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Psychological Database For Brain Impairment Treatment Efficacy

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Target Area: Behaviour Problems

Alderman, Fry & Youngson (1995). Improvement of Self-Monitoring Skills, Reduction of Behavioral Disturbance and the Dysexecutive Syndrome:

Comparison of Response Cost and a New Programme of Self-Monitoring Training.

Neuropsychological Rehabilitation 5(3): 193-221

SCED score - to be confirmed

Method/Results

Design:

- Y Study type:
 - Procedure 1 (Response cost): ABAB
 (A=baseline/withdrawal, B=intervention).
 - Procedure 2 (Self-monitoring): ABCDE
 (A=baseline, B=spontaneous self-monitoring,
 C=prompted self-monitoring, D=independent
 self-monitoring and accuracy reward,
 E=independent self-monitoring and
 differential reinforcement of low rates of
 responding (DRL)).
- Y Participant: female, age 21 years, 13 months after Herpes simplex encephalitis.
- Y Setting: Inpatient behavioural unit.

Target behaviour measure/s:

Y Patient's inappropriate self initiated utterances.

Primary outcome measure/s:

Y None.

Result: Response Cost treatment successful in reducing target behaviour but did not generalize to other settings. Self–Monitoring training also reduced target behaviour and generalized to settings outside the treatment centre.

Rehabilitation Program

Aim: Implement classical behaviour management techniques (based on positive reinforcement and extinction principles) to reduce frequency and duration of patient's (inappropriate) self-initiated utterances.

Treatment plan/procedure (1: Response cost)

- Y Materials: Tokens
- Y Duration: 34 interventions (length unspecified) conducted within daily group rehabilitation sessions, Monday to Friday.
- Y Procedure:
 - 1. A1 = baseline (9 sessions); B1 = treatment (5 sessions);
 - 2. A2=withdrawal (10 *sessions*); B2=treatment (10 *sessions*)
 - 3. Each session consisted of four 15-minute daily trials.
- Y Content: A1 and A2 phases: Time out on the spot (TOOTS) from positive reinforcement applied to each occurrence of target behaviour (ie, self-initiated verbal utterances)
 B1 and B2 phases: for each occurrence of target behaviour, TOOTS applied during trials 1 and 3. Response Cost is applied during trials 2 and 4 of each treatment *session*. (Response Cost= patient loses a token from a 'bank' of 60 for each self-initiated utterance. If sufficient tokens remain at end of day, they can be exchanged for reward).

Treatment plan/procedure (2: Self-monitoring)

- Y Materials: Digital counter
- Y Duration: 92 days, but duration of treatment is variable because transition from one *Stage* of training to the next is contingent on performance in the previous *Stage*.
- Y Procedure: Five Stages of training with variable number of 20-minute sessions.
- Y Content: Stage1 Baseline; Stage 2 Spontaneous SM; Stage 3 - Prompted SM; Stage 4 - Independent SM and patient rewarded for accuracy of SM; Stage 5 Independent SM and DRL. Patient's self-initiated utterances are



monitored by therapist and patient in Stages 2-5 of

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