 week pilot testing to determine nature of noisemaking behaviour and design appropriate recording schedule; A: observation 4x 30 min periods for 5–9 days consecutive days scheduled at 10am, 12pm, 2pm, 4pm; B: 10–14 days of intervention.
- Content: Interventions were individually tailored to the patient, but included three elements:
  - 1. Reinforcement of quiet behaviour using tailored rewards (e.g. favourite food) and extinction of noisy behaviour by ignoring noise.
  - 2. Distracting patients with music, conversation, touch or visual aids.
  - Providing extra stimulation through social interaction, music, tapes of familiar voices, pleasant smells, tactile stimulation of different types of materials and objects and massage.
  - F1: Received massage, aromatherapy, Arabic music, soft object engagement, contingent food rewards for quiet.
  - F2: Received social interaction, assisted walking.
  - F4: Received afternoon massage, object engagement, music F8: Received contingent attention and massage, music, more time in the day room,
  - *F10*: Received music, talking books, tapes of family's voices, contingent reinforcement of quiet, comforter, soft halls
  - *M11*: Received music, assisted walking, activity board *F12*: Received walks outside, watching TV, one-to-one interaction.