



<p>Lane-Brown and Tate (2010). Evaluation of an intervention for apathy after traumatic brain injury: A multiple-baseline, single-case experimental design. <i>J Head Trauma Rehabil</i>, 25(6): 459-469.</p>	<p>RoBiNT score - 18/30</p>
<p>Method / Results</p>	<p>Rehabilitation Program</p>
<p>Design</p> <ul style="list-style-type: none"> • Study Type: SCD. Multiple baseline across behaviours. • Population: n=1. Male, age 32, very severe TBI as a result of a bicycle accident 3 years and 7 months before the study enrolment. • Setting: Not specified. <p>Target behaviour measures:</p> <ul style="list-style-type: none"> • Sustaining activity on the 3 target behaviours (number of minutes spent each day working toward the goal): <ol style="list-style-type: none"> 1. Organise and maintain bedroom 2. Increase fitness and maintain through exercise 3. Improve social conversation. <p>Primary outcome measure/s:</p> <ul style="list-style-type: none"> • Apathy Evaluation Scale (AES) • Frontal Systems Behaviour Scale (FrSBe) – Apathy subscale. <p>Secondary outcome measure/s:</p> <ul style="list-style-type: none"> • Wechsler Adult Intelligence Scale (WAIS-III) • Self-awareness of Deficits Interview (SADI) • Nottingham Leisure Questionnaire (NLQ) • Mayo-Portland Participation Index (M2PI) • Depression Anxiety Stress Scale (DASS) – Depression subscale • Barrow Neurological Institute Fatigue Scale (BNIFS). <p>Results: Statistical analysis showed treatment had a strong, specific, and significant effect on treated goal-directed activity and decreased apathy. The success of treatment was dependent on initiation as well as sustaining goal-directed activity.</p>	<p>Aim: To increase sustained activity toward cumulative goals.</p> <p>Materials: Patient’s personal digital assistant (PDA), stopwatch.</p> <p>Treatment Plan:</p> <ul style="list-style-type: none"> • Duration: 28 weeks. • Procedure: Weekly face-to-face sessions for 1 hour per session. Daily measurement of target behaviours occurred during all phases simultaneously, for all goals after the first 5 weeks of face-to-face sessions (163 time points). • Content: Treatment incorporated motivational interviewing (during face-to-face sessions) and external compensation to assist in initiating and sustaining cumulative goal-directed activity. • During sessions, the previous week’s progress was reviewed, steps to undertake the goal-directed activity for the upcoming week were defined and sequenced, and methods of overcoming barriers were discussed. • External compensation was a daily reminder alert set into the patient’s PDA, a device he was experienced in using, at the time of the day the activity was to commence. • Daily recordings of the time spent on goals were made over 7.5 months. • Goal 3 was an untreated, control goal.