

## Target Area: Executive Functioning Deficits

<p>Suzman, Morris, Morris, &amp; Milan (1997). <i>Cognitive-Behavioral Remediation of Problem-Solving Deficits in Children with Acquired Brain Injury</i>. <i>Journal of Behaviour Therapy and Experimental Psychiatry</i> 28(3): 203-212.</p>	<p>SCED score - <i>to be confirmed</i></p>
<p>Method/Results</p>	<p>Rehabilitation Program</p>
<p>Design:</p> <p>Y Study type: SSD. Participant 1: AB design; Participants 2-3: multiple baseline across participants, replicated across Participants 4-5.</p> <p>Y Participants: n = 5 African-American students</p> <ol style="list-style-type: none"> <li>1. Participant 1: 8 year old boy with TBI (GCS = 7; bilateral frontal and cerebellar contusions). Mild intellectual disability</li> <li>2. Participant 2: 9 year old girl with TBI (GCS = 7; coma length 2 days; right frontal contusions). Borderline intellectual abilities.</li> <li>3. Participant 3: 6 year old girl with TBI (CT unremarkable). Low average intellectual ability</li> <li>4. Participant 4: 11 year old boy with brain hemorrhage secondary to arteriovenous malformation. Borderline intellectual abilities</li> <li>5. Participant 5: 7 year old boy who suffered an open head injury (GCS = 9; multiple contusions). Borderline intellectual ability</li> </ol> <p>Y Setting: Classroom</p> <p>Target behaviour measure/s:</p> <p>Y % errors on computerised problem solving task (Think Quick)</p> <p>Primary outcome measure/s:</p> <p>Y Rey-Osterrieth Complex Figure Test (RCFT)</p> <p>Y Porteus Maze Test</p> <p>Y Wisconsin Card Sorting Test</p> <p>Y Word Fluency Test</p> <p>Results: All students showed a trend toward fewer errors. Errors decreased almost immediately following treatment (although no statistical analysis was</p>	<p>Aim: To remediate problem solving deficits in children with acquired brain impairment.</p> <p>Materials: puzzles, games (e.g. checkers, Clue Jr., Mastermind and activity books), cardboard stop sign, self-evaluation chart, "stop and think" dollars, other reinforcers (e.g. stickers, baseball cards etc)</p> <p>Treatment Plan:</p> <p>Y Duration: up to 26 days per student (17-18 hrs /student)</p> <p>Y Procedure: 3 x40 min sessions /week for each student</p> <p>Y Content: A multicomponent cognitive-behavioural training program was implemented, consisting of:</p> <ol style="list-style-type: none"> <li>1. <i>self-instruction training (SIT)</i>- 5 self-directed statements were learned that provide a thinking strategy and serve as a guide for the process of problem solving. Based on Kendell and Braswell "Stop &amp; Think" program. SIT statements are taught through modelling, shaping, and fading of statements from overt verbalisations from the clinician.</li> <li>2. <i>self-regulation training (SRT)</i>- skills in establishing a goal, monitoring whether one has met the goal, and rewarding oneself upon achievement of the goal.</li> <li>3. <i>metacognition training</i> -techniques taught to help identify when facing a problem and what to do to solve the problem, using the 4 step metacognitive model of learning of Brown, Campione and Day.</li> <li>4. <i>attribution training</i> - taught to identify the connection between effort and successful performance</li> <li>5. <i>reinforcement</i> - "stop and think" dollars were provided to children when achieving correct solutions to problems, using SIT and SRT strategies, using appropriate metacognitive questions, selecting appropriate attributional statements, and completing</li> </ol>



PsycBITE™

conducted on this data). Pre-post comparison on outcome measures showed significant improvements on the RCFT and Word Fluency test.

homework assignments

Psychological Database For Brain Impairment Treatment Efficacy

[www.psycbite.com](http://www.psycbite.com)